National Social Marketing Centre

Big pocket guide
Social marketing

Second edition 2007



DH Department of Health

Consumer Focus
Campaigning for a fair deal

Consun Focus
Campaigning for

National Social Marketing Centre

About this resource

This resource brings together a range of material to help describe and explain key principles, and concepts (along with supporting ideas/theory) relating to the application and use of social marketing.

This is the 2nd edition of the resource and has benefited from the feedback and discussions generated by those using the 1st edition originally produced in 2005. We would like to thank everyone who provided comments and who have helped inform this edition.

As a resource it does not aim to provide detailed and descriptive explanation of social marketing (other resources are available or are being developed for this purpose). Instead it aims to provide the reader with a resource that can be 'dipped-into' to enhance consideration and wider discussion on different aspects of social marketing.

If it helps in triggering further questions and ideas then it will achieve an important aim.

A key role of the NSM Centre is to stimulate and encourage wider discussion and debate on effective behavioural intervention approaches. In particular how social marketing concepts and approaches can be integrated into routine strategic and operational planning and development.

We are pleased if people would like to use, or adapt, material from this resource, and only ask that you credit us where relevant.

All of the material here is also available in PowerPoint slide format via our website. We regularly update or adjust models and slides as our work progresses, so please consider book-marking the site so you can easily return to it.

If a larger print version would be helpful this can be done by downloading and printing from our website – or alternatively we would be pleased to email or send a larger version to you.

Dr Jeff French & Clive Blair-Stevens
August 2007

National Social Marketing Centre

Background to the NSM Centre

The NSM Centre has been established by the Government as an independent Centre to increase understanding of, and capacity and skills in, social marketing.

It was established as a result of a Government strategic partnership with the National Consumer Council (NCC) to undertake a 2 year independent review into social marketing, announced in 2004, as a commitment in the cross-Government White Paper 'Choosing Health'.

The independent review examined the potential of social marketing to enrich and enhance the impact and effectiveness of behavioural interventions, at national and local levels. It was subsequently published in June 2006, containing practical recommendations for how Government could better harness and integrate effective social marketing within the mainstream of its policy and practice.

The Government accepted the recommendations in principle, and as a result gave the NSM Centre the task of helping build capacity and skills in social marketing and related behavioural interventions.

Central to the NSM Centre's work is therefore to encourage and support greater utilisation and integration of social marketing into policy and practice, both strategically and operationally.

Our overall aims is:
to build capacity and skills across the public and private sectors for he development of effective behavioural interventions (consistent ith best social marketing concepts and approaches).

To do this we:

- Work to build greater understanding and awareness of the potential of social marketing and related behavioural theory and behavioural interventions.
- Encourage on-going discussion and debate amongst policy makers and practitioners about effective behavioural intervention methods and approaches.
- Work with and alongside policy makers and practitioners, to practically assist the application and integration of effective social marketing methods into their work.
- Support the more systematic capture, sharing, and promotion of learning from effective behavioural interventions and related policy and practice.

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The NSM Centre is a strategic partnership between the Government and the NCC

NCC National Consumer Council
Making all consumers matter

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Developing effective behavioural interventions to address major behavioural challenges

The last few years have seen a much stronger focus on how to develop effective behavioural interventions, to address the wide range of behavioural challenges we face as a society. Whether at the national and Governmental level, or at the local and interpersonal levels, people are focusing much more on what really influences behaviour and how we can improve people's lives by helping them achieve and sustain positive behaviours.

While there will always be debates that walk the line between 'the nanny state and the neglecting state', encouragingly the discussion is now increasingly focusing on how to develop much deeper understanding and insight into where people are at now, and using this to craft interventions that are meaningful to people and deliver measurable results in terms of their well-being and quality of life.

The limitations of old style 'mission and message' based communications are now being widely acknowledged and although the pull to 'communicate at people' can still be strong, social marketing at least has become a key influence helping people to step back and review what they are doing in order to help people achieve and sustain different behaviours.

From a national policy context there are now multiple examples where this customer focused approach consistent with social marketing is being revealed.

A few examples are listed below:

1) Prime Minister's Strategy Unit: On-going range of policy discussion papers.
2) Cross-Government White Paper: 'Choosing Health' (2004) which commissioned the independent review examining social marketing's potential (as published by us in 2006).
3) Cabinet Office: 'Engage' programme on-going work to improve Government communications and move to a more strategic communications and social marketing informed approach.
4) The HM Treasury: 'Varney Review' on Service Transformation, helping encourage better service development for citizens and business, and deliver a better deal for taxpayers (2006).

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A.

Social marketing in perspective

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Social marketing in perspective

People come to consider social marketing from a range of different disciplines and professional backgrounds. Simply placing the word ‘social’ next to the word ‘marketing’ can stimulate a number of issues for people, depending on where those people are starting from in the first place.

In talking about social marketing in the UK, and Europe more widely, we found a number of people who did not respond positively to the word ‘marketing’. This was commonly due to a mistaken assumption that this meant a narrow and restrictive focus on the individual in isolation.

There was concern that ‘marketing’ might overlook the powerful external factors (wider determinants) that lie outside of an individual’s control but which, alongside a focus on lifestyle, need to be addressed if real improvements to people’s lives are to be achieved.

Looked at historically, development of social marketing had its roots in the 50’s and 60’s. With an increase in mass-production, a growing consumer culture began to take hold, and the discipline of marketing became increasingly concerned with ways to incentivise and influence people’s purchasing behaviour.

However even from these early days there were those who had reservations about the development and impact of what was seen to be a marketing-fueled consumer culture. This reflected the growing anxiety that a focus on material benefits might undermine traditional community and people-focused values.

Indeed from the earliest days it was from within the marketing world that some of the primary concern and dissatisfaction grew. Then and today, a number of marketers have questioned whether their developing experience and skills might be better harnessed for a wider social good, rather than simply helping fuel profit margins and share-holder value.

Parallel to this development within marketing, however, has been perhaps an even longer debate from across the different social sciences, about what really influences and affects individual and community behaviours. The disciplines of psychology, sociology, anthropology, public health (to name just a few) have all helped significantly in providing different understanding and insights into how to positively influence individual and community behaviours.

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The bottom line

"If we continue to do what we've always done, then we will only get what we've always got"

- **Social marketing is not a panacea or *magic bullet*,**

  but:

- **Growing evidence and experience shows that when social marketing is applied effectively, and in the appropriate context, it can be a powerful tool for achieving tangible and measurable impact on behaviours.**

- **Improving the level of understanding and application of social marketing is therefore critical if we are to achieve real and measurable impacts on peoples behaviour(s) across a range of different policy and practice agendas.**

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Coming to social marketing from different starting points

A common concern and starting point

Recognising that all policy and strategy areas essentially represent:

BEHAVIOURAL CHALLENGES

Using available resources to craft and develop:

BEHAVIOURAL INTERVENTIONS

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Coming to social marketing from different starting points

For example

Marketing
for social causes / social good

Social sciences
social and behavioural interventions

Public health / Health improvement
evidence and utility

Environmental issues
influencing social and societal norms

Community politics & social justice
the citizen vs the state

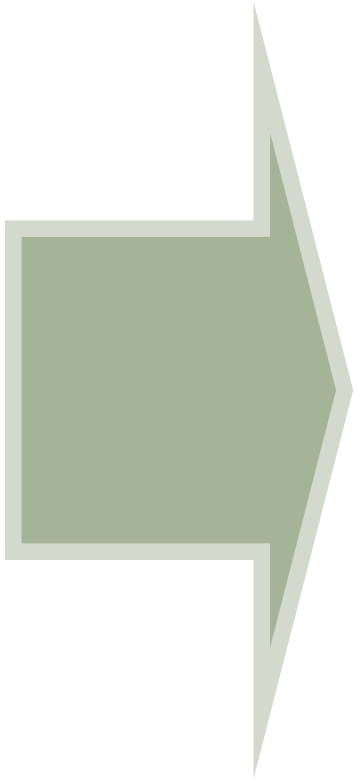
International development
community / infrastructure development

social marketing

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Paradigm shift

Professional led
Telling and selling
Awareness
Adult > Child
One-off campaigns
Short term
Deficits and problems
Operational focus
General population
Control
Centralised command
Compartmentalised



Citizen / Consumer led
Relationships and marketing
Behaviour
Adult > Adult
Sustained programmes
Medium / Longer term
Assets and opportunities
Strategic focus
Segmented and tailored
Empower and mobilise
Networked leadership
Whole system

'Tell, sell and control' paradigm

Customer-focused social marketing paradigm

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Social marketing is all about…

UNDERSTANDING



people
communities
citizens
customers
consumers
clients
patients
professionals
politicians
etc

looking at **what** people do

examining **why** they do it

influences & influencers

incentives & barriers

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The person and the behaviour

1: PERSON

understanding what 'moves and motivates'

A strong and driving focus on understanding people and what moves and motivates them – being 'customer-focused' (whether the customer is the public or the professional or the politician – the same principle applies). Starting from understanding where the person is at now, what is important to them in their everyday lives.

However, good social marketing considers and addresses **'the individual within their wider social context'.**

So that important influences that may lie outside their immediate control are considered alongside lifestyle issues and options.

2: BEHAVIOUR

understanding and influencing this positively

Ensuring the driving concern is on people's behaviour 'what they do' – rather than just 'communicating to them'.

The overarching concern and key measure of impact for social marketing is on what people actually did as a consequence of the intervention – not simply what they might know or value about something.

This does not mean that knowledge and attitudes are not important but rather that the end is clearly seen in terms of what people do – their behaviour – and in particular finding ways to maintain and sustain positive behaviours over time.

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Taking a 'helicopter view' of social marketing

Before looking at a formal definition and description it is useful to consider the following:

1. **Social marketing as a dynamic and integrative discipline that has changed and developed over time**
    - 'a dynamic and integrative discipline'

2. **It can be helpful to see it as having two key parents**
    - '2 parents' of social marketing

3. **It can be used strategically and operationally:**
    - strategic social marketing
        - operational social marketing

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1. A dynamic & integrative discipline

Social marketing is essentially a ‘behavioural intervention’ and, as such, draws from a wide variety of theory and practice to look at the best ways to achieve the desired influence on specific behaviours.

It is dynamic in the sense that it has developed and adapted over time, and is now a much more mature and rounded approach benefiting from theory and practice across a range of different disciplines.

Avoiding being boxed in by drawing rigid and artificial lines or distinctions

Good social marketers are not concerned about drawing artificial lines between what they do, and what others do.

Rather, they focus on ways to integrate social marketing alongside the options and methods available, to help achieve more effective interventions, that can achieve greater and more positive impacts on people’s lives.

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2. The ‘2 parents’ metaphor

When social marketing was first described in the 1970’s the word ‘social’ was simply used to refer to the focus on ‘social good’.

However since then it has developed and matured as a discipline and the ‘2 parents’ metaphor is useful for helping to highlight this.

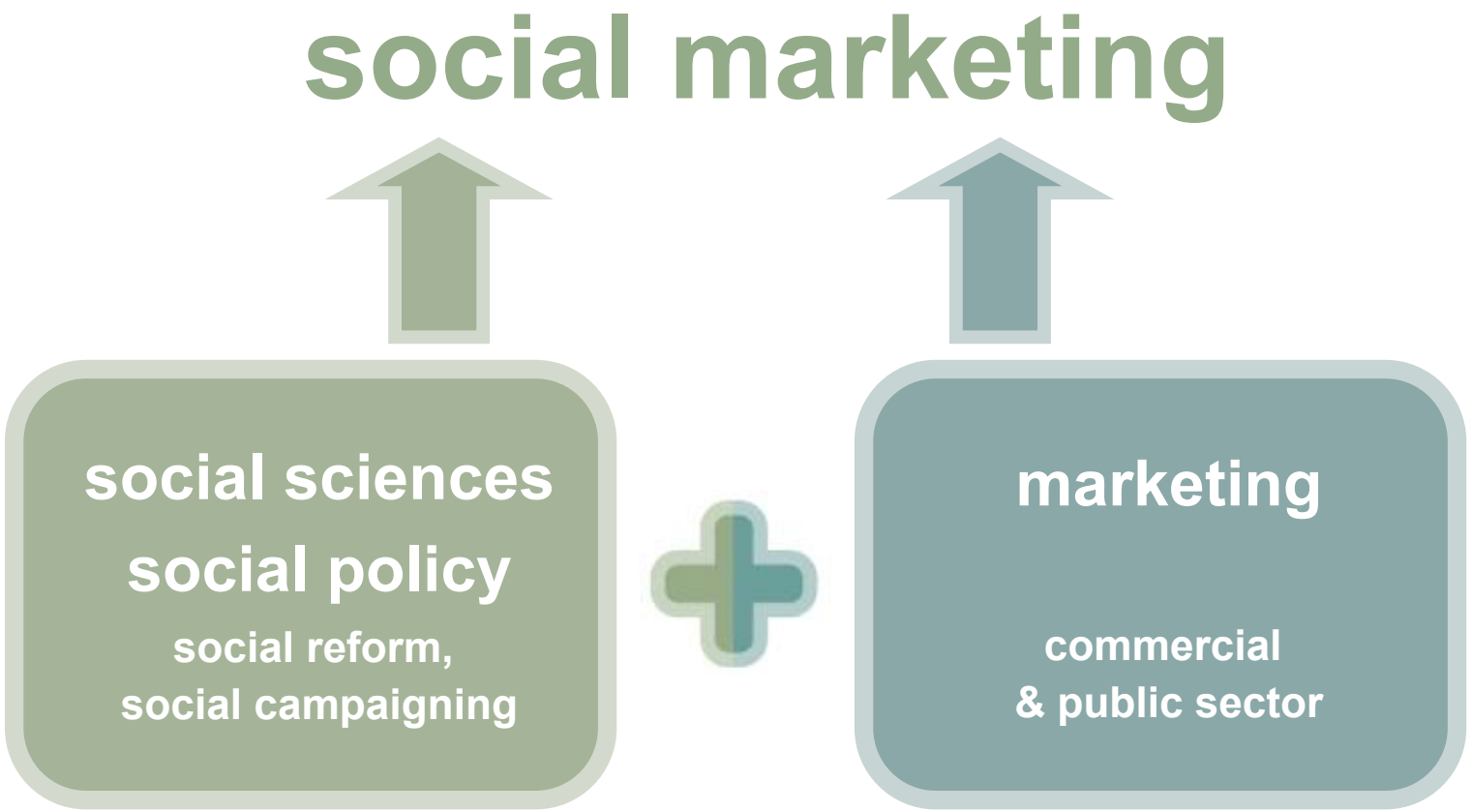
It can be helpful therefore, to consider that alongside the original ‘marketing parent’, people are increasingly recognising that it has an important ‘social parent’ too – drawing from a wide range of learning and experience in the areas of **social science, social policy and social reform**.

‘social parent’

‘marketing parent’

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2. The ‘2 parents’ metaphor



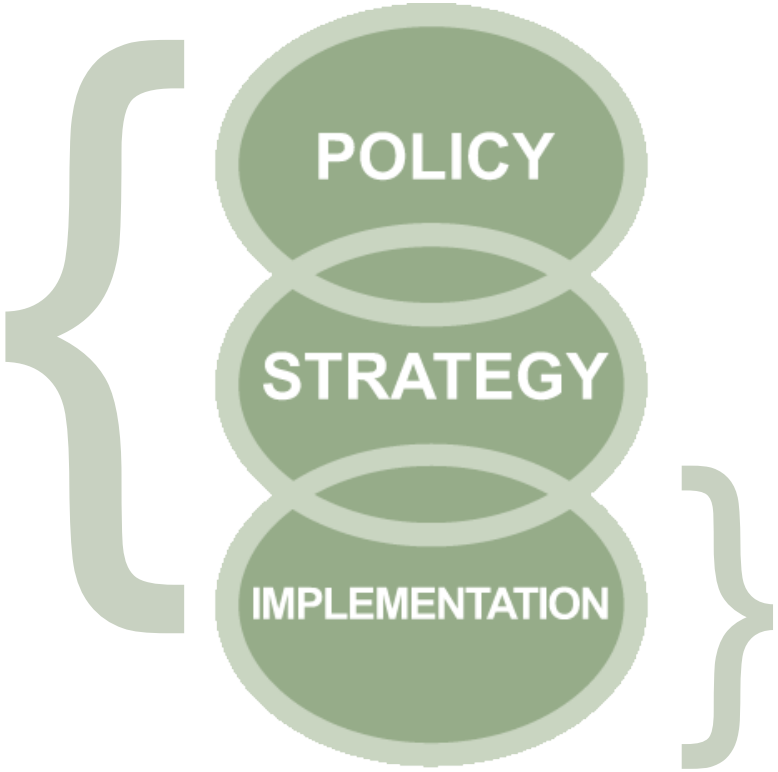
Both areas contribute valuable expertise, skills, techniques and theory

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3. Strategic and operational use of social marketing

STRATEGIC social marketing

Using customer understanding and insight to inform policy and stratgey development



OPERATIONAL social marketing

Undertaken as a specific topic based programme or campaign

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How social marketing can contribute

Across three key areas:

1. POLICY:
By enhancing effective policy development

2. STRATEGY:
By directly informing effective strategy development

3. IMPLEMENTATION AND DELIVERY:
By strengthening effective implementation and delivery

Improved customer insight will:

- **Improve effective TARGETING** (of both audiences and of methods)
- **Enhance the IMPACT on actual behaviour**

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Clearing up some potential misunderstandings

- It's just commercial marketing for the public sector – NO!
- It's basically just good communications – NO!
- It's really just social advertising – NO!
- It's about telling people what to do, the nanny state – NO!
- It's only focused on individuals and misses all the wider influences on behaviour – NO!
- It ignores the harms that can arise from bad marketing and commercialisation – NO!
- It's a top-down approach – NO!
- It's just another public sector fad – NO!
- And……?

B.

Policy

and how social marketing can help

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Governments are increasingly recognising the potential

Customer-focused social marketing

There is growing evidence for the contribution that customer-focused social marketing can make to improving the impact and effectiveness of behavioural interventions, whether in policy formulation, strategy development or implementation and delivery. (see *'It's our Health!'* 2006)

Some challenges

- **We need to increase understanding of how an integrated and strategic social marketing approach can directly contribute.**
- **We need to develop a wider shared language and understanding when tackling behavioural challenges and crafting behavioural interventions.**
- **We need to much better capture and share on-going learning from effective behavioural interventions, consistent with social marketing principles.**
- **We need to invest in and improve overall co-ordination of the development and delivery of behavioural interventions across sectors, and at national, regional and local levels.**
- **We need to refocus attention on increasing the impact and effectiveness of all interventions and ensure they have clear and measurable behavioural goals.**

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A growing range of important policy drivers

- public health strategy
- wider determinants of health
- health inequalities

- customer-focused government

- health inequalities



- public health strategy
- social marketing

- public services

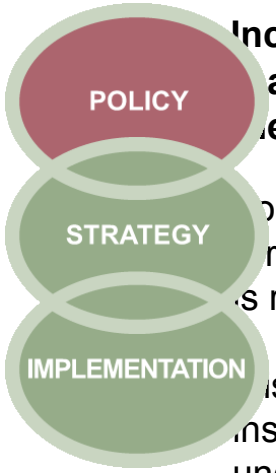
- social marketing
- social exclusion

- communitiy services

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How social marketing can contribute

1. Enhancing effective POLICY development



Increasingly, across Government, the focus is on developing policy that is based on a sound understanding of the citizen, their lives and the communities they are part of.

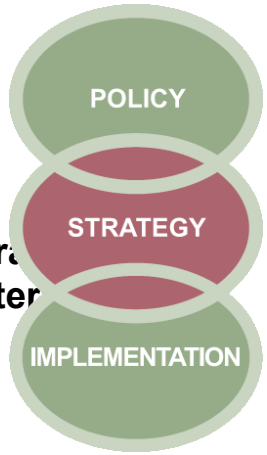
For shorthand, this is sometimes described as being *citizen-centric* (or alternatively *customer-centric* or *consumer-centric*), ensuring that policy is really driven by people's needs, wants and aspirations.

It is here that a social marketing perspective can directly contribute real insights and value. A central feature of social marketing is its focus on understanding the *citizen / customer / consumer* and developing a profound insight into their lives.

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How social marketing can contribute

2. Directly informing effective STRATEGY development



The task of turning policy into coherent and effective strategies is a critical one, whether at national Government, local or regional levels. Central to this is being able to both:

a) decide which intervention options to include in the

b) decide the relative balance between different

(given the available resources, both financial and human).

Social marketing can directly assist and inform these decisions in two key ways:

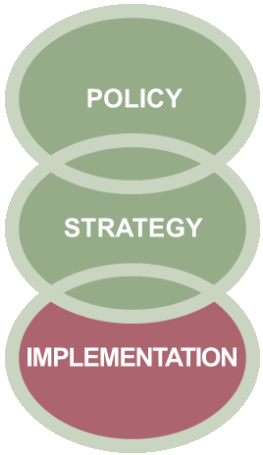
1. By helping ensure a deeper understanding of the citizen or customer and related insights social marketing can directly inform the selection of appropriate intervention options. The critical factor in selecting a particular intervention is whether it is likely to achieve the desired impact on those it is seeking to reach. Social marketing's insight approach linked to its population analysis and segmentation approach, can directly inform and assist this assessment and judgement.

2. Beyond simply informing the strategic selection of intervention options, social marketing can be undertaken as a specific intervention in its own right, thereby adding an additional intervention option to the strategy developer's toolbox. Planning and systematically undertaking a targeted social marketing intervention can directly contribute to the achievement of behavioural goals and therefore potentially extend and strengthen overall strategic impact and effectiveness.

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How social marketing can contribute

3. Strengthening IMPLEMENTATION and DELIVERY



While ensuring effective policy and strategy development is important, their ultimate success rests on effective implementation and delivery.

Good policy and strategy can be undermined if implementation is poorly undertaken and managed.

Social marketing can help in two key ways:

1. By ensuring a developed and responsive understanding of *'the customer or consumer'*, it can inform all initiatives and service developments.

2. As an implementation method (whether at the level of a dedicated social marketing programme, campaign or intervention) it can be systematically applied to achieve and deliver real impacts on targeted behavioural goals.

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'Individual' vs *'the state'*

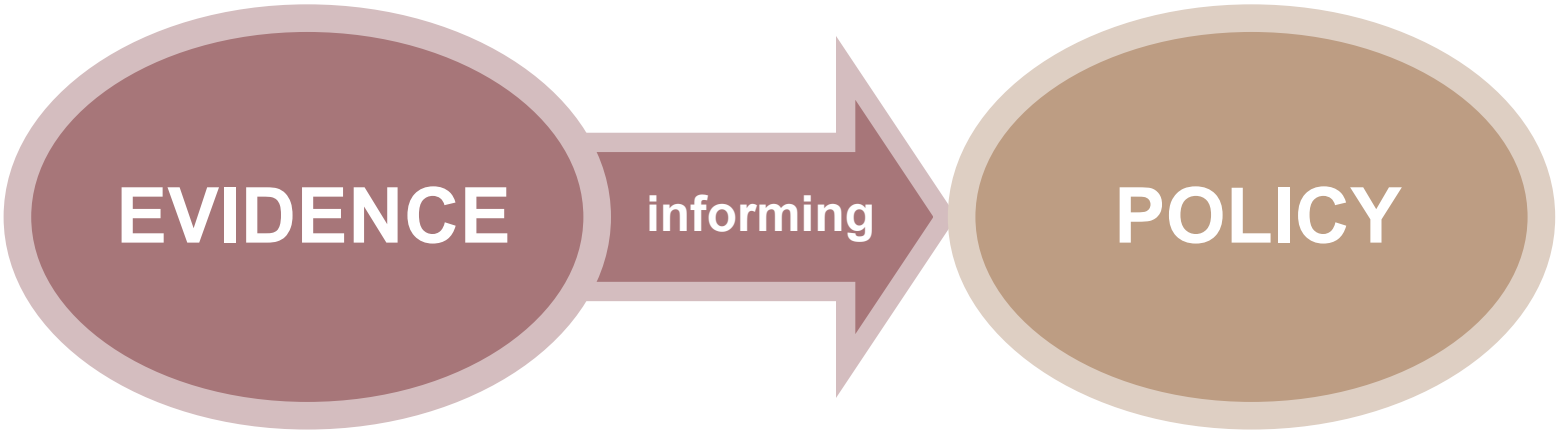
Refocusing the Government's role on to co-production and behavioural approaches



Adapted from: Personal Responsibility and Changing Behaviour, David Halpern et al., Prime Minister's Strategy Unit, 2004

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Evidence based policy?

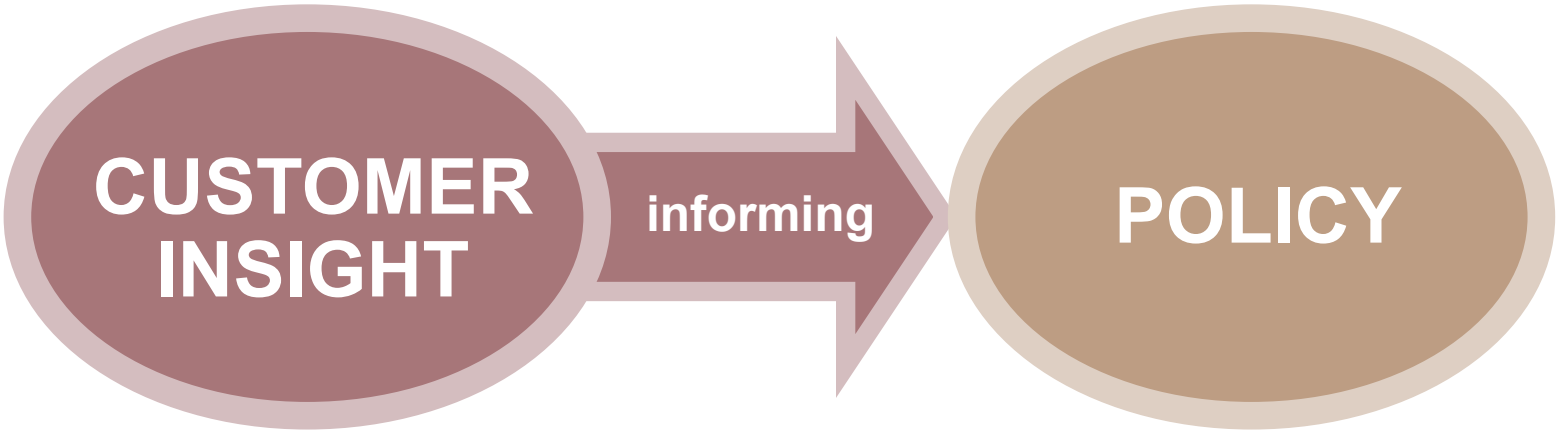


The reality? …more complex

- Policy – with evidence
- Policy – in search of evidence
- Policy – counter to the evidence
- Evidence – in search of policy

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Customer-focused policy?



- Policy – with customer insight
- Policy – in search of customer insight
- Policy – counter to the customer insight
- Customer insight – in search of policy

C.

Defining and describing

social marketing

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In short… social marketing is about

“using marketing for the benefit of people”

Alongside other methods

Rather than financial gain



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A more formal definition

Social marketing is:

The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social good.

French, Blair-Stevens 2006



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A more formal definition

Health-related social marketing is:

**The systematic application of marketing,
alongside other concepts and techniques,
to achieve specific behavioural goals,
to improve health and reduce health inequalities.**

French, Blair-Stevens 2006



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Social marketing ‘customer triangle’



A device for highlighting a number of social marketing’s key features

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3 core concepts

‘Insight’

Developing a genuine insight into the reality of the everyday lives and experiences of the audience (‘customer’) is critical. Avoiding professional or community assumptions about what they want, need, or think. Checking out and pre-testing developing insights.



‘Exchange’

Really examining what is being offered to people to encourage and support a given behaviour. Making sure it is something that ‘they value’ and not simply the benefits that those people planning the intervention think are important.

The offer to customer >> The price or cost to the customer

Fully understanding what the person has to give, in order to get the proposed benefit,
eg: time, effort, money, social consequences, loss of pleasure, etc.

Understanding how the offer can be enhanced to maximise the benefits, while working to minimise potential or actual blocks or barriers to it.

Positive behaviours = increasing incentives + removing barriers or blocks.

Problem behaviours = reducing benefits + adding in barriers or blocks.

‘Competition’

Recognising that whatever is being ‘offered’ will always face competition. Both **external and internal** competition (eg: the power of pleasure, habit, addiction, etc). Can include direct counter messages and competing offers.
Or simply competition for the time and attention of the same target customer / audience.Moving beyond seeing competition in simple terms as the *‘good guys and the bad guys’*.

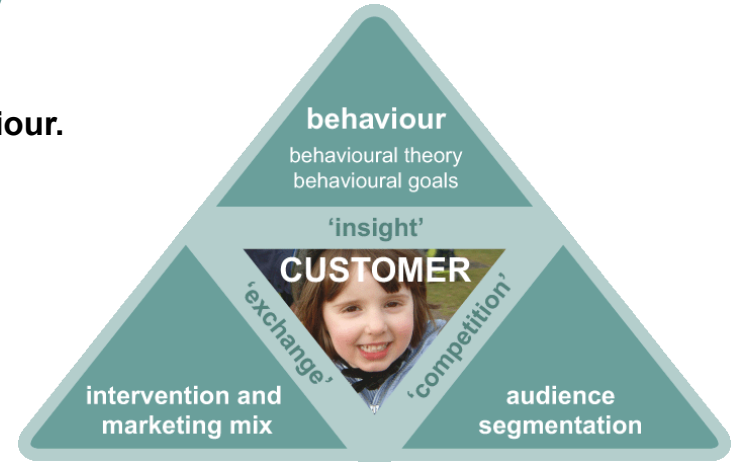
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3 core concepts

Behaviour – behavioural goals & theory

The driving purpose is to achieve
tangible and measurable impact on actual behaviour.

Moves beyond task of communicating information or messages. Clear focus on understanding existing behaviour, and its key **influences and influencers**. Drawing from different behavioural theory to establish specific **behavioural goals** (not just focusing on 'behaviour change' but also looking at how to **maintain and sustain behaviour** over time.



Intervention & marketing mix

Using a mix of methods or approaches to achieve a given behavioural goal. Examining the range of things that could potentially help achieve and sustain particular behaviours. Within this looking at the relative balance or 'mix' between different methods and approaches, to get the optimum mix for greatest potential effect.

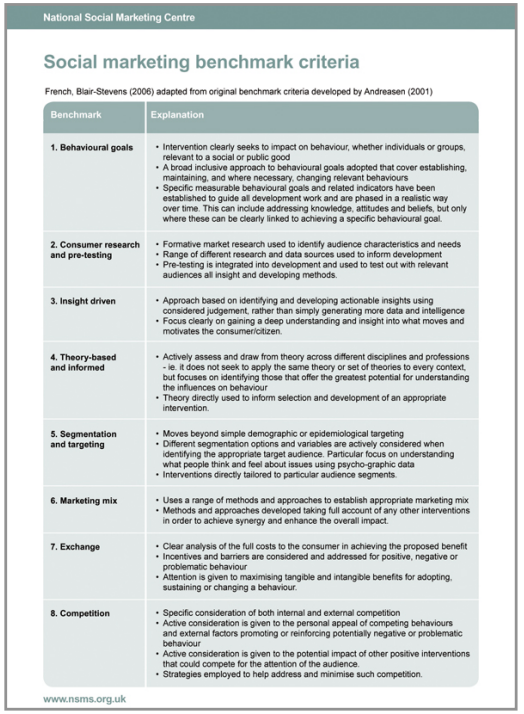
Audience segmentation

Looking at different ways to segment and differentiate audiences. Moving beyond the traditional focus on **epidemiology** and **demography**. Looking at behaviour and **psycho-graphic** aspects eg: what people feel / think about the issue. Usually avoiding **blanket general messages** and approaches and tailoring interventions to the different needs of different segments or groups.

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Social marketing
National Benchmark Criteria

1. Customer orientation
2. Behaviour and behavioural goals
3. Theory-based and informed
4. *'Insight'* driven
5. *'Exchange'* analysis
6. *'Competition'* analysis
7. Segmentation and targeting
8. Intervention and marketing mix



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Social marketing benchmark criteria

French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2001)

Benchmark	Explanation
1. Behavioural goals	• Intervention clearly seeks to impact on behaviour, whether individuals or groups, relevant to a social or public good • A broad inclusive approach to behavioural goals adopted that cover establishing, maintaining, and where necessary, changing relevant behaviours • Specific measurable behavioural goals and related indicators have been established to guide all development work and are phased in a realistic way over time. This can include addressing knowledge, attitudes and beliefs, but only where these can be clearly linked to achieving a specific behavioural goal.
2. Consumer research and pre-testing	• Formative market research used to identify audience characteristics and needs • Range of different research and data sources used to inform development • Pre-testing is integrated into development and used to test out with relevant audiences all insight and developing methods.
3. Insight driven	• Approach based on identifying and developing actionable insights using considered judgement, rather than simply generating more data and intelligence • Focus clearly on gaining a deep understanding and insight into what moves and motivates the consumer/citizen.
4. Theory-based and informed	• Actively assess and draw from theory across different disciplines and professions - ie. it does not seek to apply the same theory or set of theories to every context, but focuses on identifying those that offer the greatest potential for understanding the influences on behaviour • Theory directly used to inform selection and development of an appropriate intervention.
5. Segmentation and targeting	• Moves beyond simple demographic or epidemiological targeting • Different segmentation options and variables are actively considered when identifying the appropriate target audience. Particular focus on understanding what people think and feel about issues using psycho-graphic data • Interventions directly tailored to particular audience segments.
6. Marketing mix	• Uses a range of methods and approaches to establish appropriate marketing mix • Methods and approaches developed taking full account of any other interventions in order to achieve synergy and enhance the overall impact.
7. Exchange	• Clear analysis of the full costs to the consumer in achieving the proposed benefit • Incentives and barriers are considered and addressed for positive, negative or problematic behaviour • Attention is given to maximising tangible and intangible benefits for adopting, sustaining or changing a behaviour.
8. Competition	• Specific consideration of both internal and external competition • Active consideration is given to the personal appeal of competing behaviours and external factors promoting or reinforcing potentially negative or problematic behaviour • Active consideration is given to the potential impact of other positive interventions that could compete for the attention of the audience. • Strategies employed to help address and minimise such competition.

www.nsms.org.uk

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National Benchmark Criteria

Understanding what they are

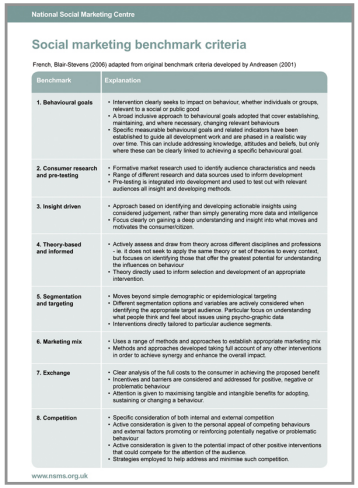
The benchmark criteria are essentially those elements to look for in an intervention that help determine whether it is consistent with and can therefore be described as social marketing.

They should therefore not be confused with ‘the process’ by which you do social marketing. [See the *‘Total Process Planning’* model for a process framework.] The criteria in the benchmarks are relevant throughout the development and implementation of any intervention as a whole.

They should also not be confused with ‘success criteria’ since there are a range of other **important factors** that are critical to any successful interventions, such as (to name a few):

strategic planning,
partnership and stakeholder engagement,
review and evaluation.

These are clearly important in their own right and key to successful interventions. The reason they are not part of the benchmarks are that they are not unique to social marketing. Their presence (or absence) does not indicate if something is social marketing or not. The 8 core criteria included in the benchmarks however, are the things that have to be present in order to be described as consistent with social marketing.



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Social marketing benchmark criteria

French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2001)

Benchmark	Explanation
1. Behavioural goals	• Intervention clearly seeks to impact on behaviour, whether individuals or groups, relevant to a social or public good • A broad inclusive approach to behavioural goals adopted that cover establishing, maintaining, and where necessary, changing relevant behaviours • Specific measurable behavioural goals and related indicators have been established to guide all development work and are phased in a realistic way over time. This can include addressing knowledge, attitudes and beliefs, but only where these can be clearly linked to achieving a specific behavioural goal.
2. Consumer research and pre-testing	• Formative market research used to identify audience characteristics and needs • Range of different research and data sources used to inform development • Pre-testing is integrated into development and used to test out with relevant audiences all insight and developing methods.
3. Insight driven	• Approach based on identifying and developing actionable insights using considered judgement, rather than simply generating more data and intelligence • Focus clearly on gaining a deep understanding and insight into what moves and motivates the consumer/citizen.
4. Theory-based and informed	• Actively assess and draw from theory across different disciplines and professions - ie. it does not seek to apply the same theory or set of theories to every context, but focuses on identifying those that offer the greatest potential for understanding the influences on behaviour • Theory directly used to inform selection and development of an appropriate intervention.
5. Segmentation and targeting	• Moves beyond simple demographic or epidemiological targeting • Different segmentation options and variables are actively considered when identifying the appropriate target audience. Particular focus on understanding what people think and feel about issues using psycho-graphic data • Interventions directly tailored to particular audience segments.
6. Marketing mix	• Uses a range of methods and approaches to establish appropriate marketing mix • Methods and approaches developed taking full account of any other interventions in order to achieve synergy and enhance the overall impact.
7. Exchange	• Clear analysis of the full costs to the consumer in achieving the proposed benefit • Incentives and barriers are considered and addressed for positive, negative or problematic behaviour • Attention is given to maximising tangible and intangible benefits for adopting, sustaining or changing a behaviour
8. Competition	• Specific consideration of both internal and external competition • Active consideration is given to the personal appeal of competing behaviours and external factors promoting or reinforcing potentially negative or problematic behaviour • Active consideration is given to the potential impact of other positive interventions that could compete for the attention of the audience. • Strategies employed to help address and minimise such competition.

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Should not be confused with a process of what you do

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National Benchmark Criteria

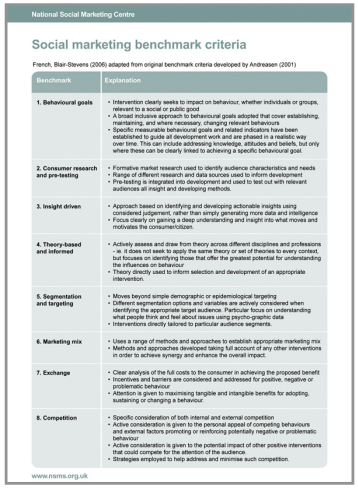
Building consistency, but maintaining flexibility

As social marketing has developed, it has begun to incorporate a wide range of methods, techniques and activities. This reflects the fact that it is a dynamic and integrative discipline.

This breadth of approach, however, can present challenges to people's understanding of social marketing, particularly in relation to how it fits with other methods and approaches.

The National Benchmark Criteria were specifically developed to help encourage greater consistency, while at the same time not undermining the potential to be flexible and adaptable in developing interventions. The benchmarks therefore help to ensure consistency, but without placing unhelpful constraints on those undertaking interventions or preventing them from developing creative and innovative solutions.

Across the literature, and increasingly in practice, interventions are being described as *'social marketing'*. With increasing attention being paid to social marketing, there is a danger that work is simply re-badged as social marketing and yet not really consistent with its core features. The benchmark criteria therefore provide a simple and easy way to check whether what is being described really is consistent with social marketing: the bottom line being that iif there is not a strong customer and behavioural focus then it is not social marketing. The benchmark criteria will help in making this more evident.



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Social marketing benchmark criteria

French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2001)

Benchmark	Explanation
1. Behavioural goals	• Intervention clearly seeks to impact on behaviour, whether individuals or groups, relevant to a social or public good • A broad inclusive approach to behavioural goals adopted that cover establishing, maintaining, and where necessary, changing relevant behaviours • Specific measurable behavioural goals and related indicators have been established to guide all development work and are phased in a realistic way over time. This can include addressing knowledge, attitudes and beliefs, but only where these can be clearly linked to achieving a specific behavioural goal.
2. Consumer research and pre-testing	• Formative market research used to identify audience characteristics and needs • Range of different research and data sources used to inform development • Pre-testing is integrated into development and used to test out with relevant audiences all insight and developing methods.
3. Insight driven	• Approach based on identifying and developing actionable insights using considered judgement, rather than simply generating more data and intelligence • Focus clearly on gaining a deep understanding and insight into what moves and motivates the consumer/citizen.
4. Theory-based and informed	• Actively assess and draw from theory across different disciplines and professions - ie. it does not seek to apply the same theory or set of theories to every context, but focuses on identifying those that offer the greatest potential for understanding the influences on behaviour • Theory directly used to inform selection and development of an appropriate intervention.
5. Segmentation and targeting	• Moves beyond simple demographic or epidemiological targeting • Different segmentation options and variables are actively considered when identifying the appropriate target audience. Particular focus on understanding what people think and feel about issues using psycho-graphic data • Interventions directly tailored to particular audience segments.
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National Benchmark Criteria

Different ways they can be used

The benchmark criteria can be used in a range of different ways:

Commissioners:

Can use them to incorporate into tender briefs, sent out to people wanting to bid for specific work, with a request that all proposals or bids should clearly indicate how the work proposed will ensure it incorporates and is consistent with, each of the criteria. They can then be used in preparing tender interview panel questions, to test out the extent to which those making bid presentations have understood and genuinely incorporated them into their proposals.

Agencies, consultants & other contractors:

Can use the benchmark as a guide to presenting bids or proposals to funders, to clearly show how their proposal or bid will be consistent with social marketing principles and practice.

Trainers:

Can use them to highlight key features of social marketing and provide a framework from which to examine and explore key concepts and principles.

Intervention planners and developers:

Can use these as a robust guide to ensure that what they do remains consistent with core criteria. As core criteria, they have been specifically framed to allow maximum flexibility for adaptive and creative solutions. However while they are not a 'how to' process they provide a steer to ensure that, as work is developed, it can be checked to ensure it is consistent with the criteria.

Evaluators & researchers:

Can use them when reviewing the impact of interventions, to reinforce the focus on determining if specific behavioural impacts have been achieved or not. They can also be used by those seeking to compare and contrast learning from different interventions and programmes and to help identify aspects of transferable learning.

National Benchmark Criteria 1

Customer orientation

‘customer in the round’

all work based on good market and consumer research, using data synthesis / fusion techniques

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National Benchmark Criteria 1
Customer orientation

- A broad and robust understanding of the customer is developed which focuses on understanding their lives in the round, and avoids the potential to focus only on a single aspect or feature.

- Formative consumer / market research used to identify audience characteristics and needs

- Range of different research analysis, data synthesis and fusion approaches used, drawing from public and commercial sector sources, to inform understanding of their everyday lives

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Focusing on the person at the centre

The reason it is called the 'customer triangle'



Different sectors and organisations can describe the customer in different ways, eg:

the consumer
the citizen
the client
the patient
the service-user
the public
the community
the professional
the decision-maker
the politician

The customer can be both:

- **the public or citizens**
- **professionals or key decision-makers**

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Traditional communications & 'message based' approach

crafting 'our messages' → **communicating the messages**



accurate / relevant / clear

creative / clever / funny / impactful / interesting / attention grabbing / etc

Example: Young people and smoking:

What we see as benefits:

Health benefits:
Life expectancy, illness & disease, lungs, heart, etc

Financial benefits:
Cost, disposable income

Other benefits:
Smell, attractiveness to others, not damaging others (eg children)

Communications:

Posters and adverts
Leaflets and flyers
TV, radio, press (papers / magazines)
Internet / email / phones / viral marketing
Schools / youth clubs / cinemas

Etc

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‘Customer-focused’ social marketing approach

Starting with the customer



understanding the customer

what ‘moves and motivates’

generating ‘insight’

Example: Young people and smoking:

What’s going on? ‘what moves and motivates’:

Own views not those received from ‘authority’
Self-perception of maturity: ‘an adult’ not ‘a child’
Move away from parents and teachers influence
Importance of peer views and approval
Fun, social benefits, enjoying attention & ‘causes’
Questioning, challenging, rebellion, streetwise
Living in ‘the now’ less concern for distant future

Basic insights:

Selling of *‘health’* and longer term benefits, or *‘being good’* very unmotivating – avoid (can be counter motivating)

Connect to ‘own views’, not being conned, link to a cause and rebellion, ensure social & fun benefits are strong

eg: ‘Truth’ campaign approach
www.wholetruth.com

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Developing a 360 degree view

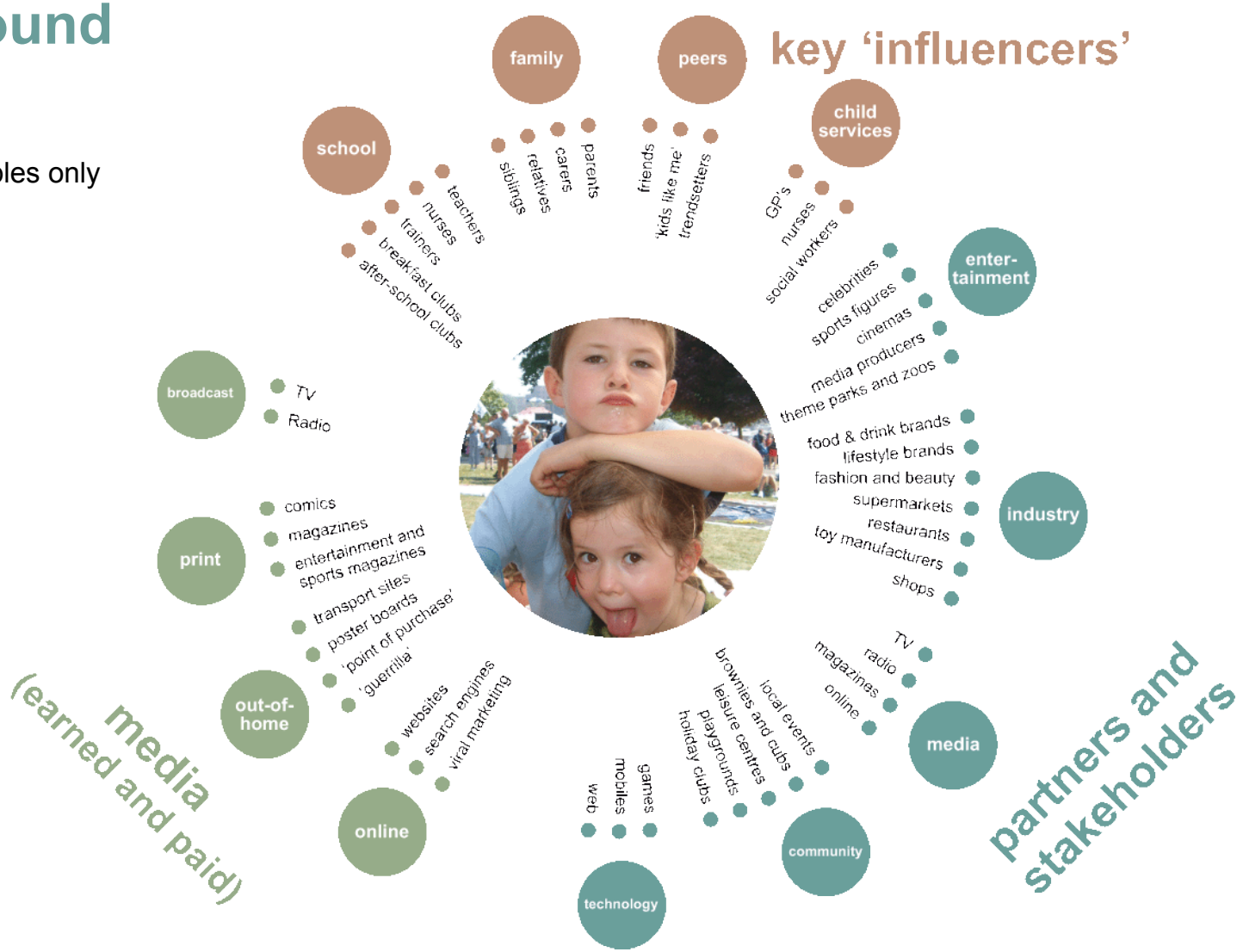


A practical tool:

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Seeing the customer / consumer in the round

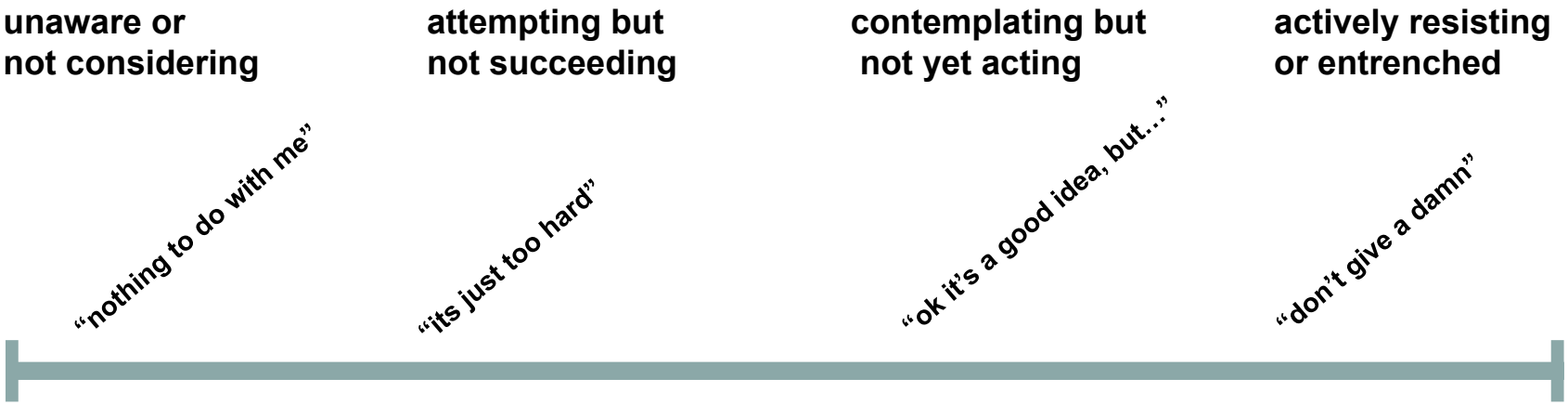
eg: Children
illustrative examples only



A practical tool:

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Starting from: ‘where the customer is at’



SOCIAL MARKETING

Tailoring interventions to take full account of where the customer is starting from

INFORM
educate
communicate
advise

SUPPORT

DESIGN

CONTROL
require
enforce
legislate

National Benchmark Criteria 2

Behaviour

Clear focus on behaviour, based on strong behavioural analysis with specific behaviour goals

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National Benchmark Criteria 2
Behaviour

- **A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for both**
  the 'problem' behaviour
  the 'desired' behaviour
- **Intervention clearly focused on specific behaviours**
  ie not just focused on information, knowledge, attitudes and beliefs
- **Specific actionable and measurable behavioural goals and key indicators have been established in relation to a specific 'social good'**
- **Intervention seeks to consider and address four key behavioural domains:**
  1. *formation and establishment of behaviour*
  2. *maintenance and reinforcement of behaviour*
  3. *behaviour change*
  4. *behavioural controls (based on ethical principles)*

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Influencing behaviour… why?

There are many ways to influence behaviour, and many reasons to do so

- whether at the individual level, eg: *as a parent,*
- or at the social or societal level, eg: *as the Government*

As parents:

People rapidly learn skills to influence babies and children as they grow up – some proving more effective and positive than others

As the Government:

Almost every single policy area where a Government needs to achieve a positive impact and intervene in some way, has some type of behavioural challenge or focus to it.

eg: the environment, energy conservation, waste management, health and healthcare, crime, transportation, taxation, financial planning and savings, community and civic engagement, voting and volunteering, etc.

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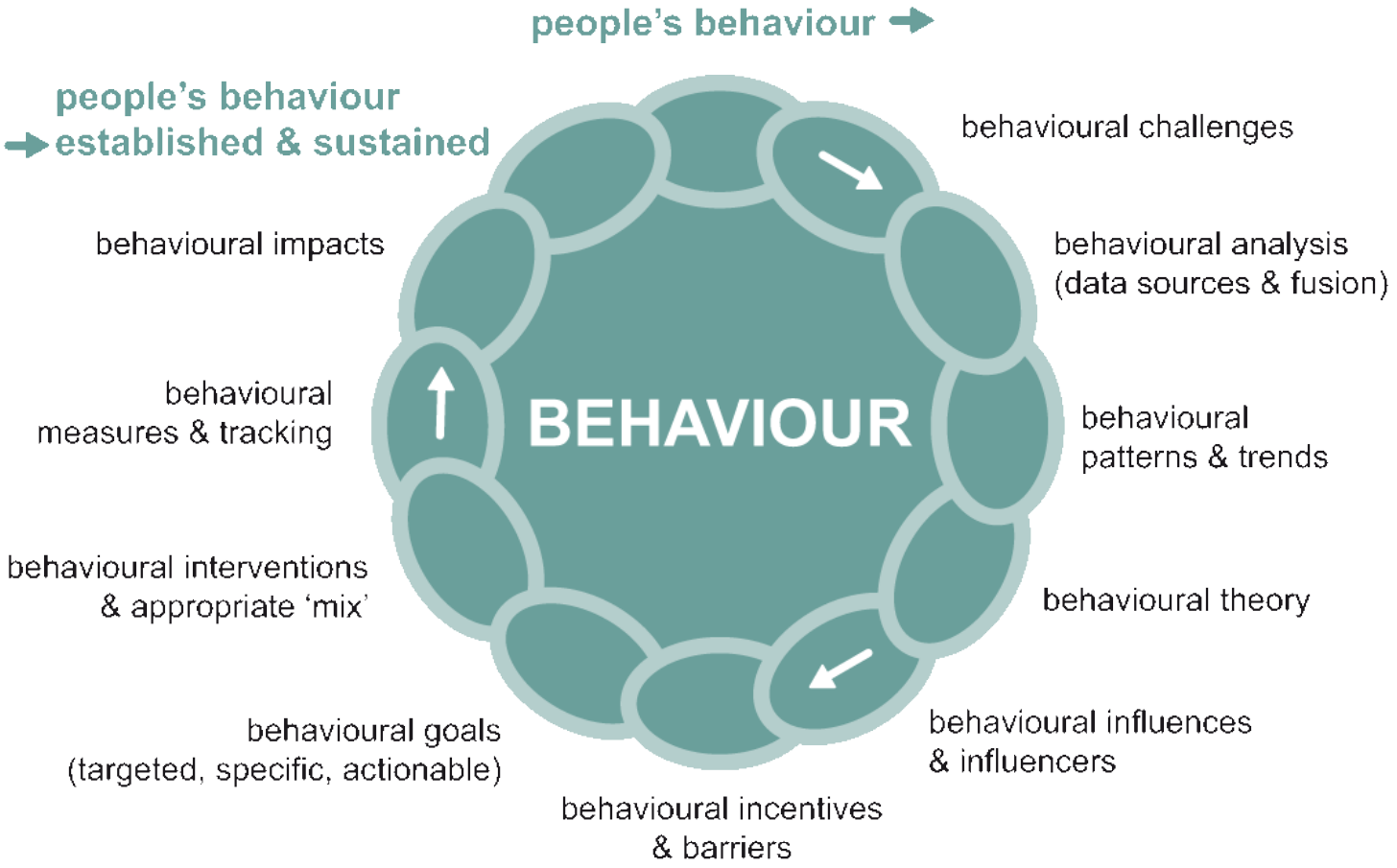
Understanding behaviour

Clarifying some basic starting points

- **Behaviour =** a pattern of actions over time.
- **Behaviour is inherently *dynamic*.**
  Subject to change and variation in different contexts and at different times.
- **100% consistency is rare to find.**
- **Much routine daily behaviour is about habit and does not necessarily involve conscious and active consideration.**
  Avoid reliance on 'cognitive' message-based communications.
- **Starting from an understanding of an audience's *attitudes, hopes, wishes, desires and other motivations* is generally more productive than trying to identify and fill *information gaps*.**
- **Understanding people's *emotional engagement* is critical.**

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Keeping the focus on behaviour
'creating a behavioural chain reaction'



The ultimate goal is not just to change behaviour but to ESTABLISH & SUSTAIN IT over time

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The customer in their wider social and environmental context

Although social marketing has a strong customer focus, good social marketing does not focus on people as isolated individuals, but rather looks at them in their wider social and environmental context.

To be effective social marketing therefore needs to consider:

1. **Those factors within the potential control of the individual**
   eg lifestyle options and choices
2. **Those factors outside of the person's immediate control or influence**
   eg environment, service access options, employment opportunities, housing, etc

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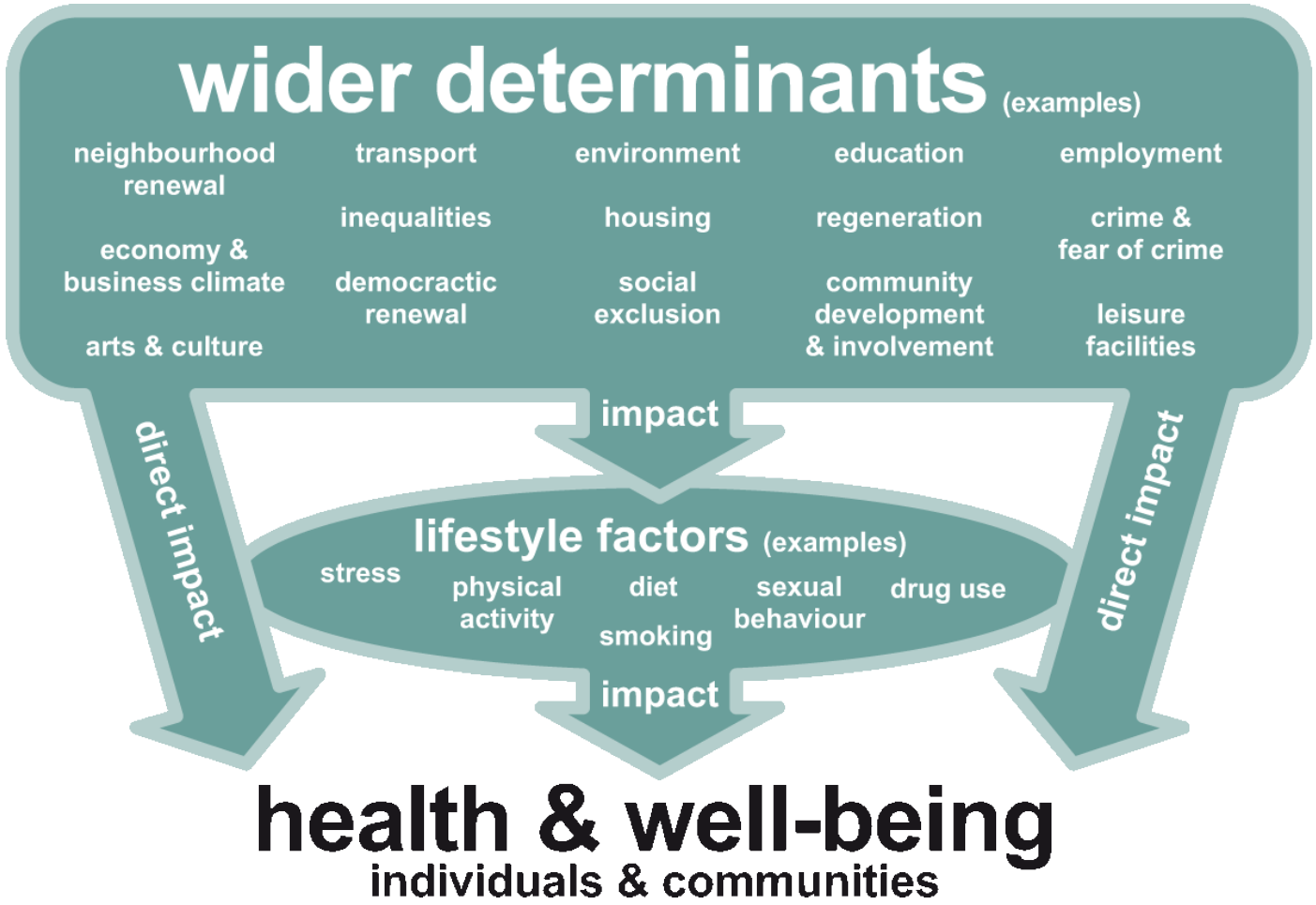
Seeing the customer in their social context



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Wider determinants of health

Recognising their influence



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4 primary components to influencing behaviour

Educate / encourage

Service / support

Design / construct

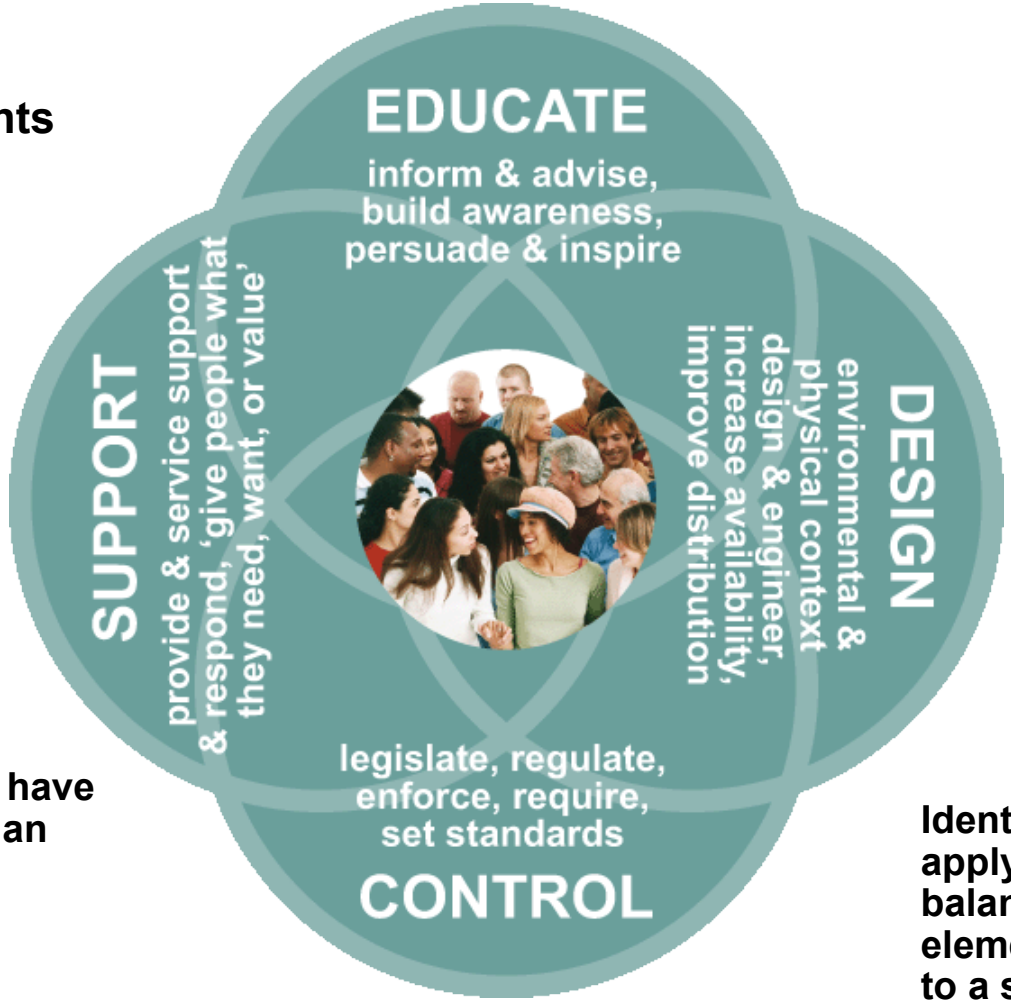
Control / require

Most interventions have more than one element and getting the right ‘mix’ is key to successful interventions

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Influencing behaviour

4 primary elements



Most interventions have features of more than one of these.

Identifying and applying the effective balance between elements is critical to a successful behavioural intervention

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Influencing behaviour

Some illustrative examples



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Recognising the limitations of information and cognitive approaches

Important to move beyond the simplistic

INFORMATION ⇨ ACTION

A more developed… but still limited approach has involved

INFORMATION ⇨ UNDERSTAND ⇨ ENGAGE ⇨ VALUE

COMMIT ⇨ SKILL / ABILITY ⇨ SUPPORT ⇨ REINFORCEMENT

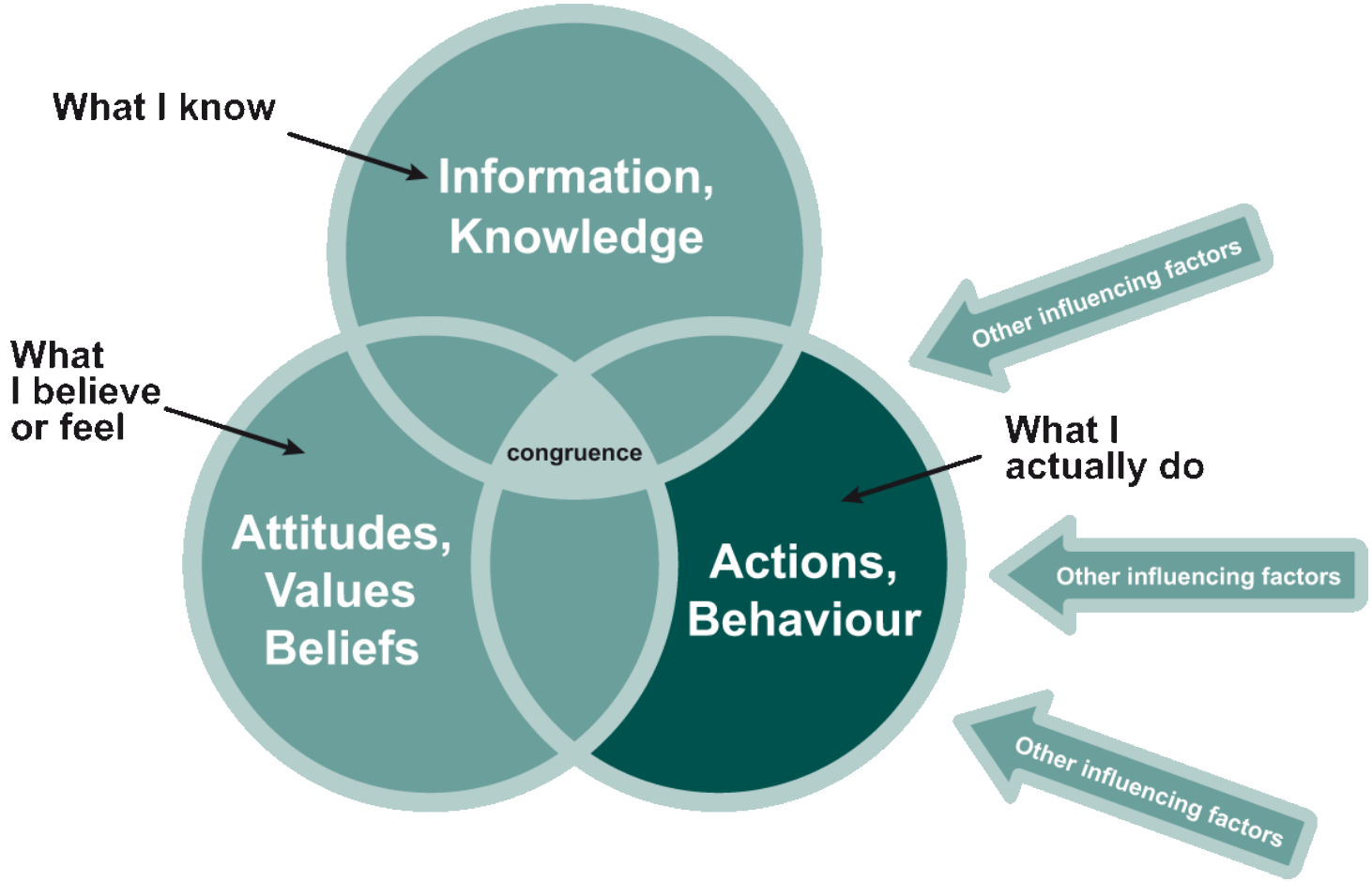
= ACTION

- **Grounded in what can be described as the CCC approach, 'cognitive communication chain'**
- **The bias is towards seeing behaviour in terms of cognitive decisions.**
- **Where there is a primary and often unquestioned assumption that we need to 'engage the brain' in order to influence behaviour.**

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Behaviour influenced by more than *'what I know'* or *'what I believe'*

We do not always behave in line with what we know and what we believe



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Moving beyond the traditional focus on behaviour change

In public health and health improvement generally, the concept of behaviour change is widely used. While useful, it has particular limitations, and identifying and focusing on behavioural goals is more helpful.

Behavioural goals approach

Starts with an initial *whole population analysis* and then considers different ways to divide and *segment* audiences. It looks at four key issues:

1. Understanding the **establishment of behaviour** in the first place
   (for both the problem and the desired behaviour)
2. What helps **maintain and sustain the behaviour** over time
   (again for both the problem and the desired behaviour)
3. Where **behaviour change** may be important
4. Where **behavioural controls** could be ethically justified
   (as the only realistic way to impact on entrenched behaviours)

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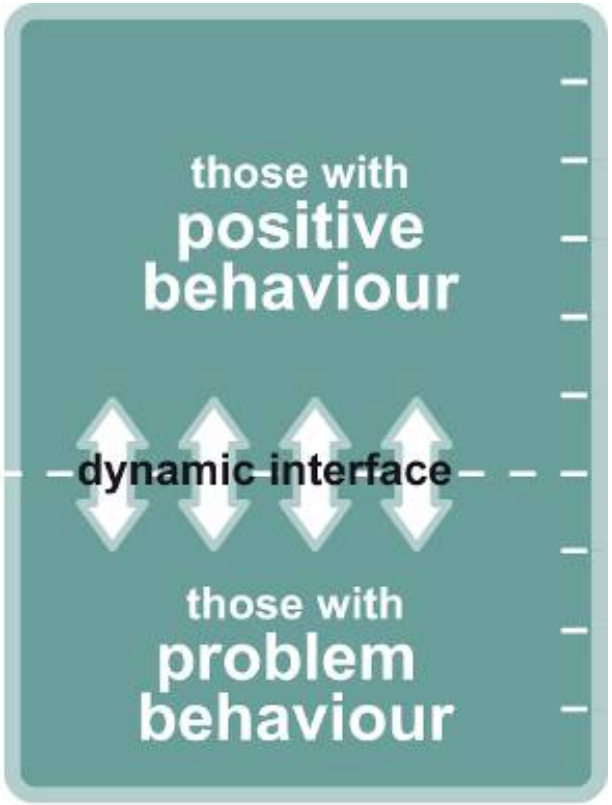
Behavioural goals approach

Key features

- **Starts with a *whole population analysis*.**
- **Examines different ways to segment the population, focusing on ones with the greatest potential utility or application.**
- **Recognises limitations of a *behaviour change* approach.**
- **Particular attention paid to what different audiences think / feel about the particular issue under consideration.**
  eg: with the following smoking example, the approach seeks to look at different ways that ‘different smokers’ and ‘different non-smokers’ might be approaching the issue.
- **Particular attention is on seeking to intervene before establishment of problematic behaviours.**
- **Recognises that *maintaining and sustaining behaviours* is as important as any *behavioural change*.**

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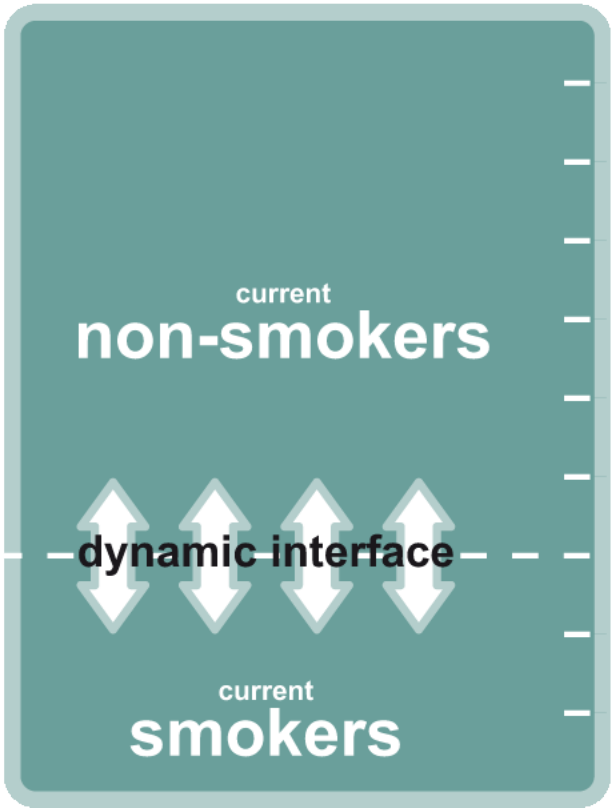
Behavioural analysis:
behavioural goals and segmentation



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Behavioural analysis:
behavioural goals and segmentation

eg: Smoking behaviour



SEGMENTATION e.g. by relationship to 'smoking behaviour'	BEHAVIOURAL GOALS
"never smoked, never will"	*behaviour allies / mobilise asset*
"susceptible to pressure to smoke"	*positive behaviour promotion - incentives*
"recent quitter – potential to restart"	*behaviour reinforcement, maintenance support*
"would like to quit but finding it hard"	*behaviour 'change'*
"strong entrenched resisters"	*behaviour controls*

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The importance of focusing on wider behavioural goals

eg: Smoking behaviour

YEAR 1
10 smokers quit

→

YEAR 2
100 smokers quit

with support from smoking cessation service

On surface looks like a simple example of a good **'behaviour change'** *approach*

Over same period
1000 young people
take up smoking

A **'behavioural goals'** approach would have gone beyond 'behaviour change' to cover:

- Helping prevent people taking up smoking
- Helping existing smokers quit
- Helping maintain and support behaviour

Changing established behaviours is generally harder than helping prevent them in the first place!

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Major influences on behaviour

Options and choices

To consider and assess the impact of different influences on the behaviour of the target audience or customer



National Benchmark Criteria 3

Theory-based

Behavioural theory informed
Drawing on an integrated theory framework

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National Benchmark Criteria 3
Theory-based

- **Theory is used transparently to inform and guide development, and theoretical assumptions tested as part of the development process**
- **An open integrated theory framework is used that avoids tendency to simply apply the same preferred theory to every given situation**
- **Takes into account behavioural theory across 4 primary domains:**

1. **bio-physical**
2. **psychological**
3. **social**
4. **environmental / ecological**

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Behavioural interventions

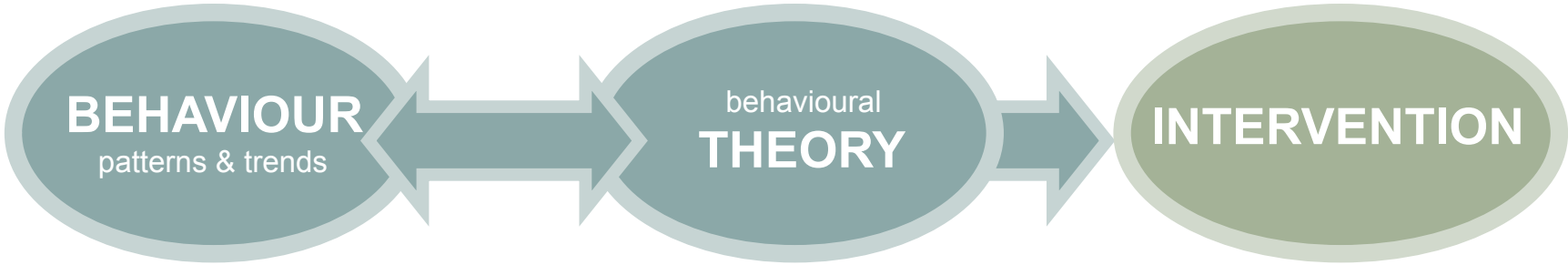
Understanding the customer(s)

or: citizen, client, consumer, patient, community, public (etc)

Understanding the behaviour

Understanding what the key influences are

Considering the range of options for action



What they do
'patterns & trends'

'influences & influencers'

Why they do it
'Integrated theory framework'

Options and 'mix'
'4 primary components'

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Wide range of behavioural theories

Some examples commonly mentioned:

Diffusion of innovations theory	Rogers 1962
Social learning theory	Akers & Ronald 1973
Health belief model	Rosenstock 1974
Theory of reasoned action	Fishbein 1980
Model of interpersonal behaviour	Triandis 1980
Protection motivation theory	Rogers 1983
Goal-setting theory	Locke & Latham 1990
Theory of planned behaviour	Ajzen 1991
Model of action phases	Heckhausen 1991
Stages of change	Prochaska, DiClemente 1992
Trans-theoretical model	Prochaska et al 1992
Prototype / willingness model	Gibbons et al 1998
Social cognitive theory	Bandura 1999

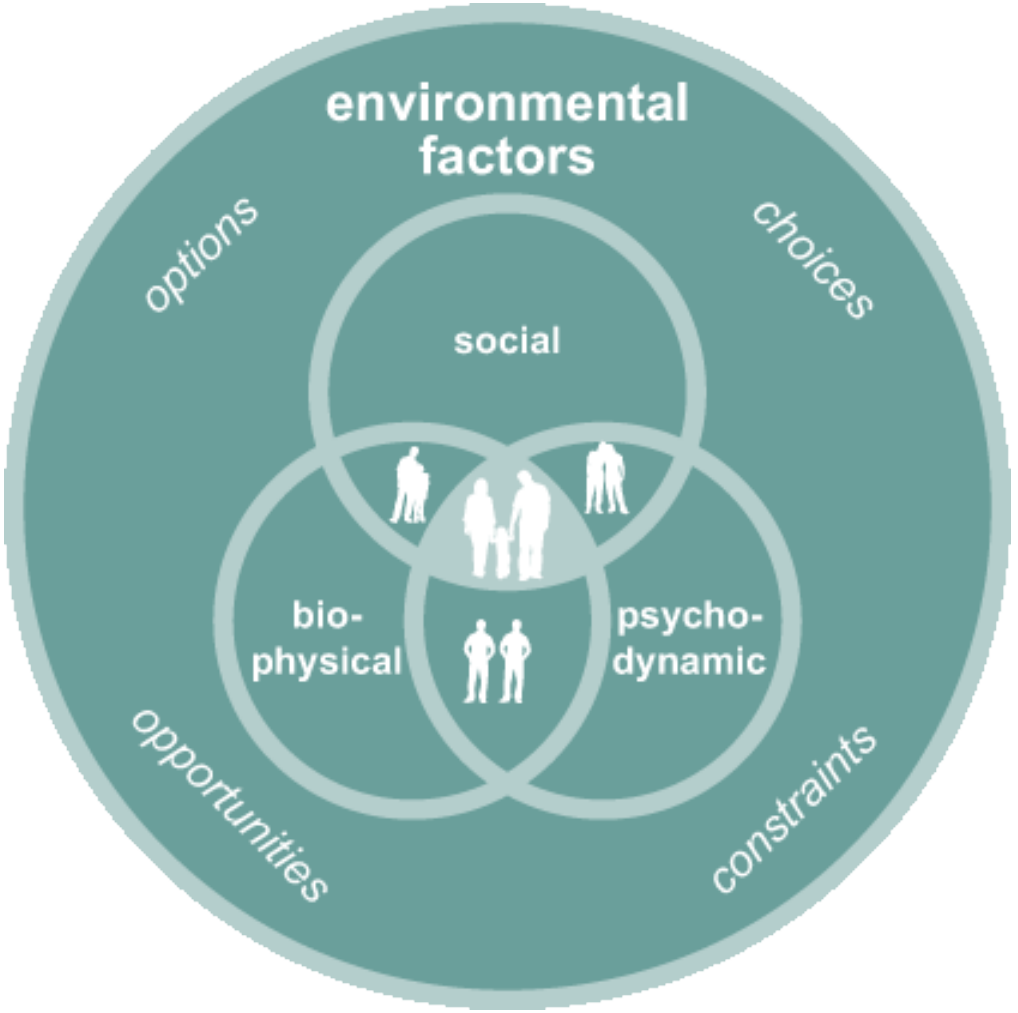
BUT there are many more!

AND the issue is how to decide what to use and draw from?

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Integrated theory framework

for behavioural influences

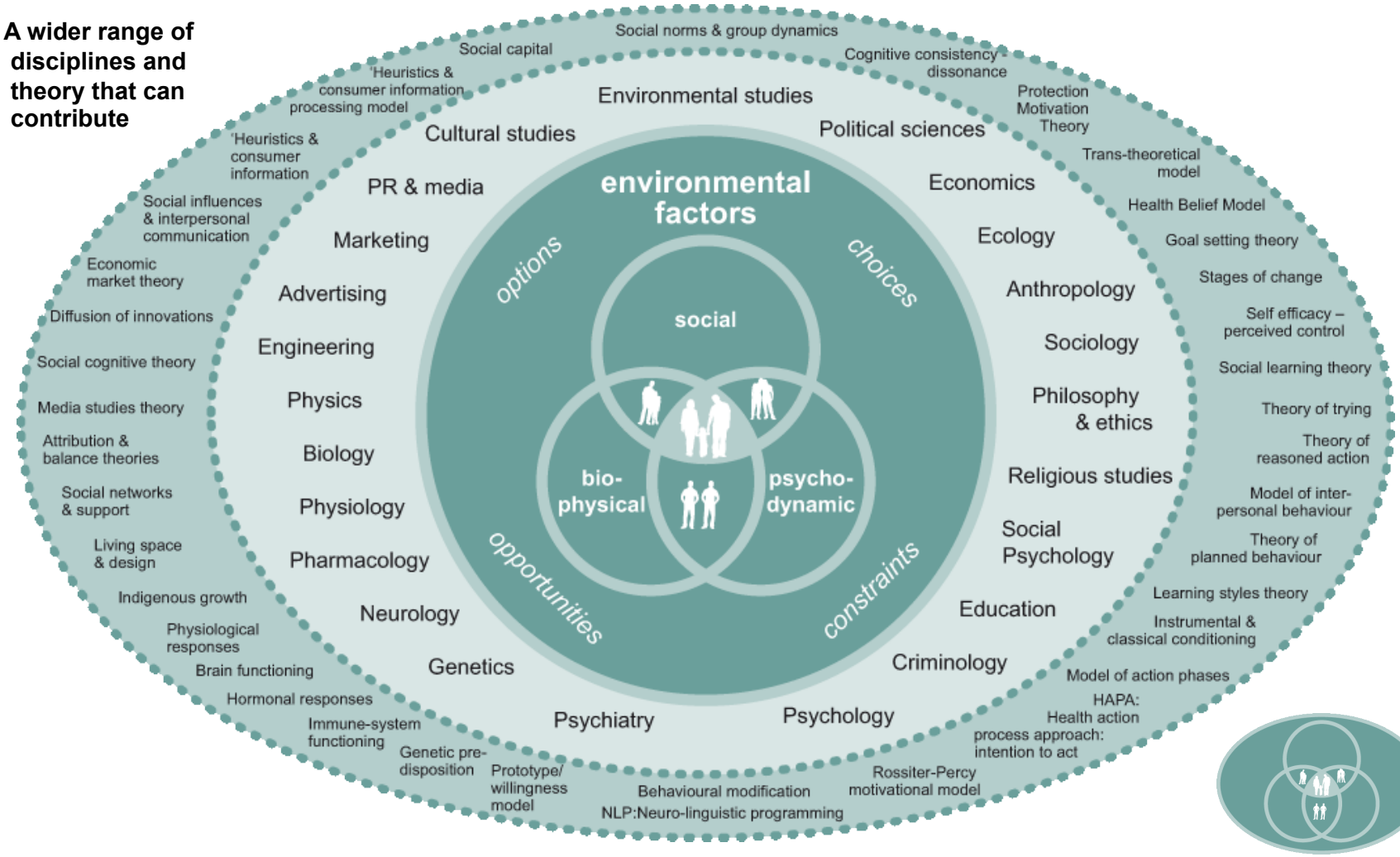




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Integrated theory framework
for behavioural influences

A wider range of disciplines and theory that can contribute



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Using an open theory approach

A key consideration is deciding which disciplines and related theory to draw from, in selecting an intervention method or approach

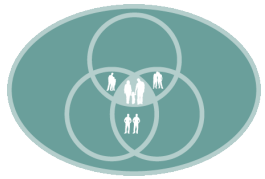
It is important to:

- **Start with 'the customer' first**
- **Gaining a deep understanding & insight into their everyday lives – 'what moves & motivates them'**
- **Then from initial 'customer insight' looking at what theory can best inform intervention option selection**
- **Avoiding automatic application of 'our preferred theory' to every situation and audience**

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Theory framework – checklist tool

Taking the potential complexity & managing it



BEHAVIOUR:……

	What factors / theories are potentially relevant?
1. Biological / physical	
2. Psychological	
3. Social	
4. Wider environment	

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Starting with an open analysis

Avoid closed analysis

Starting with our own preferred theory

Examining the behaviour from the perspective of your preferred theory

Select intervention options that are grounded in the theory you started with

Keeping the analysis open

Start by developing a robust understanding of the customer

eg: collecting data / intelligence on relevant behaviour and related knowledge / perceptions / attitudes / beliefs / values

Draw down from the range of theories (across different disciplines) to identify ones that might offer insight & opportunities for ways to intervene

Develop a 'working proposition' for how to achieve & maintain the desired behaviour

Select intervention options most likely to achieve the behavioural goals

National Benchmark Criteria 4

Insight

Based on developing a deeper insight' approach

what *'moves and motivates'*

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National Benchmark Criteria 4
Insight

- **Focus is clearly on gaining a deep understanding and insight into what moves and motivates the consumer.**

- **Drills down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour.**

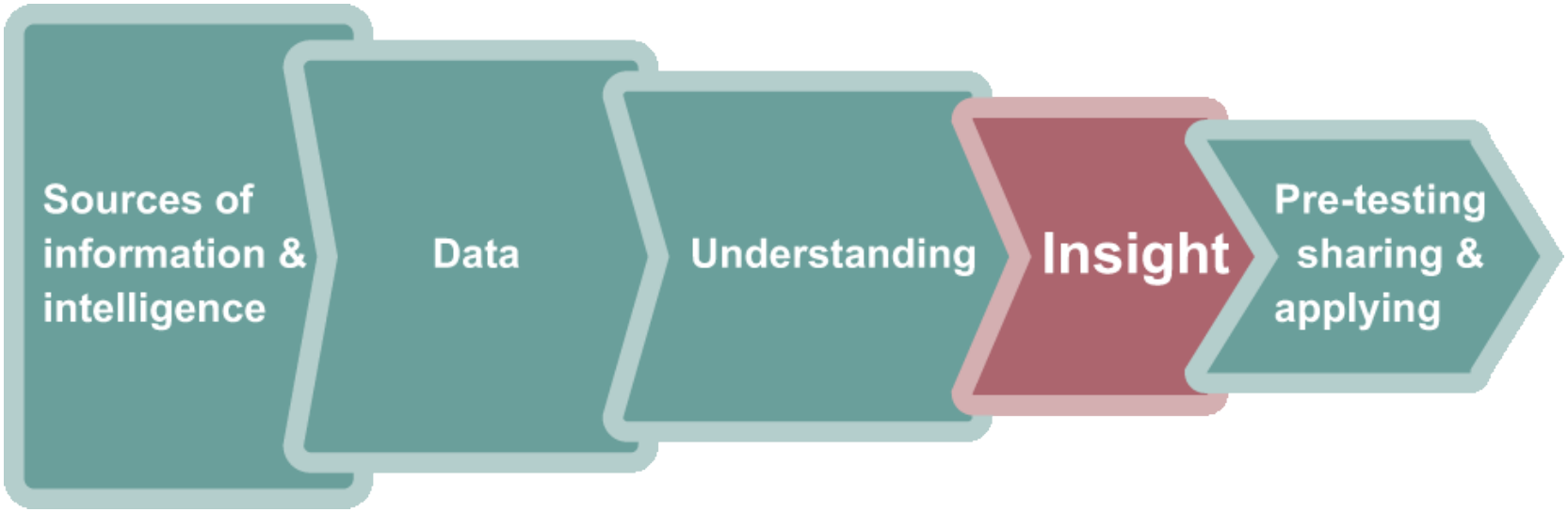
- **Approach based on identifying and developing ‘actionable insights’ using considered judgement, rather than just generating data and intelligence.**

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Developing ‘actionable insights’

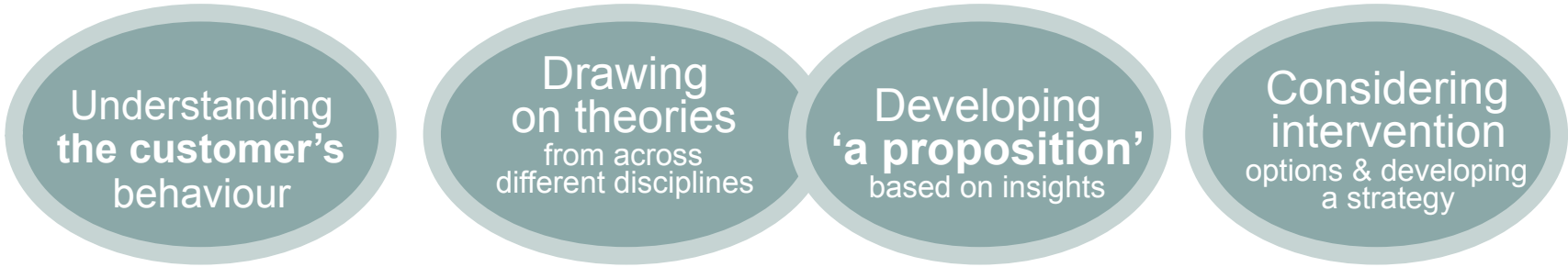
Moving from information to insight

- **Important to move away from simply identifying and collecting a wide range of information, data and intelligence**
- **Towards identifying potential ‘insights’ within the data and intelligence – and then testing these with the audience**



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Behaviour and theory



How to move from:

current behaviour → **desired behaviour**

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Developing a proposition

How to move from current to desired behaviour



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Proposition checklist

	✓
1. Has the proposition been developed based on clear audience / customer insights?	
2. Are there different propositions tailored to different needs and contexts of different audience segments?	
3. Does the proposition clearly articulate what's in it for the customer(s) or society as a whole?	
4. Is it clear that the proposition is not simply a restatement of the intervention aims or policy goals?	
5. Is it clear how the proposition will address or counter competition for the time and attention of the audience?	
6. Is the proposition simple and straight forward to understand? (ie: a single line)	
7. Is the proposition in everyday language?	
8. Have those who need to follow up or contribute to components of the intervention been briefed and understand the reasons for the proposition?	
9. Are pre-testing plans in place for intervention components have been developed based on the proposition?	

National Benchmark Criteria 5

Exchange

Incorporates an ‘exchange’ analysis

Understanding what the person has to give to get the benefits

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National Benchmark Criteria 5
Exchange

- **Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc.)**
- **Analysis of the perceived / actual costs versus perceived / actual benefits**
- **Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences, based on what they value**

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Incentives and barriers

for both the positive and problematic behaviour



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Incentives and barriers

for both the positive and problematic behaviour

Critical point:

When considering *'incentives and barriers'* it is important to not just focus on the *'problem behaviour'*.

Considering the *'desired behaviour'* is key and provides additional options for ways to build on and reinforce this behaviour.

For example:

When looking at high teenage pregnancy rates in a deprived community it can be as valuable to consider those young woman who despite their social and environmental context don't become pregnant in their teens.

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‘Exchange’ concept

In very simple terms for the exchange to be positive the ‘benefits’ to the customer need to be greater than the costs to them

BENEFITS

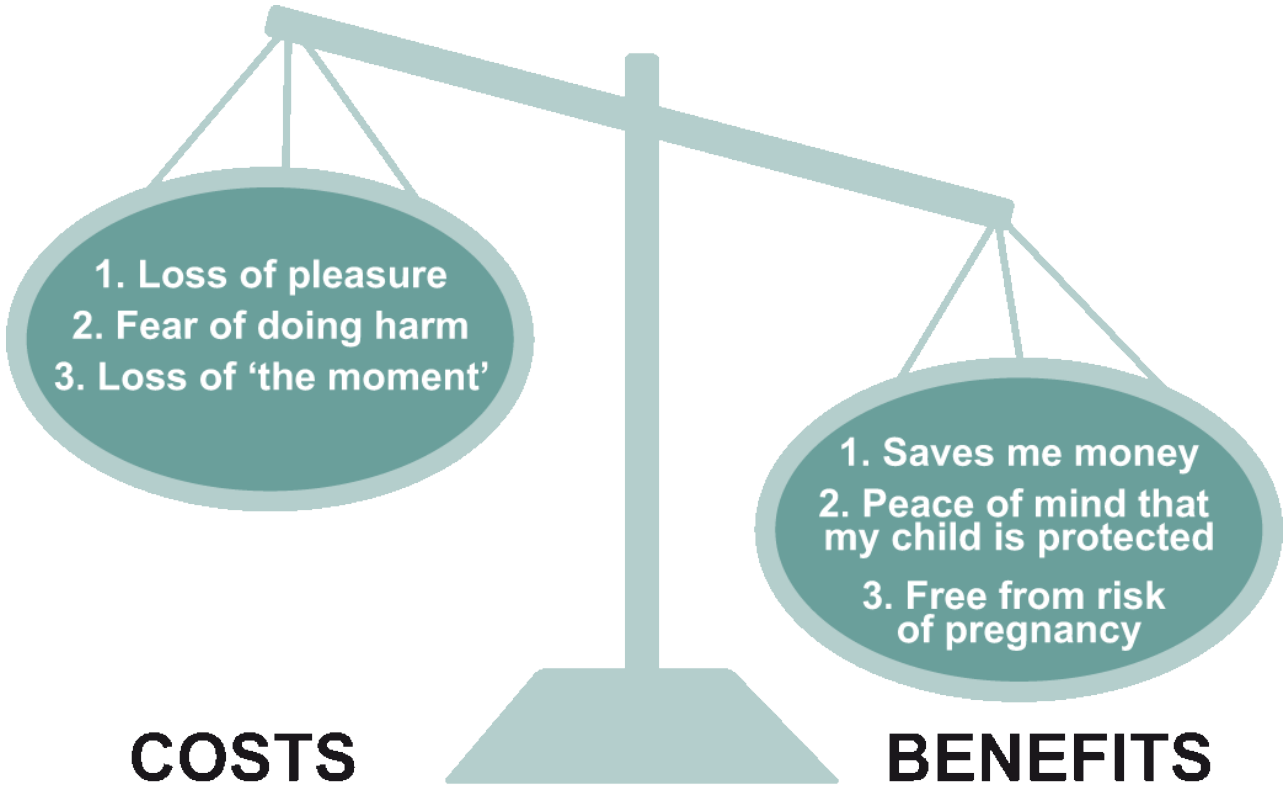
vs

costs

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Examples:

1. Smoking, 2. Immunisation, 3. Condom use



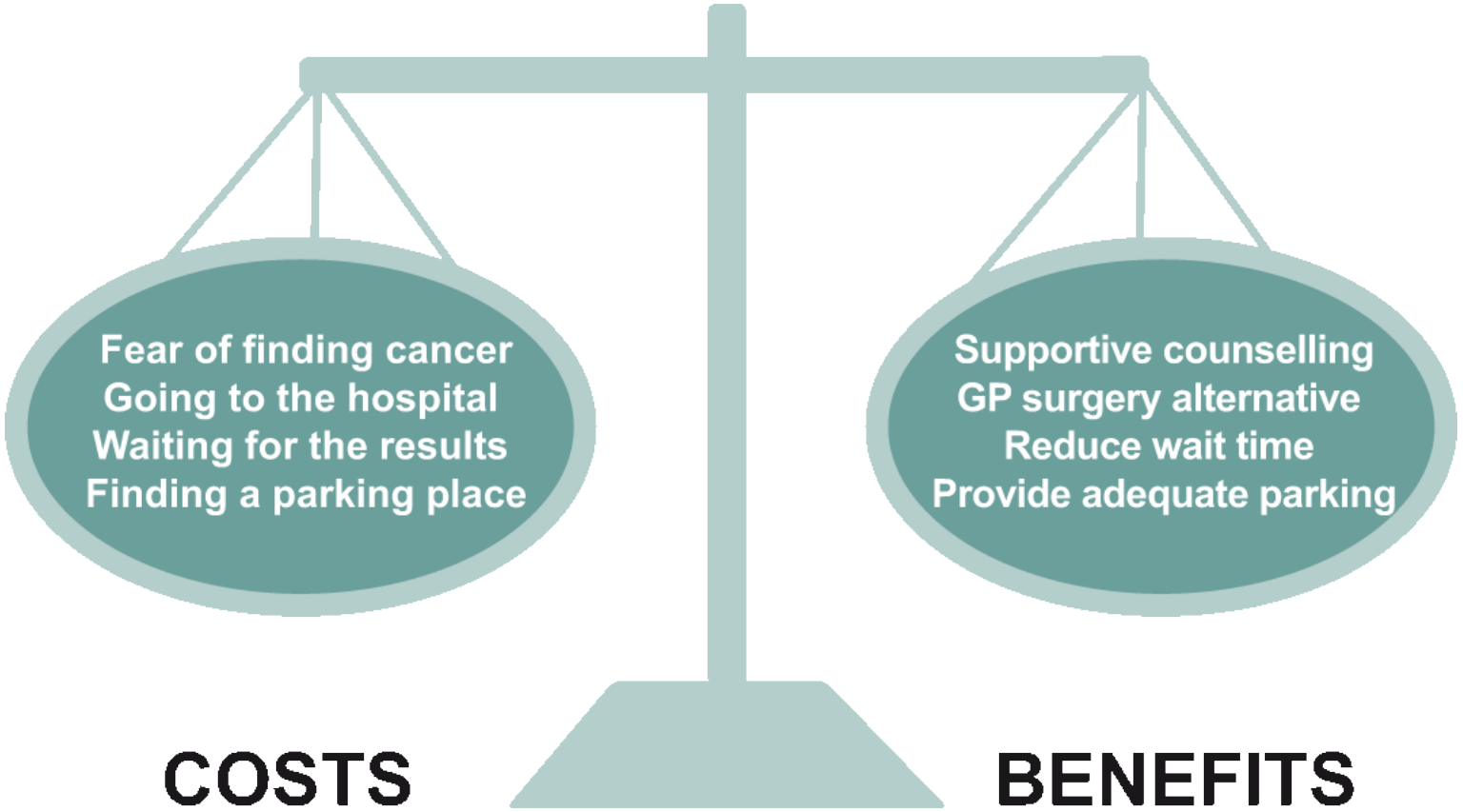
CRITICAL POINT

The 'benefits' must be what the audience / customer thinks are important and will value – not what we may think are important.

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Example: Going for a Mammogram

Crafting benefits to directly address costs



National Benchmark Criteria 6

Competition

Incorporates a ‘competition’ analysis

Understanding what competes for the time and attention of the audience

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National Benchmark Criteria 6
Competition

- **Both internal & external competition considered and addressed**

  ### Internal
  eg: psychological factors, pleasure, desire, risk taking, addiction etc

  ### External
  eg: wider influences / influencers competing for audience's attention and time, promoting or reinforcing alternative or counter behaviours

- **Strategies aimed to minimise potential impact of competition by considering positive and problematic external influences and influencers**

- **Factors competing for the time and attention of a given audience considered**

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Understanding the competition

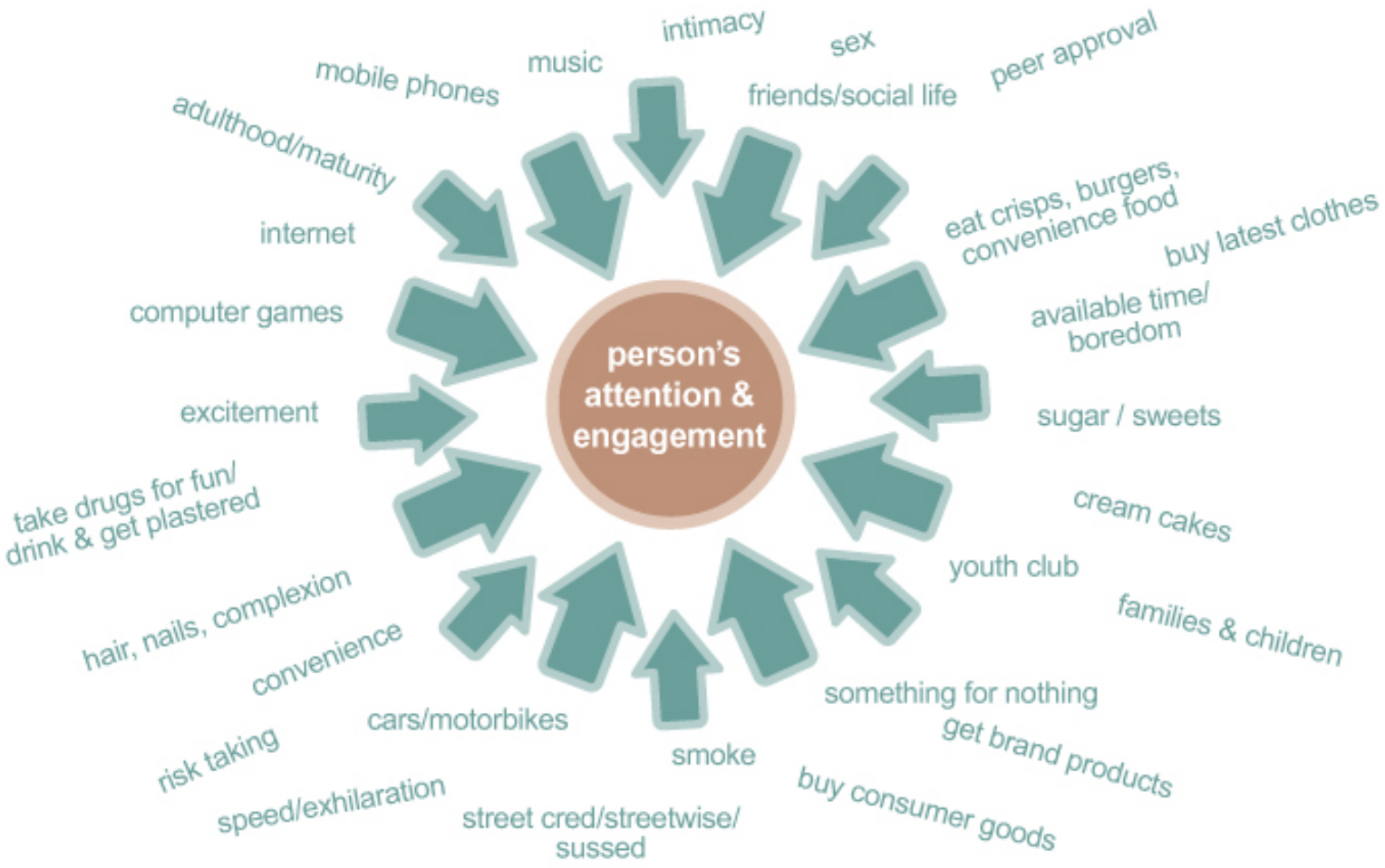
'our' mission & messages



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Understanding the competition

Everyday life



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Understanding the competition

Reality check



National Benchmark Criteria 7

Segmentation

Uses a developed segmentation approach (not just targeting)

Avoiding blanket approaches

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National Benchmark Criteria 7
Segmentation

- **Traditional demographic or epidemiological targeting used, but not relied on exclusively**
- **Deeper segmented approaches that focus on what *'moves and motivates'* the relevant audience, drawing on greater use of psycho-graphic data**
- **Interventions directly tailored to specific audience segments rather than reliance on 'blanket' approaches**
- **Future life-style trends considered and addressed**

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Segmentation

- Segmentation involves a process of looking at the audience or 'market' and seeking to identify distinct sub-groups (segments) that may have similar needs, attitudes or behaviours.
- Traditionally this has focused attention on the use of demography and geo-demographic mapping.
- In the health context this can also include use of epidemiological data and mapping.
- However the wider use of attitudinal and psycho-graphic data provides potentially valuable ways to identify potentially homogeneous groups that may provide a useful starting point for developing tailored interventions.

Important note:

The is no *'right way'* to do segmentation and in each case the task is to examine potential data that might assist or support segmentation. Then using the *'utility principle'* test out which might best assist future intervention design and development.

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Segmentation

"the process of sub-dividing a market into distinct subsets of customers that behave in the same way or have similar needs"

Commercial companies often segment according to one or more of the following critera:

- **Geography**
- **Demographics**
- **Psycho-graphics**
- **Behavioural characteristics**
- **Benefits sought**

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Segmentation – options

Some examples

SOCIO-DEMOGRAPHIC

GEO-DEMOGRAPHIC

BEHAVIOURAL

PSYCHO-GRAPHIC AND ATTITUDINAL

each has strengths and weaknesses

EPIDEMIOLOGICAL (in health context)

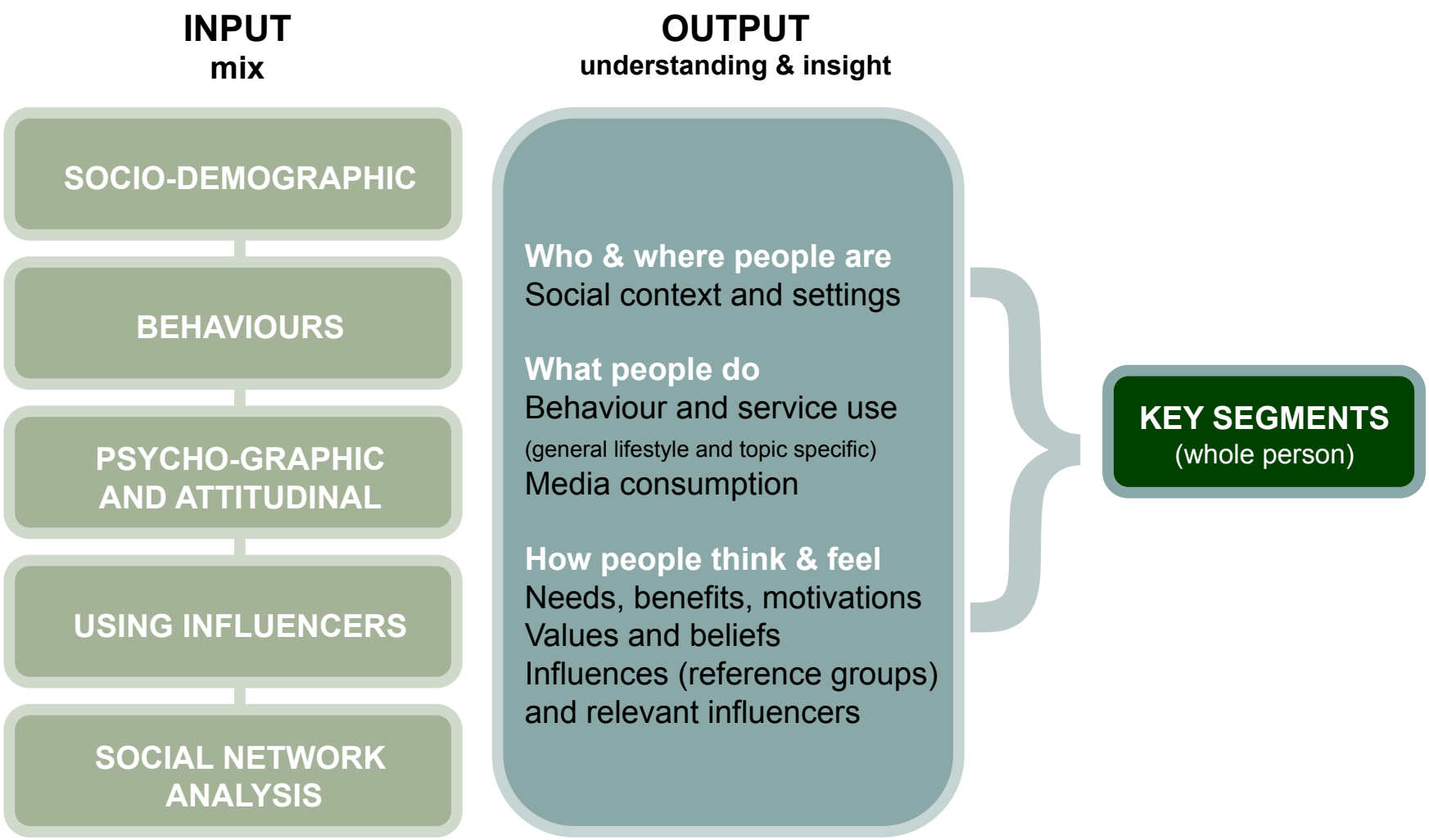
SERVICE UTILISATION

USING INFLUENCERS

SOCIAL NETWORK ANALYSIS

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Segmentation components



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Segmentation:
examples of tools and resources

SOCIO & GEO-DEMOGRAPHIC	Mosaic	Census UK
	Acorn	DemographicsNowUK
	TGI	People and Places
BEHAVIOURAL	World Esomar Research	
	bmra	
	MRS	
PYCHO-DEMOGRAPHIC	ESRC	
	Academia	
	Social Research Association	

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Common segmentation factors

Overview

BEHAVIOURS / 'MODE'
based on what people do

Behaviour & usage, eg
> frequency
> place
> time
> occasion
> extent of use (a little / a lot)
> persistency (loyalty)

Activities & interest, eg
> type of activity (sport)
> lifestyle
> car, bike, walk
> leisure interest
> what money spent on

Media consumption, eg
> TV channels, radio, press
> where most info comes from
> internet & digital use
> how info is absorbed
> what media engaged
> access to media

SOCIO-DEMOGRAPHIC
based on who people are

Demographics, eg
> gender
> family – age & life stage
> household type / composition
> education
> income & social class
> working status
> physical status
> urban vs rural
> postcode & region
> mobility
> moving frequency
> house ownership

ATTITUDES
based on how people think & feel

Needs, benefits, motivations, eg
> need, convenience, reliability, support
> beliefs, desires, wants
> deep seated drivers (love, hope)

Attitudes & beliefs eg
> to life in general
> to organisation intervening (local or national body, Govt etc)
> life specific (health, food, exercise, race)

Influences, eg
> authority figures (teachers, doctors, police, social workers)
> parents, friends & peers
> role models – community influences

MULTI-FACTORAL SEGEMENTATION
based on combination of data and factors

> data fusion and synthesis
> statistical modelling

Adapted from GCN Engage www.comms.gov.uk/engage

National Benchmark Criteria 8

Methods mix

Identifies an appropriate ‘mix of methods

‘intervention mix’ = for strategic social marketing

‘marketing mix’ = for operational social marketing

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National Benchmark Criteria 8
Methods Mix

- **Range of methods used to establish an appropriate mix of methods**
  Avoids reliance on single methods or approaches used in isolation

- **Methods and approaches developed taking full account of any other interventions in order to achieve synergy and enhance the overall impact**

- **Four primary intervention domains considered:**

  1. **informing / encouraging**
  2. **servicing / supporting**
  3. **designing / adjusting environment**
  4. **controlling / regulating**

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Huge range of intervention methods and approaches



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Keeping the focus on what will influence the behaviour

It is possible to get caught in a debate about where a particular intervention is ‘social marketing’ or not.

Some question if we ‘go up-stream’ to address issues such as legislation and regulation, and consider interventions that might include aspects of controlling or restricting behaviour, whether this can still be considered as social marketing or not. This is in part why we make an important distinction between:

strategic social marketing and operational social marketing.

Wherever it is possible to adopt a strategic approach, it is critical that the basic **customer understanding and insight** that social marketing can bring is directly used to inform strategic considerations of what overall package or mix of interventions is appropriate to use.

For example, if customer insights indicate that no amount of encouragement or promotion will encourage some ‘entrenched resisters’ to alter their behaviour then it is this ‘insight’ that informs the ethical considerations regarding use of restricting or controlling approaches. Rather than focusing on whether this would be social marketing or not the important consideration is that using social marketing customer insights can be critical to decisions about the intervention mix to use.

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The intervention mix and the marketing mix

Intervention mix – at the strategic social marketing level

- Considering what intervention options to use
- Considering the balance or 'mix' between different intervention options
- Assessing benefits of including a social marketing intervention in the mix

Marketing mix or social marketing mix – at the operational social marketing level

- Considering what methods and approaches to use
- Considering the balance or 'mix' between different methods and approaches within the specific social marketing intervention

D.

The fit
with marketing

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Recognising the differences

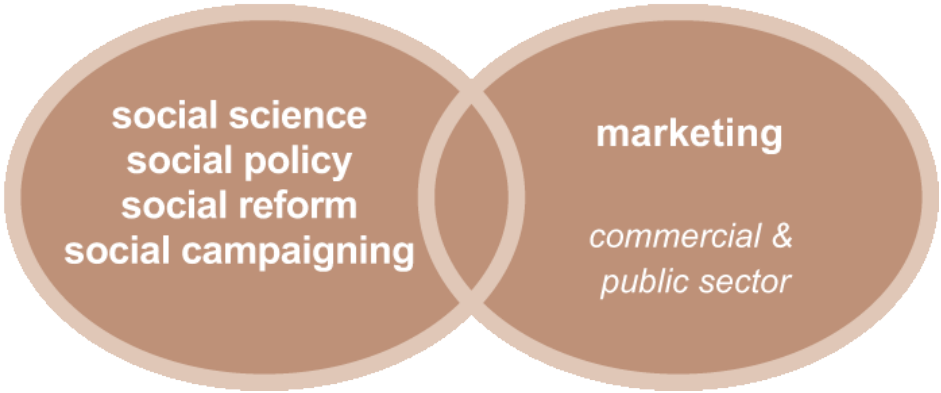
COMMERCIAL MARKETING

The classic 4 P's



SOCIAL MARKETING

'The 2 parents'



THE BEHAVIOUR

Purchasing of a product or service
– ideally repeatedly –

Often complex individual & societal behaviours
a range of major behavioural challenges

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The classic 4 P's of marketing

Useful but not directly transferable to social marketing

- **In commercial marketing the concept of the 4 P's was developed to highlight key aspects in developing marketing, sometimes referred to as the *marketing mix*.**

Product – Price – Place – Promotion

- **This concept has proved useful and enduring in the commercial context, helping to assist the systematic consideration of the marketing process and helping effective development and targeting.**

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Classic 4 P's of marketing

- **Product** What does the customer / consumer get?
  What's being offered to them?

- **Price** How much will it cost them?
  (Not just money, but also time, effort, emotional costs, etc)

- **Place** Where does the relevant behaviour happen?
  Where are there opportunities to reach the customer / consumer?

- **Promotion** What *package of incentives* can be put in place
  which will be valued by the customer / consumer?

Sometimes referred to as the 'marketing mix'

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Social marketing goes beyond the 4 P's

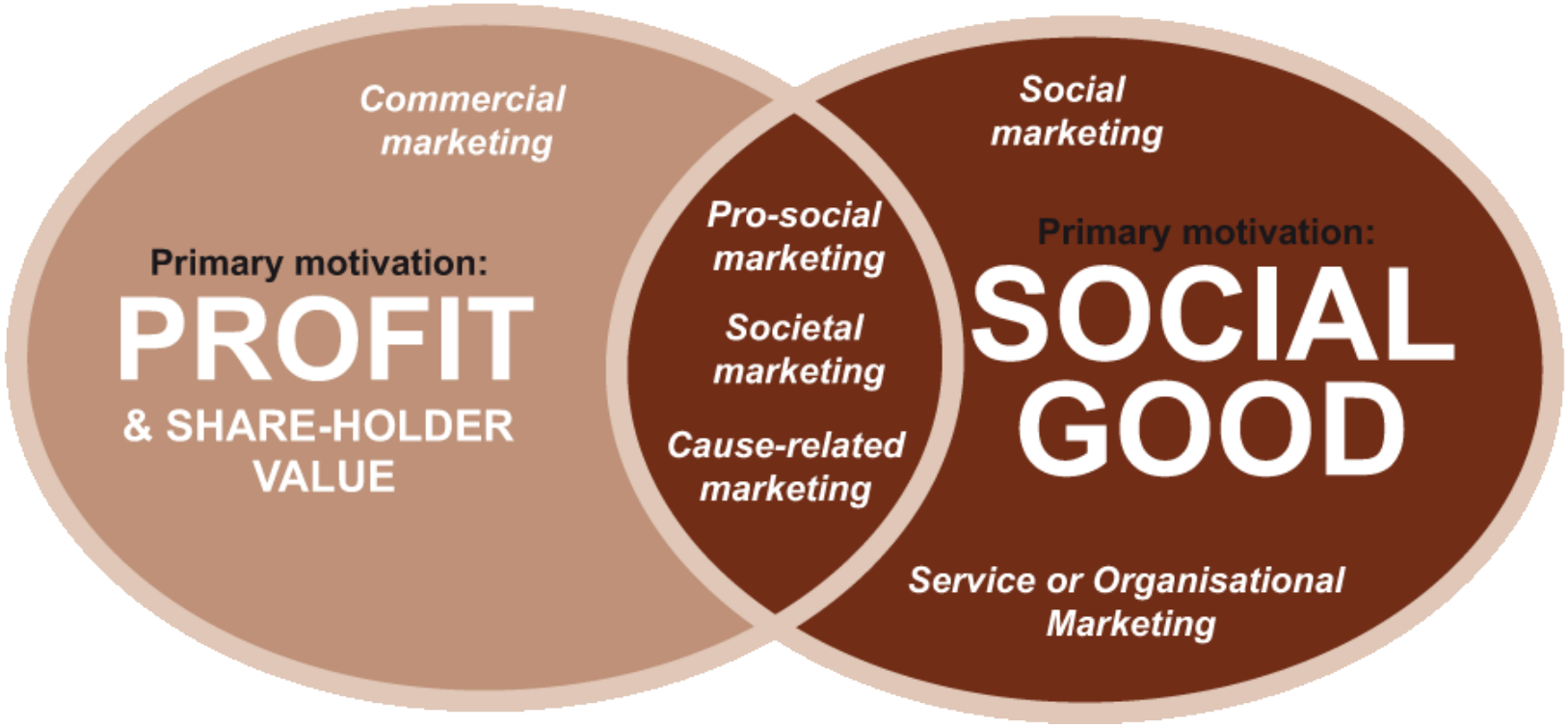
While it can be a useful starting point in social marketing to consider the 4 P's, in practice a more developed approach is required. Increasingly people have recognised the limitations of the 4 P's when tackling the more complex lifestyle and behavioural challenges that need addressing.

To recognise the need to go beyond the 4 P's, some have simply added in more P's:

- **Proposition** How it is envisaged that the intervention will help and support the customer to move from current to desired behaviour.
- **Partnerships** Identifying common goals and working together in genuine collaborative partnerships
- **Purse-strings** Looking at ways to maximise resources by engaging across all sectors – not just financial but also human resources
- **Politics** Recognising the political drivers and potential constraints and looking at ways to inform, influence and engage the relevant 'political players'
- **Policy** Using social marketing to help link and connect different policy agendas – maximising its impact across a whole system
- **People...** **Public, Professionals, Politicians** – recognising the customer can be any or all of these and gearing efforts accordingly
- **P ...** ….and potentially many more!

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Different types of marketing that can contribute to 'social good'



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Different types of marketing that can contribute to 'social good'

Marketing in the COMMERCIAL / PRIVATE SECTOR
Where marketing can contribute to 'social good'

CAUSE-RELATED MARKETING
Where marketing approach includes a % of profits going to a good cause

PRO-SOCIAL MARKETING
Where marketing approach includes providing a profile for a social issue

SOCIETAL MARKETING
Where marketing approach promotes the companies commitment to positive and responsible business practices and policies eg recycling

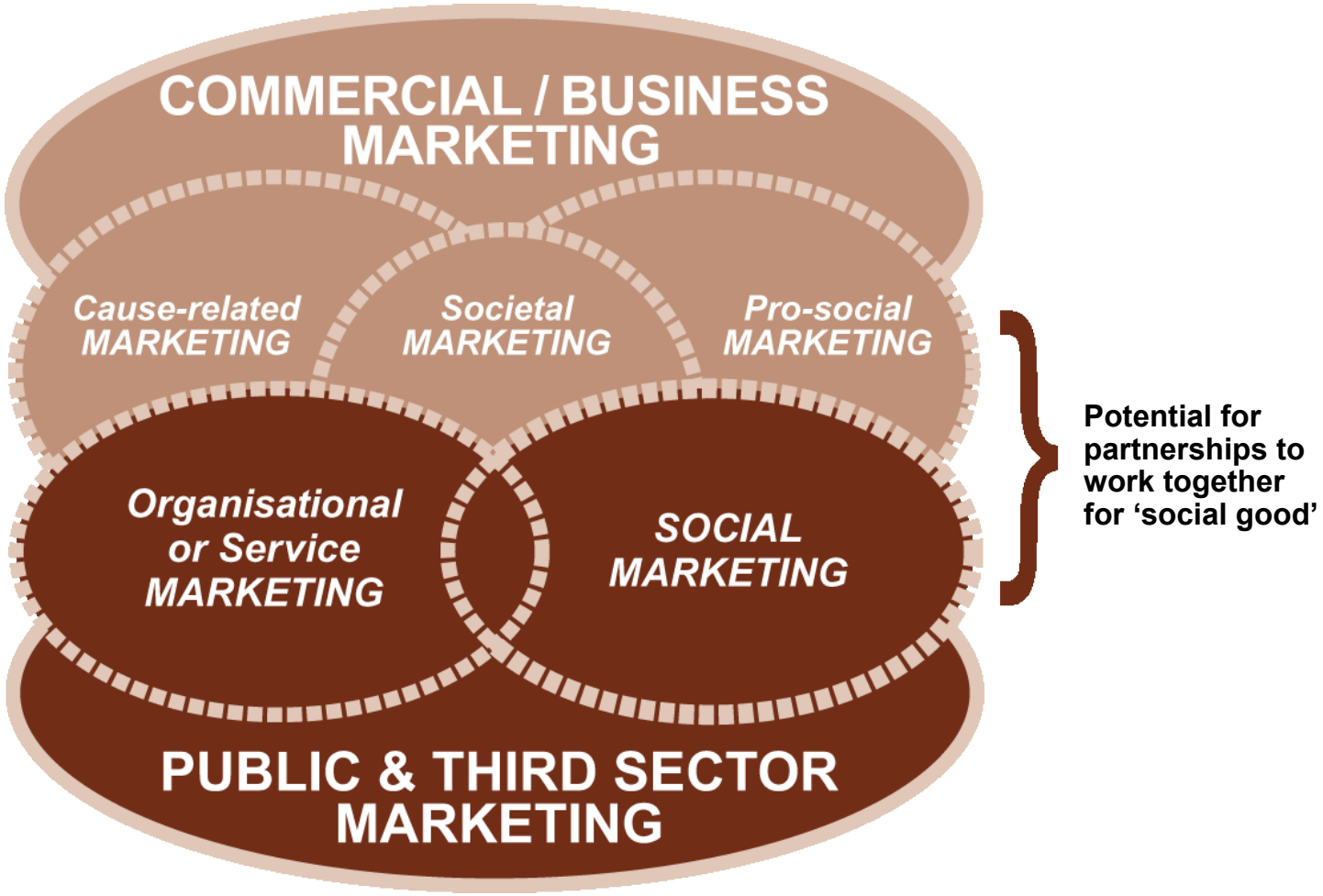
Marketing in the PUBLIC or THIRD SECTOR
Where marketing's main aim is a 'social good'

SOCIAL MARKETING
Where marketing is used to help achieve and sustain positive behaviours for social good

SERVICE OR ORGANISATIONAL MARKETING
Where marketing is used to promote a public or third sector service or the organisation – can include generating income but where monies raise go directly back into organisation's 'social' aims

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Linking marketing strategies and developing partnerships to contribute to a social good



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Recognising some of the differences

Commercial marketers	Social marketers
Primary aim: Sales, profit and shareholder value	Primary aim: Achieving a ‘social good’
Funded from: Investments and sales	Funded from: Public funds (taxes, donations)
Privately accountable eg: shareholders and directors	Publicly accountable
Performance measured in profits and market share	Performance measured by actual behavioural goals
Defined products or services driven by demand	Products or services often focused on addressing complex, challenging or controversial behaviours
Commercial culture – risk-taking culture often evident	Public sector culture – risk averse culture often evident
Relationships commonly competitive	Relationships often based on building trust

E.

Social marketing as a planned

process

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A systematic total process approach

- The key stages in the Total Process Planning model will be familiar to anyone applying systematic programme or project planning methods:

  scope >> develop >> implement >> evaluate >> follow-up!

- While this is a broadly linear process, with each step feeding into the next, the way that activities are organised within each stage is much more *organic and fluid*.

Being flexible, but also systematic

- While social marketing is flexible and can be adapted and tailored to different contexts, it is important to be systematic when applying it as an intervention.

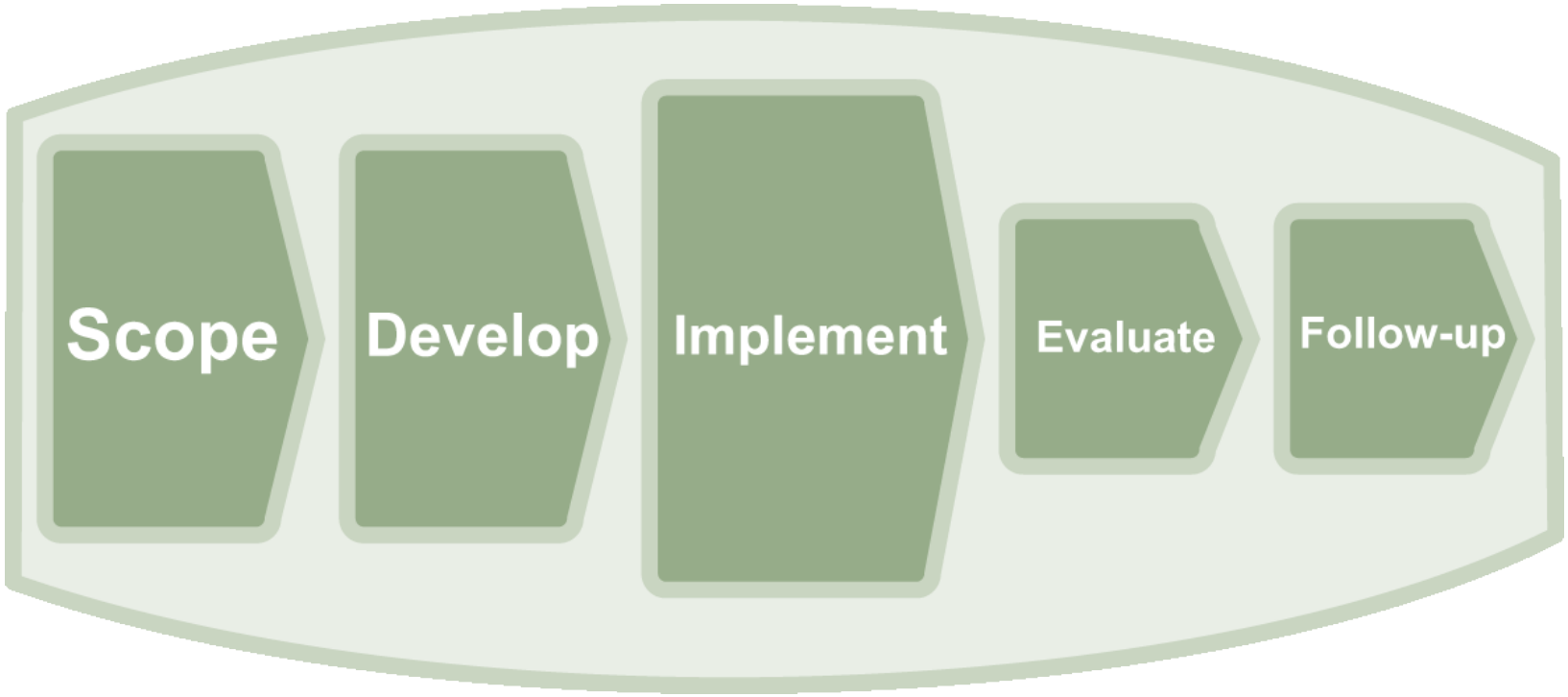
- Avoiding the temptation to merge stages is particularly important. eg: avoiding jumping into the *development* stage before proper *scoping* has been undertaken.

- Investment of time and effort in effective scoping and development is a critical success factor for most interventions, but for social marketing it can make the difference between a powerful intervention with strong impacts, and one which is ineffective.

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Total Process Planning model

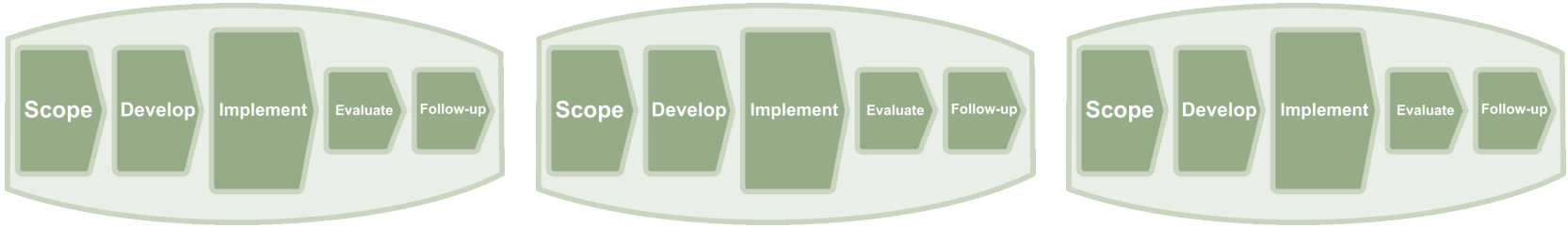
A straightforward but systematic and staged process



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Total Process Planning framework

Using the process systematically means that learning and insights from each stage can be used to feed into the scoping and development of new initiatives, as they are agreed and resourced.



Building this approach over time, means that all scoping work can therefore take account and build on the learning from previous interventions.

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Total Process Planning framework

Beware:

The TPP framework looks on first glance to be a fairly basic and straight-forward process. However in practice it can be much harder to achieve.

In undertaking our 2 year independent national review of social marketing we found (despite some positive examples):

- Limited evidence that a formal 'scoping stage' is routinely undertaken.
- Where aspects were present, they were often not written up, to help guide development and support on-going stakeholder engagement, or subsequent review.
- Reliance on a 'mission and message' approach was strong and this tended to mean initial work jumped to the 'Development Stage' with the crafting of key messages.
- Side-stepping of important scoping work around understanding the audience and what would in practice, move and motivate them (rather than assuming that 'a message' would).

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Scoping stage – key elements

SCOPING describing presenting issue, examining audience and behaviour

- **Initial preparation work – establishing starting point**
- **Team development, alongside stakeholders and partners engagement**
- **Behavioural analysis and 'customer' understanding, insight and segmentation**
- **Developing an initial 'proposition' and selecting relevant intervention options**
- **Confirming agreement on what to move into the 'Development' stage with (with relevant decision making)** – writing report (inc: ethical audit checklist)

Primary output: 'A SCOPING REPORT'

Note: Activities are rarely sequential and usually involve a more fluid & iterative process.

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Scoping stage – key elements

SCOPING describing presenting issue, examining audience and behaviour

Initial preparation work – establishing what we start with
a: summarising key policy drivers, relevant targets or other requirements/expectations
b: resources & assets analysis (resources available or can be mobilised)
c: mapping existing work or previous interventions across sectors
d: reviewing existing evidence, practice learning, and potential behavioural theory options

Team development, alongside stakeholders and partners engagement
a: establishing initial working team(s), clarifying roles and responsibilities
b: sketching out initial anticipated project/programme development process and related systems and structures
c: clarifying what those developing the work want/need to achieve – examining 'what we are wanting to achieve'
d: identifying/engaging key stakeholders relevant to the topic & audiences involved
e: examining key stakeholder views – 'what they are wanting to achieve' (acknowledging differences where they exist)

Behavioural analysis and customer understanding, insight and segmentation
a: identifying and reviewing available data sources – examining data fusion/synthesis approaches
b: behavioural analysis: examining patterns & trends + influences & influencers for both desired & problem behaviour
c: examining segmentation options and approaches (based on 'utility principle')
d: developing 'customer insights' – based on what 'moves & motivates'
e: agreeing overarching behavioural goals, but then developing tailored behaviour goals relevant to specific segments
f: ensuring baseline data available with which to evaluate impact of work in future

Developing an initial 'proposition' and selecting relevant intervention options
a: based on customer insights deciding what is most likely to achieve the behavioural goals
b: agreeing initial 'intervention/marketing mix' to get optimum balance ('mix') between different methods selected

Confirming agreement with relevant decision-makers on what to take into 'Development' stage
a: ethical audit checklist
b: writing up into summary Scoping Report (annexing more detailed information as required)

Primary output: 'A SCOPING REPORT'

Note: Activities are rarely sequential and usually involve a more fluid & iterative process.

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Development stage

Testing out the proposition and developing a specific social marketing intervention – key aspects include:

- **Examining a range of social marketing activity and deciding what 'social marketing mix' to use**
- **Undertaking primary development work and ensuring that secondary development 'pre-tests' and refines work**
- **Determining appropriate indicators and how best to verify**
- **Effective stakeholder involvement and 'priming' are critical success factors to any subsequent implementation**

Note: Once the proposition is developed and pre-tested this can involve adjusting or refining the original scoping work, based on audience or 'customer' feedback

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Development stage

Tasks are illustrative – a fuller Planning Resource is being developed

DEVELOP

Primary: Testing out 'the proposition'

- **Social marketing options and mix**
- **Potential incentives and barriers**
- **Segmentation and targeting**
- **Further refining aims and objectives**
- **Indicators of success and verification**
  Short, medium and long term
- **Evaluation research design**
- **Creative development and design**
- **Message(s) where relevant to approach**

Secondary: Pre-testing / refining / adjusting

- **Testing concepts, approaches, and related messages with relevant audience(s)**
- **Scheduling and phasing action**
- **Stakeholder supports**
  Sales-force preparation/priming

Note: Activities are rarely sequential and usually involve a more fluid & iterative process.

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Implementation stage

The most immediately visible stage of social marketing – key aspects include:

- **Handling a 'live' and dynamic process that needs to be actively managed to ensure both**
  a) Potential new opportunities arising from the intervention are identified and rapidly capitalised on
  b) Potential issues and problems anticipated, or rapidly identified and addressed

- **Maintaining effective stakeholder engagement is critical – ensuring that *'the potential sales-force'* are fully informed and are able to actively input to developments as they occur**

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Implementation stage

Tasks are illustrative – a fuller Planning Resource is being developed

IMPLEMENT

Commence interventions / campaign

- **Active live monitoring**
- **Spotting other potential opportunities**
- **Tackling possible issues or problems**
- **Live adjustment and refinement**
- **Maintaining stakeholder engagement**
  sales-force support

Complete current stage

- **Recording and capturing**
- **Feeding back, acknowledging and thanking!**
- **Inputting into developing evidence base**
  NSM Centre Archive Resource

Note: Activities are rarely sequential and usually involve a more fluid & iterative process.

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Evaluation stage

Dedicated to examining and reviewing the intervention – key aspects include:

- **Evaluating impact, outcome, process and cost-effectiveness**

- **Determining the actual impact on specific behavioural goals**
  While factors such as 'levels of awareness' and 'audience views of interventions' may be important they are secondary considerations to what actually happened in terms of the targeted behaviours

- **Ensuring relevant stakeholders and partner input – utilising effective participatory evaluation**

Note: While this is a specific stage, it is important to ensure effective integration of an 'evaluation mindset' through all the stages of the process, from scoping onwards

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Evaluation stage

Tasks are illustrative – a fuller Planning Resource is being developed

EVALUATE

Impact

- **Assessing achievement of aims and objectives** Using short, medium and long term indicators
- **Audience(s) knowledge, attitudes and particularly behavioural goals**
- **Opinions of others** parents, opinion leaders, stakeholders
- **Wider societal reactions** eg: media coverage
- **Identifying any unintended impacts** positive or negative

Process

- **Learning from how the work was undertaken** efficiency, effectiveness, equity, quality, engagement, management process, etc

Cost assessment

- **Potential cost-effectiveness / cost-benefit**

Note: Activities are rarely sequential and usually involve a more fluid & iterative process.

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Follow-up stage

Importance of recognising it as a dedicated stage

- **Evaluation is often seen as the end stage of interventions. However, having a clear and dedicated *follow-up stage* is critical to ensuring short-term impacts are built into on-going medium and longer term work**

- **The central purpose of this stage is to:**

  a) actively consider the outcome from the evaluation stage (avoiding potential for findings to be left on the shelf)
  b) to decide how best to capitalise on what has been achieved
  c) To be clear about what remains to be achieved
  d) To capture and record follow-on decisions to inform further scoping work for any follow-on activities
  e) to directly inform further resource decisions for on-going work

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Follow-up stage

Tasks are illustrative – a fuller Planning Resource is being developed

FOLLOW-UP

- **Considering with stakeholders implications arising from evaluation**
- **Following up with relevant decision-makers and commissioners as relevant**
- **Capitalising on what was achieved**
- **Following-up for medium and long term**
- **Reviewing in relation to other interventions (non-social marketing) outcomes**
- **Recording and capturing to inform any further scoping and development work**

Note: Activities are rarely sequential and usually involve a more fluid & iterative process.

F.

Recognising success & spotting rubbish

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Behavioural interventions and social marketing

KEYS TO SUCCESS

1. **Strong customer orientation and 'insight' focus**
   Theory, evidence and audience / market research driven
2. **Explicit behavioural goals established**
   Tailored to different segments as required
3. **Whole system analysis and wider determinants approach adopted**
   Addressing 'the customer' in their wider social and environmental context
4. **Segmentation used to tailor approaches to different audiences / customers**
   Avoiding generalised 'blanket' messaging
5. **Active engagement of individuals and communities**
   Drawing in understanding and insights, and moblising contributions
6. **Significant investment in developing multi-sector partnerships**
   Mobilising 'delivery coalitions'

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Behavioural interventions and social marketing

KEYS TO SUCCESS

7. **Clear and systematic planning that assists stakeholder engagement**
   Time and effort invested in coordination and information management
8. **Budget allocations and resources appropriate to aims and objectives**
   Realistic assessment of what budgets and resources can achieve
9. **Multi-component strategies used (intervention and marketing mix)**
   Avoiding reliance on single methods
10. **Commitment to sustained approach, which mobilises resources and assets**
    Focusing on the longer term, and not just driven by budget allocations
11. **Integrated model used to encourage connections and synergies**
    Helping join up and link different local, regional and national efforts
12. **Learning and reflective culture in place**
    Alongside effective review and on-going evaluation

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‘Rubbish social marketing’

How to spot the symptoms (1)

- **No clear focus on specific behaviour** – distorted emphasis on ‘providing information’ and ‘raising awareness’
  – behavioural goal too broad and generalised
- **‘Mission and message-based’ and not ‘People-based’**
  – too strong a focus on ‘getting our message across’
- **Focuses on the individual and their ‘lifestyle’ in isolation**
  – without addressing wider influences, outside of their control
- **Over-reliance on ‘communications’**
  – failure to look at full range of influences on behaviour
- **Too much attention on trying to change people’s values and beliefs** – instead of starting from where people are at
- **Not really understanding what is important to the audience**
  – failing to really look at what ‘moves and motivates’
- **No ethical framework used to inform intervention selection and mix**

rubbish

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‘Rubbish social marketing’

How to spot the symptoms (2)

- **Focuses on the wrong ‘customers’**
  – not addressing role of politicians, professionals, practitioners
- **Distorting focus on the ‘problem behaviour’**
  – not looking at both ‘desired’ & ‘problem’ behaviours
  – not addressing the interface between them
- **Limiting application of different behavioural theory**
  – tendency to use the same theory in every situation
- **Generalised targeting without any real ‘segmentation’ analysis**
- **Over-reliance on ‘single methods’**
  – failure to develop an appropriate intervention/marketing mix
- **Weak use of ‘exchange’ – more ‘our benefits’, not the audience’s**
- **Failure to consider and address the ‘competition’**
  – eg: not addressing the real benefits of the problem behaviour
- **Limited one-off interventions, no medium or longer term approach**

rubbish

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We are in this together

Your feedback

While the content of this resource comes from the material we use in more interactive training and development sessions where it is possible to examine issues more fully, we would nevertheless be pleased to receive comments on the material and ideas in it. Please send feedback and comments by emailing us on: **nsmc@ncc.org.uk**

Your work

If you are involved in work that focuses on trying to achieve different behavioural goals with different individuals, groups and communities, then we would be pleased to hear from you and to receive information on your developing work. We are particularly keen to receive information on different types of evaluation that have been undertaken, where these can demonstrate an impact on behaviour.

Network and database

To join our National Social Marketing e-Network send us your contact details and we will add you to our database.

Important note: We are well aware of information overload and therefore limit the general information / update emails we might send out to around four a year.

DH Department of Health

The NSM Centre is a strategic partnership between the Government and the NCC

NCC National Consumer Council
Making all consumers matter

National Social Marketing Centre

c/o Consumer Focus
4th Floor, Artillery House, Artillery Row, London SW1P 1RT

Phone 020 7799 7900
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Email info@nsmcentre.org.uk
Website www.nsmcentre.org.uk

National Social Marketing Centre

realising the potential of effective social marketing

National
Social Marketing
Centre

NSMC Programme 1:

Practitioner development and demonstration initiatives support

A brief overview

of work completed and planned

April 2007 – September 2007

Dr. Rowena Merritt

National Social Marketing Centre

Version 1, Draft, Internal document only, September 2007

DH Department of Health

The NSM Centre is a strategic partnership between government and the NCC.

NCC National Consumer Council
Making all consumers matter

National
Social Marketing
Centre

NSMC Programme 1

Up-date September 2007 – version 1, Draft

Contents

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NSM social marketing training workshops 8

NSM academic sector development 11
- National Academic Advisory Group
- National Academic Network

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Social Marketing
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NSMC Programme 1

Practitioner development and demonstration initiatives support

Programme 1 includes the following work areas:

1.1: NSM Associates development scheme

1.2: NSM seminar and training workshops & courses

1.3: Social marketing local demonstration sites

1.4: NSM academic Network development

1.5: Course material and syllabi development

In this brief up-date report, work conducted so far into programme areas 1.2, 1.3 and 1.4 is highlighted.

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Centre

Social marketing local demonstration sites

National
Social Marketing
Centre

Social marketing

local demonstration projects

While there is increasing interest in the practical application of social marketing to date in England, the development of social marketing approaches is still in its relative infancy. As a result the NSM Centre has developed a national initiative to support and assist a number of Local Demonstration Projects.

The aims of the demonstration sites are:-

- To stimulate the use and integration of social marketing approaches into existing local programmes and strategies;
- To increase understanding and development of skills at the local level in using and applying social marketing concepts and approaches;
- To test-out and contribute to the further development of Centre practical resources and tools on social marketing, plus the materials developed by the Centre based on national work, for example the resource currently being developed by the Centre for the DH obesity team;
- To capture learning and the promotion of social marketing best practice;
- To stimulate an evidence-base for social marketing in the England, across a variety of public health and geographical areas.

Each demonstration project follows the simple *Total Process Planning* model developed by the NSM Centre and which places a strong emphasis on investing time in proper 'front-end' Scoping stage. A local *Social Marketing Steering Group* is developed for each of the demonstration sites, as well as a local '*Solution Group*' which is made up of members of the local community who can assist in the development of the actual intervention.

The Centre has an overall *Demonstration Project Coordinator* (Rowena Merritt), along with a named *Social Marketing Associate* contact for each project.

The demonstration sites are mapped out on page seven. Further details in relation to target audience and the stage at which the demonstration site currently is are given in Table I (page 6).

Table I

National Social Marketing Centre

Current demonstration project sites

Topic area	Region / area	Target audience	Current stage
Breast cancer screening	NW Tameside & Glossop PCT	Women, 40-50 year olds	Currently scoping; Expected piloting of intervention Summer 2008
Underage alcohol consumption	NE North Tyneside PCT	11-16 year olds	Currently scoping; Expected piloting of intervention Spring 2008
School meal up-take	NE Gateshead Council & PCT	Head teachers and parents	Currently scoping; Expected piloting of intervention Spring 2008
Chlamydia screening	EoE Norwich	16-25 year olds	Currently scoping; Expected piloting of intervention Autumn 2008
Breast feeding	SE Brighton & Hove PCT	TBC	Currently scoping; Expected piloting of intervention Spring 2008
Smoking	NW Stockport PCT	Drop-outs from SSS	Currently scoping; Expected piloting of intervention Spring 2008
Smoking	Midlands Stoke-on-Trent PCT	Pregnant women	Currently scoping; Expected piloting of intervention Spring 2008
Smoking	London Lewisham PCT	Drop-outs from SSS	Currently scoping; Expected piloting of intervention Spring 2008
Obesity	NE Kirklees PCT	TBC	Currently scoping; Expected piloting of intervention Summer 2008
Increasing intake of fruit and vegetables	Midlands Dudley PCT	TBC	Currently scoping; Expected piloting of intervention Summer 2008


NSM CENTRE – LOCAL DEMONSTRATION SITES as Sept 2007
SCOTLAND
Berwick-upon-Tweed
North Tyneside PCT
Newcastle upon Tyne
Gateshead
Carlisle
Durham
NORTHERN IRELAND
LAKE DISTRICT
NORTH SEA
Isle of Man
Lancaster
Tameside & Glossop PCT
York
Leeds
Kirklees PCT
IRISH SEA
Manchester
Liverpool
Sheffield
Lincoln
Stockport PCT
Chester
Nottingham
Stoke-on-Trent PCT
Norwich
Leicester
Birmingham
Dudley PCT
Coventry
Stratford-upon-Avon
Cambridge
WALES
THE COTSWOLDS
Colchester
Gloucester
Oxford
LONDON
Bristol
Bath
Stonehenge
Lewisham PCT
Glastonbury
Salisbury
Winchester
Dover
Southampton
Brighton
Hastings
Exeter
Portsmouth
Isle of Wight
Brighton & Hove PCT
ENGLISH CHANNEL
0
50 miles
Key
Children/ young people (0-16)
Young adults (17-25)
Adults (26+)
TBC

National
Social Marketing
Centre

Training and skills development

Social marketing workshops

National Social Marketing Centre

NSM Workshop development

Since October 2006, one-day workshops have been held around the country. The workshops are aimed at PCT public health employees. After every workshop evaluation forms are completed by the participants, and the programme is refined based on the feedback given.

Since April 2007, eleven one-day social marketing operational workshops have been held. A full list of workshops held is given in Appendix I, and mapped out on page ten. In addition, a social marketing workshop on commissioning social marketing work was held as a pilot for Tower Hamlets PCT. After positive reviews, the Centre is looking to roll out the workshop to other PCTs and SHAs.

Currently, eleven more training days are scheduled between September and December 2007. In January 2008, the roll out of the regional training days, which will accompany the DH obesity insight resource being developed by the Centre, will commence.

An example programme for a one-day training programmes and the event's objectives are given in Appendix II.

Work with the DH National Support Team

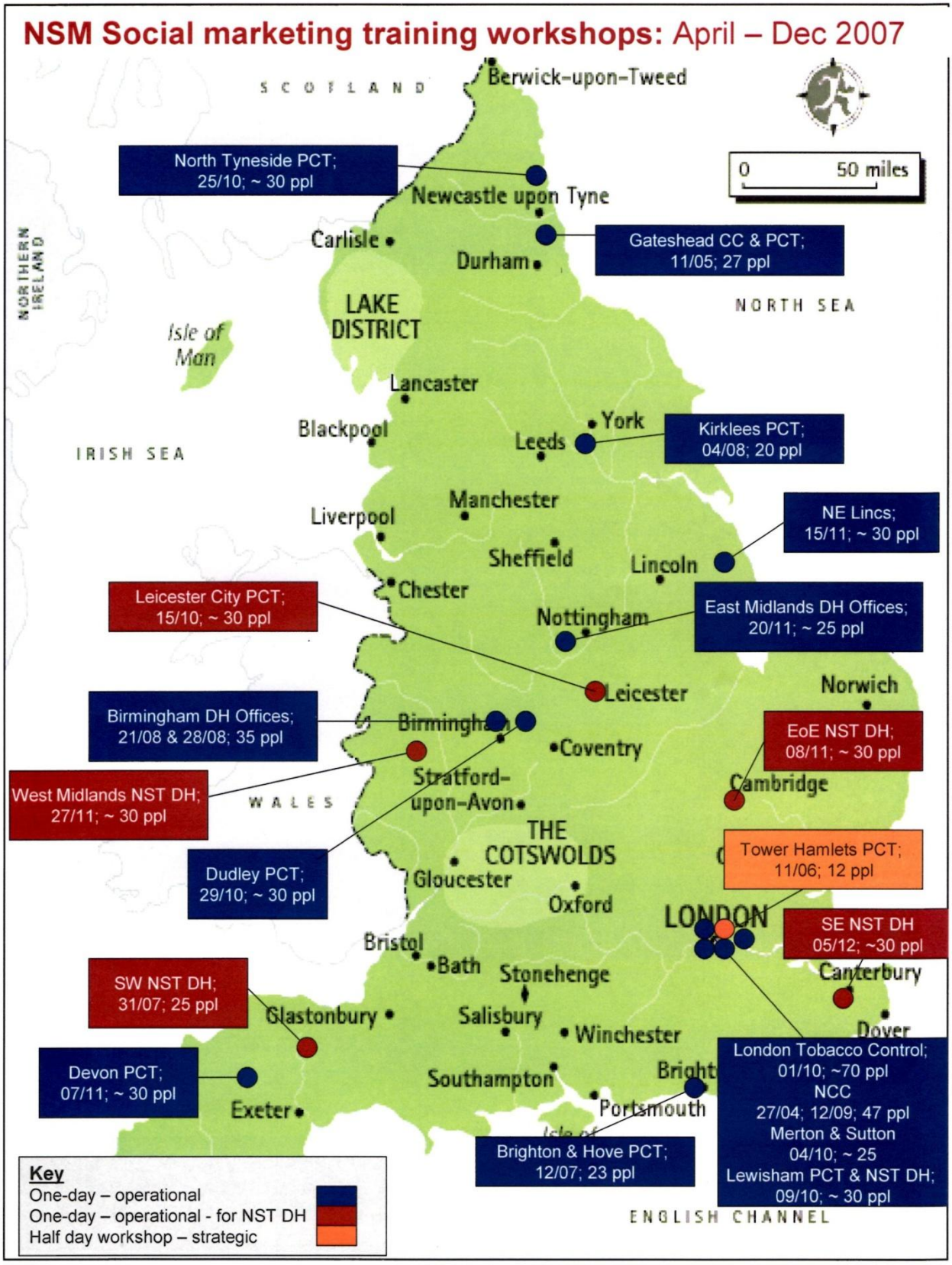
Since July 2007, the Centre has worked closely with the NST Tobacco Team and their Health Inequalities Team in a variety of ways:-

- *Tobacco work.* A pilot workshop was run in Taunton for the South West regional SSS leads. Due to the success of the workshop. It is now being rolled out across the other eight regions.

- *Health inequalities work.* Support for the Inequalities Team is given in the form of training and the supporting of four local sites: Leicester City, Wolverhampton, Hartlepool, and Hull.

- *Obesity work.* It is proposed that the Centre will also work with the newly established obesity team to deliver the DH obesity insight resource.

NSM Social marketing training workshops: April – Dec 2007



National
Social Marketing
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Academic sector development

National Academic Advisory and NSM Academic Network development

National
Social Marketing
Centre

National Academic Network & National Academic Advisory Group development

The NSM Centre was created to help directly drive the development of capacity and skills in social marketing at national and local levels across the NHS, local government, voluntary and private sectors. The academic sector is playing an important role in developing this capacity.

In March 2007, a social marketing National Academic Advisory Group was established. At its first meeting initial aims and objectives were agreed.

Overall aim
To enhance the teaching, training and research capacity in social marketing within the UK academic sector.

Objectives

1: To engage with the main funding bodies (MRC, ESRC, DH) and encourage a call for research in the area of social marketing (offering an expert panel to help appraise applications appropriately);

2: To help in the accreditation and quality control of social marketing initiatives;

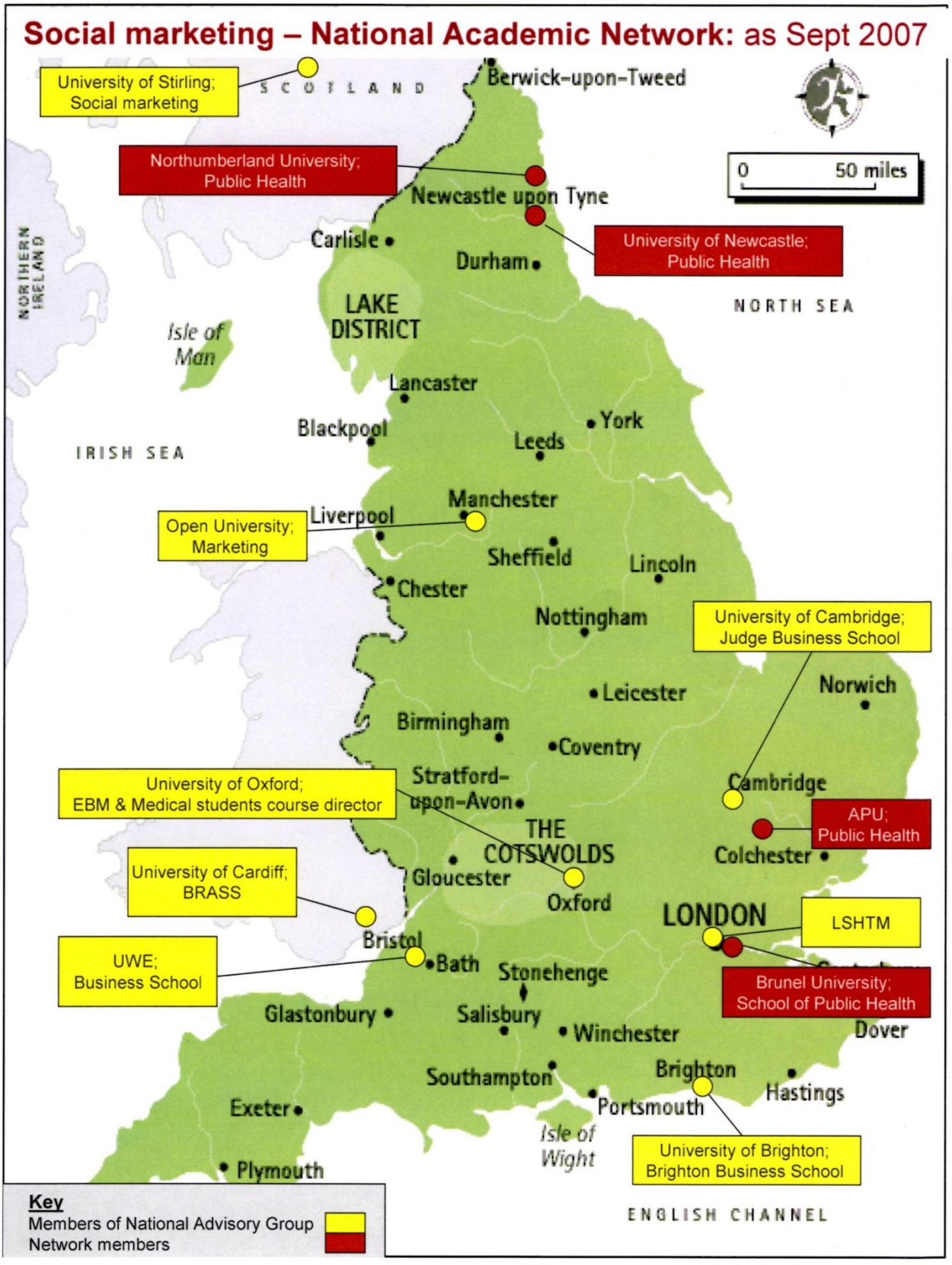
3: To assist in the development and evaluation of course materials;

4: To help link academics from the business, social and medical disciplines to generate a fusion of ideas; and

5: To develop joint research bids between academic centres.

The second NSM academic steering group meeting is scheduled for the end of September. Also a wider discussion is to be held at the 2nd National Social Marketing conference with academics attending the event. The discussion aims to look at the different ways academic capacity can be developed at undergraduate and postgraduate levels in England.

A map of the current academic connections which have been fostered by the Centre is given on page 13.


Social marketing – National Academic Network: as Sept 2007
University of Stirling; Social marketing
SCOTLAND
Berwick-upon-Tweed
Northumberland University; Public Health
Newcastle upon Tyne
University of Newcastle; Public Health
0 50 miles
Carlisle
Durham
NORTHERN IRELAND
LAKE DISTRICT
NORTH SEA
Isle of Man
Lancaster
Blackpool
York
Leeds
IRISH SEA
Manchester
Liverpool
Open University; Marketing
Sheffield
Lincoln
Chester
Nottingham
University of Cambridge; Judge Business School
Norwich
Leicester
Birmingham
Coventry
University of Oxford; EBM & Medical students course director
Stratford-upon-Avon
Cambridge
APU; Public Health
THE COTSWOLDS
Colchester
University of Cardiff; BRASS
Gloucester
Oxford
LONDON
LSHTM
Bristol
UWE; Business School
Bath
Stonehenge
Brunel University; School of Public Health
Glastonbury
Salisbury
Winchester
Dover
Southampton
Brighton
Hastings
Exeter
Portsmouth
Isle of Wight
University of Brighton; Brighton Business School
Plymouth
ENGLISH CHANNEL
Key
Members of National Advisory Group
Network members

APPENDIX I

National Social Marketing Centre

Social marketing – One day workshops

One-day workshops completed

April – September 2007

27th April – Held at NCC London offices*

3rd May – NE Lincolnshire, cancer services

11th May – Gateshead PCT & CC

8th June – Norwegian DH, Oslo

11th June – Held at NCC London offices*

12th July – Brighton & Hove PCT

31st July – South West Region Stop Smoking Services (DH NST)

21st Aug – Birmingham, DH regional office

28th Aug – Birmingham, DH regional office

4th Sept – Kirklees PCT

12th Sept – Held at NCC London offices*

Note: This list does not include half day or shorter workshops or training events. For a full list contact Rowena Merritt.

* Attended by people from regional SHAs, PCTs, CC, Las and the voluntary sector.

APPENDIX I

National Social Marketing Centre

Social marketing – One day workshops

Up-coming one-day workshops

October – December 2007

4th Oct	– Merton and Sutton PCT
9th Oct	– Lewisham PCT
15th Oct	– Leicester City PCT
25th Oct	– North Tyneside PCT
29th Oct	– Dudley PCT
7th Nov	– Devon PCT
8th Nov	– East of England Region Stop Smoking Services (DH NST)
15th Nov	– North-East Lincolnshire
20th Nov	– East Midlands Region, DH regional office
27th Nov	– West Midlands Region Stop Smoking Services (DH NST)
5th Dec	– South East Region Stop Smoking Services (DH NST)

Note: This list does not include half day or shorter workshops or training events. For a full list contact Rowena Merritt.

APPENDIX II

National Social Marketing Centre

Social marketing – One day workshop

Example timetable

(for NST tobacco team)

9.15	*Refreshments*
9.45	**Welcome and introduction**
9.50	**Meeting your expectations**
10.10	**This thing called social marketing: what it adds to the party**
10.30	**Defining behavioural goals**
11.05	*Refreshment break*
11.20	**Understanding your target audience: mood board exercise**
12.00	**Moving beyond targeting: Segmentation and DH insight**
12.45	*Lunch*
13.30	**The Social Marketing National Benchmark Criteria**
14.10	**Moving beyond promotion: Using all the 4 P's and branding**
14.50	**Ethical considerations in social marketing: A debate**
15.20	*Refreshment break*
15.35	**DH update: Understanding the national work**
15.45	**Taking social marketing back to work: An action plan**
16.20	**Feedback session**
16.30	*Finish*

APPENDIX II

National Social Marketing Centre

Social marketing – One day workshop
Example of learning objectives

(for NST tobacco team)

1) To understand the basic principles and concepts of social marketing

2) To use social marketing techniques on smoking related behavioural interventions (including increasing recruitment to stop-smoking services and clinics)

3) To understanding how social marketing could help increase usage of national smoke-free materials within the local clinics

4) Understand what further information and support is available from DH and the NSM Centre

By the end of the day's workshop, all participants will be able to:

- Define social marketing
- Describe the eight point benchmark criteria
- Have developed a 'back to work' plan
- Understand a social marketing case study
- Have an understanding of branding and DH materials

National
Social Marketing
Centre

National Social Marketing Centre

2007 / 2008 WORK PLAN

REPORTING

for DH & NSMC Bilateral Meeting19th March 2008

This document provides a status on progress to date in relation to:
the NSM Centre DH core funded work-streams (Programmes 1-5)
and additional special projects and programmes work (Programme 6)
(that includes work additional to DH core Grant Agreement)

Jill Weeden
March 2008

NSM Centre – Strategic Aims and Objectives

Aims and objectives:

To help builder wider capacity and skills in social marketing at national and local levels, and to work with others to increase understanding and practical utilisation of strategic and operational social marketing

0: NSM Directors Office, Strategy and Partnership

1: Local Practice Development Support Programme

2: National Technical Assistance Support Programme

3: Standards, Learning & Innovation Programme

4: Resources Development, Communications and Events Programme

5: Research, Intelligence & Insight Support Programme

6: Special projects and programmes

DRAFT

0: NSM Directors Office, Strategy and Partnership

Programme aims:
To manage and further develop the NSM Centre as a resource to support Government in its work to promote and support adoption and integration of customer focused social marketing approaches, including business development, strategic partnership development, governance, reporting and review

Project Area / Objectives • *Project objective*	**Key outputs for delivery**	**Delivery Time-scale**	**Progress reporting 2 (Red, Amber, Green RAG rating)**	**Resource base Human / Financial Budget : Actual vs Profile**	**Key themes emerging and Risks to delivery: (internal and external)**
0.1 NSMC Development					
Governance and business planning and Grant Agreement issues	DH Grant Agreement with NCC specifies confirmation of following years Programme budget in December of previous year	Dec 2007	Indicative budget set Governance paper underway	DH not yet confirmed Programme / Projects budget for 2008-9 – NSMC working on 'steady state' assumption at present Current year budget conforms to allocated budget	DH internal planning not currently aligned with agreed Grant Agreement with NCC Other contracts with DH and other Government departments and Agencies.
	DH/NSMC business planning meeting scheduled for 31st January.	Feb 2008	Business planning meeting held and actions being taken forward		
Review and assessment for future NSMC organisation form	Options appraisal produced for DH and NCC Board	March 2008	New specification written	Conforms to allocated budget	
Options appraisal for potential foundation	Specification developed	March 2008	Work being commissioned	As above	As above
On-going development and adjustment to NSMC current organisational structure based on response to growing demand	Revised structure proposed and commented on by NSMC staff. A number of new posts envisaged across organisation including research director and programme 3 – standards, learning and innovation.	Jan 2008 March 2008	Changes made in light of comments received by staff and revised organisational structure produced. Job descriptions and job specifications being finalised and recruitment process to follow once work streams and budgets agreed.	New structure is matched by increased funding, affordability tests have been carried out.	Increased human capacity necessary in light of increased DH / NHS demand for service

NSM Centre and Staff development	All NSMC staff with personal development plans and personal objectives agreed	Sep 2007 & on-going	All staff with objectives and pdp's agreed.	Conforms to allocated budget	Need for presentation, speed reading and policy development. Workshops on inequality and DH and NHS structure completed.
NSM Centre strategic partnerships development	Agree 3 – 6 strategic partnerships with organisations who share NSMC values and ethos and who have complementary skills	April 2008 & on-going	Five/Six potential partnerships identified and initial discussions completed	Cost neutral	Initial discussions held with Institute for Involvement & Improvement, Innovation Foundation, Consultation Institute, Brilliant Futures, SE Public Health Group, PHAST, & The SM Practice
0.2 Public private partnerships					
Paper: Effective public /private engagement	Produce guidance paper on how to develop private sector engagement in DH, NHS social marketing progs	April 2008	Initial drafting complete but work will now be outsourced due to time pressure of regional developments	Conforms to allocated budget	Regional development needs/support currently taking priority
National business sector stakeholder events	Partners identified and event programmes agreed, dates secured	April 2008 and ongoing	Initial work completed, but pressure of work from regions and advice form DH marketing and DCMO have resulted in a change of emphasis to developing two practical examples of collaboration rather than events to discuss working in partnership.	Conforms to allocated budget	Demonstration partnerships being worked up, tow possible include fitness industry and pharma support of smoking cessation.
0.3 Additional policy work					
DH health policy and programme advice	NSMC to sit on key DH advisory groups and provide strategic, planning and evaluation advice	April 2008 and ongoing	NSMC contributing to: Cancer Reform Strategy, Health Choices, DH Customer Insight Group, Responsibility in Gambling National Steering Group,	Conforms to allocated budget	Need for generic marketing support in the NHS
Consumer and Competitiveness	NSMC to provide with NCC consumer and competitiveness advice to Dh and NHS	April 2008 and ongoing	NSMC contributing to: Marketing code of practice MSSSB Standards committee, Kings Fund incentives forum, and Cabinet Office Health Incentives policy work.	Conforms to allocated budget	Need for generic marketing support in the NHS

0.4 Additional regional engagement work:					
London – Regional Centre and Programmes development initiative	Developing proposals for new London SM centre and allocation of £5 million marketing boost of London.	April 2008 and ongoing	Marketing programme agreed and organisational programme underway. Audit of capability competed.	Budget agreed	Need for more hands on support. Need for good practice sharing.
North East – Regional Centre development (Newcastle base)	Establish NE SM centre with SHA and Newcastle University	Dec 2007 and ongoing	Centre and steering group established. BIG support programme commenced. Audit of capability competed.	Conforms to allocated budget	Need for more hands on support. Need for good practice sharing.
North West – Regional Social Marketing Programme support	Assist with planning regional approach and strategic launch.	Aril 2008 and ongoing	Conference and launch of strategy planned. Audit of capability competed.	Negotiations underway	Need for more hands on support. Need for good practice sharing.
Yorkshire & The Humber – Regional development	Contribute to strategic planning and establishment of regional pilots.	April 2008 and ongoing	Strategic work completed and support for pilots ongoing. Audit of capability competed.	Conforms to allocated budget	Need for more hands on support. Need for good practice sharing.

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1: Local Practice Development and Support Programme

Programme aims:
Develop and embed a social marketing approach within local and regional organisations to enhance capacity and capability to deliver social marketing interventions to support and sustain positive lifestyle behaviours.

1 To work with local and regional organisations to increase understanding and develop social marketing capacity and skills
2 To encourage and support integration of social marketing into relevant local strategic and operational planning and delivery work across different sectors
3 To assess on-going commissioner and practitioner needs and capture learning from developing work
4 To work with local / regional organisations to increase understanding and develop social marketing capacity and skills

Programme Manager: Rowena Merritt

Project Area / Objectives • *Project objective*	**Key outputs for delivery**	**Delivery Time-scale**	**Progress reporting 2 (Red, Amber, Green RAG rating)**	**Resource base Human / Financial Budget : Actual vs Profile**	**Key themes emerging and Risks to delivery: (internal and external)**
1.1: NSM seminar and training					
Manage and promote a multifaceted programme of training events across the country aimed at PCT/LA practitioners and PCT/SHA/LA senior staff	▪ 10 one-day workshops successfully delivered ▪ Evaluation report from seminar and training events written ▪ Training workshops run for the NST (two so far and another seven planned between Oct 2007 and Jan 2008) ▪ Running a one-day workshop tailored for members of the National Support Team (NST) staff ▪ Advanced practitioner development (APD) days run for existing PCT employees who have social marketing in their job title or job description – advertised through e-bulletin and other	April 2008 April 2008 (on-going after each training) Feb 2008 Jan 2008 Dec 2007 & March 2008	Completed 24 one day workshops, as well as a number of half day workshops. Evaluation is completed after each training event and materials adjusted accordingly. Workshop successfully delivered The days were well received with people form across the regions in attendance.	The majority of the workshops have been delivered by in-house staff. In 2008-2009, the workshops need to be developed above the introductory level, which is currently being delivered. The best place to do this is in-house. However, this will require some staff reducing their current workload on different areas to achieve this.	Potential loss of programme lead to support DH 'Ambitions for Health' represents both internal and external risks to delivery.

	PH networks				
1.2: Local Learning Demonstration sites initiative					
Work with and alongside a range of local PCTs and LAs to support them in learning about and applying social marketing techniques in a range of different Learning Demonstration sites (n=10) in England	▪ For a least 5 sites, the scoping, pre-testing and design completed by April 2008, ready for pilot Summer/ Autumn 2008. ▪ Dedicated area of the website for site leads to access (password protected). Scoping reports, worksheets, & aids are available in that area. ▪ A monthly newsletter for the site leads developed and distributed. ▪ Free training and development days for each site successfully delivered. ▪ Monthly surgeries for associates/ in-house staff supporting the sites. ▪ Regional site meetings to develop evaluation strategies. ▪ Promotional leaflet produced on the learning demo sites. ▪ Associate diaries for each site, noting the barriers and challengers, are being written and info shared (internally only to date). ▪ Project Process Plans written for each site. ▪ Scoping reports completed for each site. ▪ Marketing plans written for each site ▪ Development Away day for Associates and staff currently working on sites ▪ Local on-going support to 4 areas in which the NST's	April 2008 – onwards Oct 2007 Oct 2007 – ongoing April 2008 Oct 2007 – ongoing Jan 2008 Jan 2008 Sept 2007 – ongoing Nov 2007- updates ongoing summer 2008 Feb 2008 Aug 2007 –	On schedule with only 2 sites, 3 others will pre-test in late spring/early summer. Completed Distributed monthly Completed Completed Held in February 2008. Completed, awaiting for ministerial sign off. On schedule On schedule On schedule Will be written during the development phase. Held in February 2008. Support on-going.	Initially, a seemingly generous budget was allocated for demonstration sites (£60K). However, the majority of this has been taken up by the wages for an associate in the NE. By using more in-house staff's time the demonstration sites initiative can flourish. However, as with the new training course development, the time has to be freed up from other areas. Programme 5 has given £40K to commission out the evaluation of each site.	DH/NST to visit Norfolk and Waveney site The demonstration sites have faced several obstacles: 1) *Re-structuring of the PCTs.* Some of the original demonstration leads have now got new jobs, or been moved to a different PCT. 2) *Lack of social marketing knowledge.* Whilst many of the demonstration site leads know the principals and basics of social marketing, they do not understand the importance of project management and how to take the SM theory and turn it into practice. 3) *Social marketing is often seen in isolation*, as simply an add on. Therefore, the local areas motivation to drive the project forward is often limited and predominantly target driven. *Support from the NSMC.* The original contract gave demonstration sites *10 days of a consultant's time.* However, the sites where far more time has been

	Health Inequalities unit is working: Hartlepool, Hull, Leicester and Wolverhampton. ▪ Regional support to Yorks & Humber SHA and NE SHA on a variety of local projects – including the development of a NE Centre for Social Marketing, set up in conjunction with the NSMC, the local SHA and Newcastle University	ongoing May 2007 – ongoing	On schedule		invested, are the sites furthest along. Despite these set backs, we are now working very closely and spending more time in the demonstration sites to encourage and speed along the process
1.3: NSM Centre Associates Scheme & development of Social Marketing Roster & regional managers team					
Establish NSM Centre Associates Scheme Establish an NSM Centre Social Marketing Roster Develop proposals for Social Marketing Regional Managers initiative	▪ After consultations with COI, develop a social marketing roster to be finalised by April 2008 ▪ Run six personal development days for existing associates and those on the new roster ▪ Recruitment of the Regional Project Mangers team; aim to have them in post by April 2008 ▪ Intensive training of the Regional Project Mangers team ▪ Run a 'Train the Trainer' session for NST staff and NSM Associates ▪ Development day run for Associates, second one planned for March 2008	April 2008 Starting in April 2008 Dec 2007 – March 2008 March-April 2008 Sept 2007 July 2007 & March 2008	The roster will be delayed until summer 2008, as COI has stated that it will take at least 6 months to set up. Interviewing potential associates Feb'08 – completed. Interviews are being held in March 2008, regional leads in post 2nd June 2008. Starting on 2nd June 2008. Completed Completed. Three development days held; 1 in July 2007 and 2 in February 2008.	To develop the roster, internal human resources will be used. Out of the 2008-2009 budget, money will be allocated to bring in some speakers for the development days. Successful roster candidates will have to attend at least three of the six offer development days per year, or be taken off the roster. Potential new candidates will be interviewed yearly.	DH/COI meeting held and action to follow-up with Mike Horah on logistics.
1.4: NSM Academic Network Development					
Develop and promote the academic committee's, including wider academic,	▪ Area on website dedicated to academic steering group ▪ 2 x steering group meetings	January 2008	Completed. March 2008 meeting		

work through the NSM Centre's electronic forums and outlets	held ▪ 1 x wider network group meetings held ▪ Discussion paper on building academic capacity and skills presented to and discussed with DH. ▪ Links developed with the DH Public Health academic network. ▪ Special edition of the journal, Social Marketing Quarterly, to be published 2007. This will include a discussion paper on building academic capacity and skills. ▪ Skills audit conducted for members of the academic steering committee.	April 2008 April 2008 Jan 2008 Jan 2008 April 2008 March 2008	postponed to May 2008 due to poor attendance by academics. Completed. Held in September 2007. To be completed April 2008 and presented at May meeting. Working to arrange a joint meeting between the two academic groups. Hoping to run an event in Summer 2008. Completed Edition, published Spring 2008. On schedule: To be completed April 2008.		
Scope out with members of the NSM academic steering committee the possibility of developing a fellowship/ secondment scheme	▪ Discussion at March 2008 NSM Academic Steering Committee ▪ Short paper outlining future possibilities	March 2008 April 2008	Postponed to May 2008 meeting. On schedule – academic capacity map commissioned.	No budget has been allocated specifically for a fellowship/ secondment scheme. However, if this scheme is to progress in 2008-2009, one needs to be allocated.	Budgetary constraints £4,000 has been allocated to the academic development as a whole. Therefore, unless the fellowships/ secondments cost the centre £0, it may not be possible to proceed with this option.
1.5: Course Material and Syllabi Development					
Assess need in different sectors and develop a comprehensive range of practical training / course materials	▪ Benchmark criteria resource developed, pre-tested and promoted ▪ Workbook produced to accompany workshops and pre-tested ▪ Short information leaflet written to accompany commissioner level workshop and pre-tested	Dec 2007 Jan 2008 Jan 2008	Currently being pre-tested by target audience. To be completed June 2008. Written. At designers. To be printed late Spring 2008.		

Support and assist the development of social marketing related syllabi on relevant academic or professional courses	▪ Commission out the development of standard academic course materials, which will be available for all universities/ academic institutions to use ▪ Training courses for academic on the materials	April 2008 Summer 2008	**Deferred until 2008-09 financial year** **Deferred until 2008-09 financial year**		Further development of academic social marketing capacity required and underway linked to on-going work as part of development of the National Academic Advisory Group

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2: National Technical Assistence and Support Programme

Programme aims:

To support the Department of Health to understand, apply and integrate social marketing into policy development, strategic planning and delivery.

1 To increase the integrated use of social marketing from insight generation, and policy development, through to local delivery
2 To increase the use of the social marketing Benchmark Criteria when developing plans or commissioning work for behavioural interventions.
3 To promote the DH's leadership role in sharing best practice and learning from effective behavioural interventions between government departments.
4 To increase the understanding and use of social marketing within other selected government departments.

Programme Manager: Steve Menzies

Project Area / Objectives	Key outputs	Delivery/Timescale	Progress reporting 3 (RAG rating)	Resource base Human / Financial Budget : Actual vs Profile	Key themes emerging and Risks to delivery: (internal and external)
1.1: Build Social Marketing Capacity within DH & Health Improvement Directorate					
To assess DH needs in relation to integrating social marketing principles into their policy and practice	Needs Assessment Report	Apr08	Survey and interviews with key staff scheduled for completion in March.		
To support DH in developing its social marketing related capacity and skills	Training and Capacity Development Plan	Apr08	To be finalised on completion of needs assessment.		
To support and assist internal sharing of learning and networking	Internal Practice Group Established	Apr08	To be finalised on completion of needs assessment.		
To ensure that at least 20 key HID policy, programme, communications and research staff have taken this training programme by May 2008	Training & Seminar Programme	Feb-May 2008	First internal ½ training for 10 HID staff on 13 December.		Providing additional support for NST training
1.2: Planning and Support					
To develop an agreed Roster of social marketing related agencies for use by DH and others	Social Marketing Roster	Dec 2008	Meetings progressing with COI and HID		Delayed – finalising preferred hosting requirements
To assist DH in rolling out learning from national obesity related work	Obesity Insight Training and Resources	Oct 2007 – April 2008	Guidance on social marketing to be incorporated into NHF		Training programme finalised and work underway to ensure: - DH input into each session

			toolkit Training provider selected for practitioner workshops		- Guidance on national/local integration - System for collecting and sharing best practice
1.3: Resources & Tools					
To develop a practical resource for effective planning of social marketing related interventions	HID Social Marketing Planning Guide	June 2008	Need to develop in collaboration with HID internal user / reference group		Awaiting development of generic Planning Guide
To produce model template to assist effective Scoping stage of interventions development and subsequent design	Model Scoping Report	June 2008			
To develop model template for social marketing plan	Model Social Marketing Plan	Aug 2008			
To ensure that practical planning tools and case examples are developed together with key DH staff	4X "Integrated" DH Case Studies	Dec 2008			
1.4: Support for other Government Departments					
To promote DH leadership role in sharing best practice in social marketing across the public sector	Cross Government Best Practice Group Established	Feb 2008			Initial meeting with Julie Alexander and Philip Stamp (DEFRA) rescheduled with for 3 April.
**See Programme 6 for projects with other government agencies*					

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3: Standards, Learning & Innovation Programme

Programme aims:

1. Steer social marketing standards development and benchmarking. Mobilise the ethics development process and develop practical guidance.
2. Identify, capture and promote learning from practice – Build learning from practice through case studies and networks in an on-line resource.
3. Establish Awards through integration within existing awards schemes and inception of NSM awards – Encourage strengths in social marketing generically and excellence in specific categories
4. Encouraging relationship with BITC (and CSR bodies) to share learning, case studies, potential for social marketing BITC award/use of social marketing Criteria for awards

Programme Manager: Paul White

Project Area / Objectives	Key outputs for delivery	Delivery Time-scale	Progress reporting 2 (RAG rating)	Resource base Human / Financial Budget : Actual vs Profile	Key themes emerging and Risks to delivery: (internal and external)
3.1 Standards and Benchmarking					
Mobilise the *standards* development process and establish draft competencies as a basis for a national professional standards framework in social marketing.	NSM Standards Development Group established Business case developed Competency/standards framework developed Support of MSSSB Standards process	Nov 2006 Aug 2007 Sept 2007 March 2007	Complete Complete Facilitated development for outcome of NOS Standards process. Handover of Steering Group to MSSSB agreed at Nov 30 meeting. Continued support can now be progressed through POW. First meeting of the new MSSD Group held on 23/002/08		MSSSB awarded Social Marketing Standards funding in Sept. MSSSB consultant appointed to progress further. NSM Centre director now appointed as Chair to MSSSB national steering group
Mobilise *ethics* development process and develop practical guidance and resources in consultation with an *NSM Ethics Advisory Group* and wider stakeholders	Establish Ethics Advisory Group Publish initial guidance resource	Nov 2007 Mar 2008	Outline plan Revised planning, some work linked to Text Book material being prepared		Insufficient agreed resource for development Revised approach with The SM Practice agreed, linked to agreed revision to NSMC staff structure
Further develop & roll-out	Reviewed National Benchmark	Mar 2008	Benchmark Criteria in		Promotion to field in hand –

social marketing *National Benchmark Criteria*	criteria published		active use – being actively promoted at all main events and seminars		further work to roll out practical application and use within DH to be considered
3.2 Learning from Practice					
Publish illustrative case examples compendium resource	Prioritised list of case examples Published suite of case examples	May 2007 Sept 2007	Complete Completed 20 initial case examples (ongoing) Communications plan agreed		Further case studies being populated
Establish publicly accessible database resource for case studies	Design and publish web environment	Sept 2007	Complete	Agreed resource spend used up	
Establish 'intelligent' web access resource to information domains of case examples	Publish web access resource	Mar 2008	Web sources identified		
3.3 Award Schemes					
Define award criteria	Award criteria	July 2007	complete		
Establish existing award scheme partnerships with SM category	3 Partner Award schemes established	Mar 2008	2 Award categories established (AHC & EMAC). For 3rd see 3.4		AHC SM award in Sept – want to continue next year
Develop bespoke NSM Award scheme for new applications	Bespoke NSM Award scheme package linked to 1 Award scheme	Mar 2008	HSJ confirmed new SM Award 2008. Contract being developed.		
3.4 BITC & CSR					
Explore potential for Social Marketing Award category	BITC Social marketing Award category	Jan 2008	Concept principles discussed but not yet developed		Depends on BITC view of number of existing Award categories
Review current best practice from BITC initiatives	Links with BITC case studies to NSMC case study database	Feb 2008	1 case study linked to date		
Explore relationship with BITC and CSR bodies for collaborative projects	Partnership collaboration project	Mar 2008	Area of facilitating public private partnership identified for development		May be insufficient time to fully develop. Depends on timing of BITC programming.

4: Resources Development, Communications and Events Programme

Programme aims:

1. To engage with key stakeholders as identified in the Service Level Agreement and the NSM Centre stakeholder strategy
2. To develop resources and materials that assist in building social marketing capacity and skills amongst targeted stakeholders
3. To raise awareness of the term and discipline of social marketing
4. To develop internal communication procedures which capture learning and ensure consistency of quality service across NSM Centre staff.

Programme Manager: Patrick Ladbury

Project Area / Objectives	Key outputs for delivery	Delivery Time-scale	Progress reporting 3 (RAG rating)	Resource base Human / Financial Budget : Actual vs Profile	Key themes emerging and Risks to delivery: (internal and external)
4.1 Stakeholder Engagement					
Develop a stakeholder strategy which provides a focus for the existing and future work of the NSM Centre	▪ Stakeholder strategy agreed by all NSM Centre staff ▪ Stakeholder database evaluation report produced ▪ Priority stakeholder mapping process completed including organisations and individuals within DH, NCC and NHS ▪ Secondary stakeholder mapping process completed ▪ Develop list of external conferences and journals which engage stakeholders and deliver 20 presentations and publish 10 articles ▪ Produce list of private organisations that undertake social marketing (link with roster) ▪ Establish system for capturing media announcements on social marketing and relevant key topics ▪ Ensure the consistent usage of social marketing definitions and messages to stakeholders across all	Jan 2008 Dec 2007 May 2008 Oct 2008 July 2008 Nov 2007 Nov 2007 Ongoing	Redrafted strategy to be agreed by NSM Centre staff by end of April 2008. CRM (Customer Relationship Management) software being explored with Co-Op Systems. Recommendations to be finalised by 30.03.08. Media watch system now in place, monitoring print and online media for keywords. A more proactive approach now in place and several articles produced to align with our key messages. Ongoing exploration of potential partnership engagement.	Stakeholder mapping and strategy needs to be delivered with DH and other work programmes particularly national interventions and practitioner development. All NSM Centre staff will need training on new database and maintaining stakeholder records. Cost of new database not within current budget (£35K)	NSM Centre meeting demand for assistance with social marketing strategies and projects NSM Centre positioned as a theoretical rather than a practical Centre Measuring the uptake of social marketing within the NHS Ensuring the definition of social marketing is clear and understandable and not confused with social networking Private organisations undertake 'rubbish' social marketing – damaging social marketing's reputation

	media				
4.2 Social Marketing Resources and building Skills Capacity					
To develop social marketing resources (including 4.2 e-network) in response to stakeholder's requirements	▪ Develop calendar and priority list for producing resources ▪ Produce 6 new resources (commissioning guide, planning guide, Social marketing quarterly edition, obesity resources, demonstration site booklet, text book) ▪ Develop approvals process, new resource template and stock holding spreadsheet ▪ Produce a website development plan ▪ Review format of e-bulletin and increase subscribers by 300	Dec 2007 April 2008 Dec 2007 Nov 2007 Jan 2008 March 2008	Priority list for production of new products produced. Regular e-bulletins and continuous website updates. Feb e-bulletin sent to network. Formal web strategy document to be produced by March 08. Meeting arranged with Worth Media to discuss development of website on 8.2.08. Strategy to be submitted by 30.03.08. Comms team contributions toward new text books and recent DH 'Social Marketing Factsheet'. Ethics chapter and resources appendix added. New articles placed with Barker's 'Drum' magazine and FPH Newsletter.	Internal work – reliant on Aiden's knowledge of website and technology to deliver web based resources Budget implications for improving video technology for the website (Apr 2008 budget)	NSM Centre needs to produce clearer, easier to read and use – moving away from theory to practice Demand on staff to produce resources in short time scale with other conflicting demands Measuring the impact of the Centre and its resources
4.3 Event management					
To develop events in response to stakeholder's requirements and assist in developing key stakeholder relationships	▪ Develop a 2008 NSM Centre events calendar (includes training and targeted events at key individuals) ▪ Develop a 2008 external conference & events calendar ▪ Appoint conference agency to manage the World Conference	Dec 2007 Dec 2007 Nov 2007 Jan 2008	Call for abstracts for 2008 World Conference now circulated and initial web page setup to provide information. Conference website now live. Full-page ads for the NSM Centre and Conference placed in the	External agency will be recruited to manage the World Conference Reviewing an external provider for training resources	Managing the demand for training and events on staff time particularly practitioner development. Co-ordinating the partners for the World Social Marketing Conference

	▪ Produce communications plan for World Conference including call for papers ▪ Organise 3 SM Forums ▪ Organise 3 briefing sessions for private organisations that undertake social marketing ▪ Respond to requests (5) for seminars from organisations	2008 2008 2008	new 'Drum' magazine. Ongoing. Looking for a Forum date and location in North West.		
4.4 Internal Communication for NSMC staff					
To develop internal communication procedures that respond to the needs of the other work programmes and adapt to the needs of the developing organisation	▪ Produce an internal comms plan which incorporates regionally based staff ▪ Produce communication plans for each NSM Centre work programme where needed (Case study database, academics, research, national interventions etc) ▪ Develop key messages for the NSM Centre & its work prog. ▪ Review brand guidelines and templates ▪ Review internal filing system and resource library ▪ Capture examples of social marketing in practice for the case study database and NSM Centre archives`	Jan 2008 Ongoing Dec 2007 Dec 2007 Feb 2008 Ongoing	Filing system review undertaken. Work has begun and files are being moved to new directory structure. Refinement of case studies recording implemented. Continued development of NSM Associates message board. Academic steering group web page setup with email list-server. Contribution to Associates training days (Resources presentation).	Internal resources Temporary worker employed to assist with this task One staff member tasked with collecting case studies	Ensuring consistency across all NSM Centre staff, regional staff and associates

5: Research, Intelligence and Insight Programme

Programme aims:
To support the NSM Centre key role of building capacity and skills in social marketing by managing a programme of related research, intelligence and insight.

In particular:

1. Ensuring that research and evaluation methods are integrated into all NSM Centre programmes and project areas, and the Centre's work as a whole, developing and assisting related staff and consultants to achieve this..
2. To further develop social marketing related research methods and develop related resources to assist practitioners in undertaking best research practice
3. To assist practitioners (at national and local levels) by developing accessible resources, including:
   a: 1-stop-shop to help bring together key customer/market related research from the Public and Private sectors
   b: National programmes and campaigns information and learning archive for key national interventions
4. To capture, assess and promote wider understanding of the needs of those involved in different behavioural interventions at the national and local levels (inc policy, strategy and implementation contexts)
5. Develop bespoke research projects to address the gaps in learning for use at a national and local level. e.g. societal cost analysis of preventable illness.

Programme Managers: Dominic McVey and Adam Crosier

Project Area / Objectives	Key outputs for delivery	Delivery Time-scale	Progress reporting 2 (RAG rating)	Resource base Human / Financial Budget : Actual vs. Profile	Key themes emerging and Risks to delivery: (internal and external)
5.2 Customer Research - One Stop Shop : Phase 1 - DH research only					
To create a web-based resource providing access to published and unpublished data on consumer knowledge, attitudes, beliefs and behaviour. The first phase of this project will focus on DH research (& work commissioned by DH from COI) Two priority areas have been selected for immediate	▪ Agree the scope of the project and develop a plan for the data collection phase of this project. ▪ Brief external consultants to collect key texts, assess quality of the reports and prioritise reports for inclusion in the one stop shop ▪ Commissioned consultants/editors to summarise key insights across PSA subject areas	Consultants to have completed work by June 2008	Availability of suitable freelance consultants has resulted in project delay. Emails describing the project aims will be sent to DH policy and comms staff in early March. This will result in a delay of the delivery of the first wave of research from June to August.		

attention : 1. Young People 2: Obesity	and key population groups				
5.3 APHO engagement inc: segmentation work					
To form a strategic alliance with the APHO and in doing so develop jointly branded resources for PHOs and PCTs	To convene a regular bi lateral meetings between YHPHO and NWPHO (as SM reps of the PHO network)	Three bilateral meetings already taken place.	On track		
	To write a joint segmentation resource / guidelines to be published jointly by APHO and NSMC	Draft Segmentat-ion Resource available Feb	Resource will be available in April following PHO workshop in March.		
	To convene a workshop on applying geo-demographics to health data	Workshop planned for February	Workshop moved to March 20th.		
	To work with PHOs looking at assessing existing geo-demographics systems against indices of multiple deprivation (IMD)	Work on IMD and Geodem going			
5.4: National Campaigns Archive					
To capture the corporate memory and written documentation within DH as it pertains to campaign development, implementation and evaluation.	▪ To develop a plan for the data collection phase of this project ▪ Brief for external consultants to collect learning for archive and report this in an agreed standard format ▪ To review and capture learning from 10 selected DH campaigns	Information on 10 campaigns will be collected by May 2008	Availability of suitable freelance consultants has resulted in project delay. Emails describing the project aims will be sent to DH policy and comms staff in early March. This will result in a delay of the delivery of the first wave of research from June to August.		
5.5: NSMC overall review & evaluation					
To provide an overall assessment of the performance of the NSMC in achieving its aims and objectives during 2007-2008	▪ Agree the scope of the evaluation and the indicators of success ▪ Brief NSMC staff to keep data relating to these indicators for use by an external assessor	Draft Report July 2008	Delayed DH want to broaden the scope of the project and commission an independent evaluation of the centre.		

	▪ Brief an external consultant/academic department to assess the performance of the NSMC against the key indicators ▪ Report from External consultants re : NSMC performance				
5.6: Stakeholder research: Review PCT / SHA social marketing integration					
The aim of these projects is to provide baseline information about the use of social marketing by PCTs in the delivery of PSA targets at a local level.	Qualitative research report among 3 tiers of staff in 10 PCTs in England (outside NW region) and 3 tiers of staff among all 24 PCTs in NW region. All interviews either face to face or telephone. In addition to the money from the DH budget, the NW has provided money to conduct more interviews across their region.	Fieldwork began November 2007 and both studies are due to report in March 2008	On track to deliver Presentation of NW region research delivered 21 Feb. Presentation of findings from both NW and England planned for 7 March to NSMC staff. Other presentations to be discussed. Summary document of research findings to be produced. Final report due end of April.		
5.7: Evaluation of the NSMC Demo sites					
To provide evaluation support to the NSMC demonstration projects:- • One- to- one expert advice re: evaluation methods and data collection • Independent assessment of the overall functioning and effectiveness* of the demonstration projects	1: Agree the scope of the evaluation – i.e what the NSMC and its commissioned research experts will provide by way of support to the demo sites and what additional independent assessment will be conducted. 2. Brief the demo sites about the evaluation plan and what we expect from them 3: Brief external	Tender project and commission academic Institution by February 2008	Evaluation workshop days arranged with Demo sites to discuss the NSMC evaluation plan – completed in London and Newcastle. Tender will be out in April.	A projected under-spend of 40K from other areas in the Research Budget will be used to fund the project.	*Given the limited funds available the "effectiveness" measures may be limited to process indicators rather than attributable behaviour change indicators.

	consultants/academic department to work with NSMC researchers to provide support and set up data collection				
5.8:The Costs of Preventable illness					
Development of an agreed framework for evaluating the impact and cost effectiveness of public health prevention measures. Building on phase 1 of this work, the original analysis will be extended to include illicit drug use and the existing sexual health analysis will be revisited. A consensus group will be convened with key academics to review the analysis framework	▪ To build on phase 1 of the research by extending the analysis to include illicit drug use and to revisit the sexual analysis ▪ To develop a consensus on the analysis framework ▪ To disseminate the learning from this work	Convene consensus workshop- Jan -Feb 2008 Reports on the new analysis & consensus workshop- March 2008 Dft academic paper - March 2008	On track		
5.9: Futures Workshop					
The aim is to build insight among DH senior leadership team of the possible developments in technologies and how these may impact on communication and marketing – with particular relevance to public health.	To deliver a half day workshop/event on futures and technologies and marketing and public health	Nov 2007	Date of workshop postponed due to lack of interest among DH staff. Alternative dates being sought from presenters. Support from DH will be required to secure attendance. Our aim is to deliver workshop to DH by end March/early April.		

6: Special Projects and Programmes

Summary of projects being undertaken by NSM Centre in addition to Core Grant Agreement, including Non DH clients

- **DH Health Inequalities Programme**
- **DH Social Determinants work re: WHO Commission on the Social Determinants of Health Report**
- **DH Health Literacy Programme**
- DH HID extras:
  - **Healthy Lifestage Segmentation aka 'Blended'**
  - **Alcohol scoping**
  - **FRANK**
  - **Sexual health**
- **Local Learning Demo Sites – Lewisham Smoking**
- **EU Determine project**
- **Sport England** to provide training on social marketing and the next steps following on from a segmentation exercise to the organisation.
- **Remember a Charity** re Wills and links to Home Office proposal:
- **HM Treasury Thoresen Review :** rapid reviews to develop the Generic Financial Advice engagement strategy particularly vulnerable groups
- **National Audit Office:** Study looking at how to influence consumer behaviour, possibly smoking
- **Pan-London Health Improvement programme**:
- **Ministry of Justice** "Making Wills"

Project Area / Objectives	Key outputs for delivery	Delivery Time-scale	Progress reporting 2 (RAG rating)	Resource base Human / Financial Budget : Actual vs Profile	Key themes emerging and Risks to delivery: (internal and external)
DH Health Inequalities Programme	A number of project specifications have been agreed with Julie Alexander and Mike Horah. Specs have been drawn up and we are in the process of commissioning agencies and consultants e.g The Public Health Resources Unit	Expect to complete initial projects by the end of February 2008.	Awaiting confirmation of contracts from EU partner, Terms of Reference paper prepared. PHRU commissioned to conduct two projects; "five key principles for HI work" and "Sharpening the Spearhead" – Both will report in April.	DH UPWEIGHT £480,000 Mike Horah, secondee from DH started with NSMC 4th February'08.	
WHO Commission on the Social Determinants of Health Report		To March 08	WHO have commissioned NSM Centre to provide a rapid report looking at the public health approach to	Funding via WHO	

			behaviour change and the implications for the WHO. First draft of this is due 29th Feb.		
DH social determinants work re To scope the key aspects in the Commission's interim and knowledge network reports relating to individual and population attitude behaviour change and identify the opportunities for using social marketing techniques to address social determinants of health. Develop and implement a strategy including cross government, to take forward social marketing approaches to address the social determinants of health including obesity, PA and nutrition	Project plan completed for scoping the work Strategy developed and implemented	Mid Jan2008 March 2009	First meeting held with Fiona Adshead. Paper being developed Mid-march setting out focus for the work.	DH UPWEIGHT £382,000 John Bromley, secondee from DH due to start with NSMC I April. Stephanie Allen, DH contractor due to start with NSMC and lad communications function for social determinants on 1st April	
DH Health Literacy Programme	An updated report of the NCC's review of literature on Health Literacy A short paper proposing a Health Literacy Index – a list of items and measures that may be used either independently or together with other databases (eg Health Poverty Index) to assess different levels of Health Literacy in England Further development of a HL Index – and development of interactive resource	April 2008	Commissioned to Karen Jochelson, Kings Fund. Draft report received Oct 07. A new paper may be required for publication. Awaiting findings from Prof Rowlands analysis of SFL survey and QOF As above	DH UPWEIGHT £250,000	

	A short paper identifying recommendations about how the DH may wish to participate in a Europe-wide comparative survey of Health Literacy A paper setting out considerations and proposals for a national survey to assess levels of Health Literacy among the general population and among key disadvantaged groups A paper identifying the costs of low levels of health literacy to society		NSMC/NCC (with DH as partner) became co-applicant (Summer 2007) on proposal for EU funding. EU decision expected – early 2008 He EU have delayed the start of the project to August 2008. Contract issued December 2007 to London South Bank University to undertake original research		
DH HID extras: **Healthy Lifestage Segmentation aka 'Blended'**	Work continues on sampling strategy and questionnaire development	Main stage pilot to commence 14th Jan. Main survey results due in Sept 2008	Main stage questionnaire signed off on 22nd Feb. Fieldwork in progress. Enabling interviews with Ethnic Minority Groups planned.	DH UPWEIGHT Ongoing research consultancy support to this area	
DH HID extras: **Alcohol scoping**	Advising the COI and DH alcohol team on segmentation stage – Support with commissioning and briefing research agency to conduct insight work with target group	Completed		DH UPWEIGHT Ongoing research consultancy support to these projects	
DH HID extras: **FRANK**	Advisory role in initial scoping report on vulnerable groups	Completed		DH UPWEIGHT Ongoing research consultancy support to these projects	
DH HID extras: **Sexual health**	Advisory the COI and DH sexual health team on the segmentation stage and re-analysis of the NATSAL	Completed	Project moving from scoping into pilot intervention stage.	DH UPWEIGHT Ongoing research consultancy support to these projects	

	survey Support with commissioning and briefing research agency to conduct insight work with the target group. Fieldwork Dec		SM agency commissioned, NSMC providing advice and support to the project and the evaluation.		
Local Learning Demonstration Site – Lewisham Smoking	To increase uptake of the NHS Stop Smoking Service in Evelyn Ward, Lewisham – the most socio-economnically disadvantaged ward in the PCT.	March 2008	Initial scoping completed. Steering group established and operating well. Insight research among smokers and health care providers about to be contracted to Lewisham Primary Care Research Unit – to be completed by March 2008	DH UPWEIGHT £55,000	
EU Determine project	The NSMC are leading European work package as part of the EU Determine Project. This will involve commissioning 3 innovative pilots addressing Health Inequalities.	2110 (3 years)	Currently undertaking review of innovative approaches to address health-related behaviour among vulnerable groups – to be completed in March. Designing pilot selection process – innovative pilots to be selected in late August. Contributing to consortium meeting in May. Project will run until 2009.	Funding via the EU With equivalent of £50k contribution from NSMC (calculated mainly in terms of staff / consultant time).	
Sport England to provide training on social marketing and the next steps following on from a segmentation exercise to the organisation.	6 workshops	Nov07-Mar08	Nothing to report.	Addt to DH work £12,000	
Remember a Charity re Wills and links to Home	Recommendations report	Mid January 2008	Initial scooping work underway with further	Addt to DH work	

Office proposal: To review existing research and interview stakeholders			work planned	£13,200	
HM Treasury Thoresen Review : Learning from Public Sector engagement strategies. Proposal sets out how NSMC would undertake a number of rapid reviews to develop the GFA engagement strategy and branding particularly aimed at vulnerable groups	Provide checklists and real life examples from programmes that have some relevance of similarities to proposed new service. Give summary of strengths and weaknesses of different elements of marketing mix, risks and scale of probable costs Produce outline budget for the service launch and first three years	Feb 2008	Work completed and presentation to NSM Centre staff planned.	Addt to DH work £36,000	
National Audit Office: Study looking at how to influence consumer behaviour, possibly smoking	Mini-report on case study based on document review and stakeholder interviews	March 2008	Consultant engaged under supervision of NSMC to take this work forward starting mid-January 2008	Addt to DH work £30,000	
Pan-London Health Improvement programme: Options proposal to consider a range of PH issues, including vascular prevention programme to tackle food and PA, incorporating setting up a behaviour intervention centre	3 year programme to establish a PAN-London Health Improvement structure, current investment opportunity identified programmes highlighted with a focus on vascular prevention	3 years starting January 2008	Finalising financial details with DH/NHS London in respect to NSMC Regional Centre (£2,250,000) and Programme activities totalling £5,000,000.	NHS work (Addt to central DH work) £7,250,000 over 2 years	
At discussion stage: **Ministry of Justice** "Making Wills" – A Social Marketing Proposal for the Ministry of Justice to develop cost-effective interventions that are based on a full understanding of the barriers and motivations of the priority target audiences	3 social marketing options to consider over 4-6 month period comprising 1 day workshop scoping report and evidence review project plan, and stakeholder engagement	???	Awaiting decision on outcome of bid. Invited to next stage	Addt to DH WORK Approx £29,250	

National Social Marketing Centre

Summary of Key Achievements and Impact

October 2008



The National Social Marketing Centre's key achievements and impacts are summarised under the following headings:

1. **Capacity Development - Key Impact**
2. **Standards and Quality- Key Impact**
3. **Policy - Key Impact**
4. **Evidence and Research - Key Impact**
5. **Establishing and Sustaining Business Base - Key Impact**

1. Capacity Development – Key Impact

Social marketing becoming embedded in NHS and beyond

- To date, over 10,000 people have been briefed or trained about social marketing across the NHS, with high satisfaction ratings (85 per cent +).
- To date, over 2,000 people have been briefed and trained about social marketing in non-NHS sectors.
- **NSMC website** established providing access to our own and other social marketing-related material on the internet.
- **Social marketing e-Network** established with over 2,300 members, the largest dedicated network in the world. **The NSMC e-Bulletin** newsletter in its second year provides regular updates every two months on developments in social marketing.
- **12 Learning Demonstration Sites** and a further 12 PCT-funded schemes established to demonstrate impact of social marketing. A booklet has been produced capturing the learning to date from the 12 sites.
- **National academic reference group** established linking eleven participating universities.
- **Growing local engagement,** with 129 PCTs (out of 151 in England) and 20 local authorities having worked with the NSMC to integrate social marketing into locally funded programmes.
- **Growing regional engagement**
  - Ten NSMC Regional Social Marketing Development Managers appointed and embedded within Strategic Health Authority (SHA) teams.

- Four SHAs setting up dedicated social marketing teams and infra-structures (NW, NE, YH, London). The largest is the London Social Marketing Unit, whose work plan includes the successful strategic commissioning of three major campaigns, alongside regional development strategy and research strategy underway.

- **Two National Social Marketing Conferences** held, one in Newcastle (2006), and one in Oxford (2007).
- **The first ever World Social Marketing Conference**. The conference was held in Brighton with over 750 delegates and marshalling contributions from major players, including senior politicians, academics, and practitioners at all levels.
- The NSMC has been able to directly influence **effective resource use** across the NHS. Examples include Hull PCT (c£1million); Kensington and Chelsea PCT (c£250k); Blackpool PCT (c£2million), Y&H SHA (c£2million); and London SHA (c£6 million).
- NSMC membership of and contribution to a **growing range of key national policy and practice committees and working groups**, including Cancer Strategy Reform; People and Patients Involvement; Life Check; Life Check Evaluation group; Cancer Research UK prevention research; MSSSB Standards setting; Cancer; DH Life stage segmentation; NAO behavioural change review; Public Health workforce committee; DH PPI working group; Health Literacy group; Government Insight group; PMs Strategy Unit seminars; and Ofgem.
- Direct contribution to the **national DH obesity social marketing programme** with a national training and dissemination programme undertaken.
- The NSMC **growing international reputation** has helped it promote more widely the strong leadership shown in England by the DH and others. With well received sessions in Europe for the WHO Healthy Cities programme; China and Hong Kong, Qatar; Sweden; and Slovenia.
- **A growing range of stakeholder analysis and capacity reports** produced by NSMC. Reports include: *The North West Social Marketing Capacity and Capability Study, Sharpening the Spear* and *Social Marketing and Public Health.*



2. Standards and Quality – Key Impact

Social Marketing standards established (a world first) and NSMC recognised as the UK centre of excellence.

- **National benchmark criteria** accepted nationally and internationally as the most comprehensive check list for social marketing.
- First **national occupational standards** to be published in October 2008 (a world first) following an extensive engagement exercise.
- Two **national award schemes** established: HSJ award scheme and the Association of Healthcare Communicators award scheme.
- The second edition of **the NSMC's *Pocket Guide*** – the Guide to NSMC's approach to social marketing.
- ***Social marketing planning guide*** – A summary version published September 2008 for comment with an enhanced version being produced at the end of the year.
- **Ethics and social marketing guidance paper** to be published in late 2008.
- **Social marketing commissioning guide** being pre-tested, with a final edition being published in late 2008.

3. Policy – Key Impact



Social Marketing has entered the policy lexicon and is increasingly quoted in policy papers and reviews.

- Social marketing increasingly referenced in government reviews and guidance, notably the recent **Cabinet Office, Prime Minister Strategy Unit**, paper which specifically quotes and references NSMC work.
- Major landmark in the publication of **DH's *Ambitions for Health*** a social marketing strategic framework. The publication is a formal response to NSMC's *It's our Health!* a review report commissioned by DH. This represents the first national strategy for integration of social marketing into health policy anywhere in the world.
- DH change management and implementation resulting from the recommendations in *It's our Health!*.

- **Growing interest from other government agencies and departments**, now investing in social marketing projects, programmes and research including: HSE, DEFRA, MOD, MOJ, HM Treasury, FSA and DCSF.
- Major success with WHO's (World Health Organisation) adoption of social marketing (alongside inequalities) as one of its primary themes for the next phase of the **WHO Health Cities Programme.**
- NSMC supported the **NAO review of government action on behaviour change,** to be published November 2008.
- NSMC delivered for the FSA and HMT a **review of best practice on branding, launch and marketing of the new generic financial advice service**, published in May 2008, recommendations accepted.
- NSMC produced for the HSE a **review of evidence, case studies and recommendations for improving health and wellbeing at work**, published September 2008.
- Direct contribution to **developing LINKS public and patient involvement work.**
- NSMC commissioned by WHO Europe to assist with the **development of the recently published WHO Tribisi resolution.**

4. Evidence and Research – Key Impact

Evidence base for the development of social marketing, with insights increasingly being used to inform national and local strategies and related interventions.

- Growing range of articles produced, highlighting **different aspects of social marketing across a range of literature,** including both public and marketing sector arenas.
- The NSMC with a team from the University of East Anglia have developed a **comprehensive framework to assess the costs to society of a range of preventable conditions**. A report and academic paper are planned for November.

- The NSMC and DH are developing a **new and ground-breaking Healthy Foundations life-stage segmentation model.** This provides, for the first time, a national life-stage segmentation of healthy attitudes and behaviours which will significantly assist and inform development of both national and local social marketing-related programmes and initiatives.
- The NSMC has produced a **first review on people's attitudes to health** inequalities and the impact of social influences on health. This research is now helping to shape Government policy in this area.
- The ***Sharpening the Spearhead*** **review** makes recommendations about how Local Authorities can use the evidence from effective practice to improve their performance, the report is being used by spearheads to inform their forward plans.
- NSMC guidance to PCTs on **essential actions to tackle health inequalities.**
- The DH have commissioned the NSMC to develop a ***One-Stop-Shop*** **for audience and market research** in its development phase. This service will enhance accessibility to market research and related insights for DH, NHS and other relevant audiences. The One-Stop-Shop will directly assist with the targeting, planning and evaluation of behavioural intervention programmes.
- Initial **Case Examples Database** resource was launched in June 2007 and is currently being updated and improved, to be re-launched in March 2009.
- The NSMC is working with DH national policy teams to develop insight for the next phases of the **teenage pregnancy and alcohol harm minimisation programmes**. This research work will shape the new social marketing programmes for 2009 and beyond.

- The NSMC leads the **DH Health Literacy programme** and is working with a European consortium to develop a European Health Literacy Index. It will carry out the first European-wide health literacy survey. The survey results will be published in June 2009.

5. Establishing and Sustaining Business Base – Key Impact:

Dedicated and experience team established and growing funding base

- The NSMC has an **expanding core team and a growing number of associates (independent contractors),** with over 50 people currently engaged working for the organisation.
- Important **strategic partnerships with key organisations and academic bodies** in place including: Brilliant Futures; The Social Marketing Practice; Corporate Culture; Stirling University; Bristol Business School; Cardiff Business School; and Brighton University.
- **DH core Grant Agreement confirmed,** and also extended to cover enhanced range of additional work areas.
- **Securing growing NHS funds** via Strategic Health Authorities and local NHS organisations (PCTs).
- Profile in cross-Government discussions, with **repeated input to Cabinet Office,** notably the PM's Strategy Unit and Delivery Unit.
- **Growing portfolio of European and International business,** notably the WHO and EU.



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generating solutions to behavioural challenges

National Social Marketing Centre



Learning together

practice and progress

Social marketing learning demonstration sites

March 2009

Gateway reference: 11444

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Foreword



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

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

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

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

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

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

Introduction



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

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

Local ownership and resources

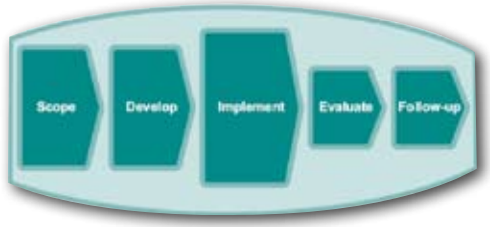
Each project is self-managed, with all key decisions made by the local partners. The NSMC's role is to support the local teams in understanding and applying effective social marketing principles in their work. This approach protects the local autonomy of partners and acknowledges that each site already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

The aims of the scheme are to:

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

Project development

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



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

Social marketing national benchmark criteria

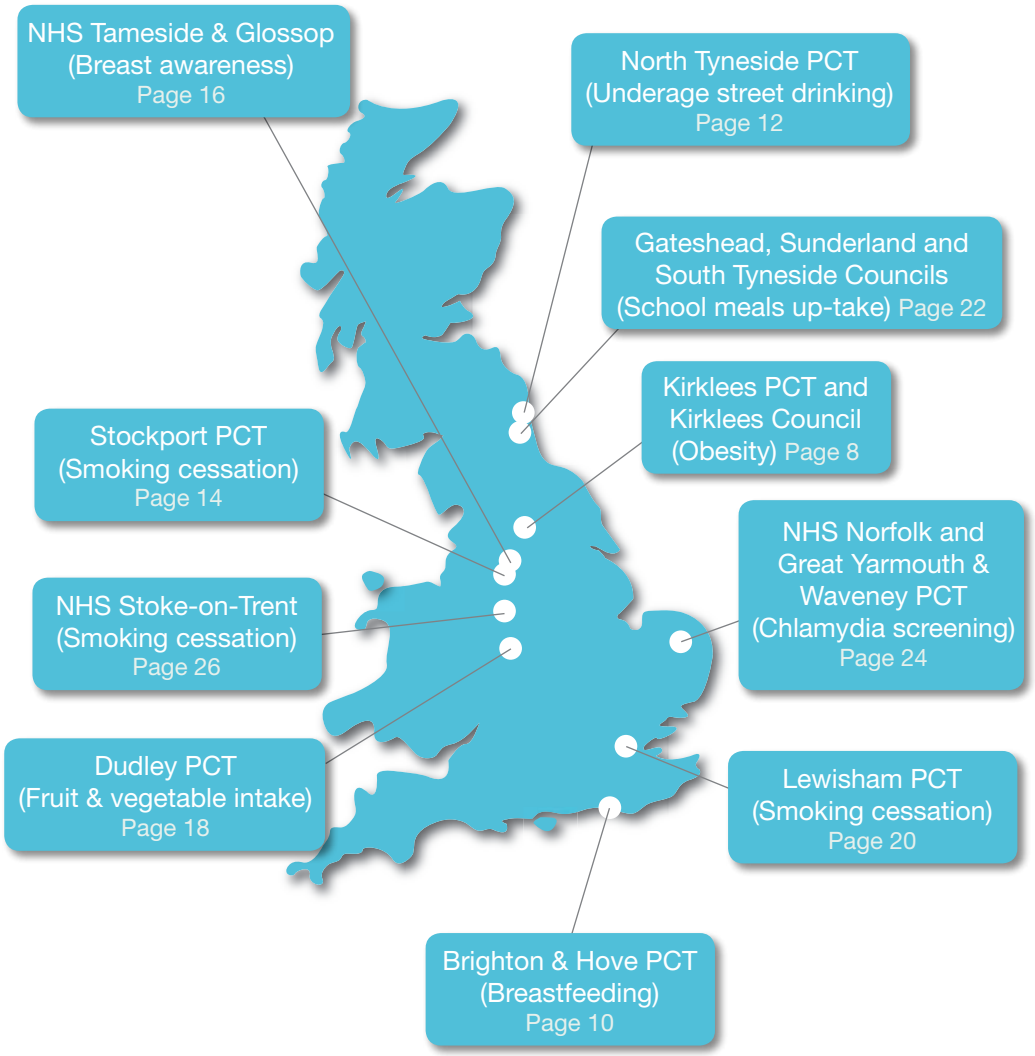
Building on the work of Alan Andreasen[1], the NSMC developed the eight-point benchmark criteria for social marketing. Each of the learning demonstration sites has considered all eight of the benchmarks when developing their project, but for the purposes of this booklet we have selected three criteria to highlight from each.

National Social Marketing Centre benchmark criteria:

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

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

Site location map





Kirklees PCT and Kirklees Council

Lynne Cliffe, Phil Longworth and Spencer Robinson

Aim and target audience

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

Current stage and timeline

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

Benchmark criteria

Exchange

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

Barriers include:

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

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

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

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

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

Competition

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

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

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

Marketing mix

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

- Giving out starter packs during Fresher's Week containing basic condiments, cooking ingredients, utensils and recipe cards
- A market stall on campus to improve access to fresh, affordable fruit and vegetables
- A Health and Wellbeing MOT and exercise buddy scheme
- A dodgeball tournament
- 'Take on the Takeaway' and 'Come Dine With Me' cooking events
- 'Dance Your Ass Off' competition
- A campaign micro-site and viral video competition to encourage students to eat healthily or exercise more. The winner will be the video that receives the most hits on YouTube
- Desktop pop-up messaging on FE and HE college websites to provide health tips and information on the various project activities.

Lessons learned

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

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



Brighton and Hove PCT

Martina Pickin and Catherine Perry-Williams

Aim and target audience

The aims are to:

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

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

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

Current stage and timeline

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

Benchmark criteria

Theory

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

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

- intention: plan to breastfeed
- initiation: give breast milk in the first 48 hours
- early breastfeeding: post-initiation and up to the first ten days
- establishment: breastfeeding beyond the early period and up to six weeks
- maintenance: breastfeeding beyond six weeks and up to six months during the milk-only period
- continuation: breastfeeding beyond six months, alongside feeding solids.

Insight

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

Competition

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

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

To tackle this we need to:

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

Lessons learned

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

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

North Tyneside PCT

Jan Thompson and Louise Pinkney



Aim and target audience

The aim is to reduce underage street drinking in the pilot area of Wallsend in North Tyneside. While 13 to16 year olds in North Tyneside are the primary target audience, retailers, the community, and service providers (such as police, youth services and schools) are also target audiences.

Current stage and timeline

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

Benchmark criteria

Customer orientation

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

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

Insight

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

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

Marketing mix

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

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

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

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

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

Lessons learned

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

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

Stockport PCT

Sarah Clarke and Fiona Spotswood



Aim and target audience

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

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

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

Current stage and timeline

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

Benchmark criteria

Customer orientation

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

Theory

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

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

Marketing mix

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

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

Lessons learned

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

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

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

NHS Tameside and Glossop

Gideon Smith and Denise Ong



Aim and target audience

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

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

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

Current stage and timeline

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

Benchmark criteria

Customer orientation

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

Exchange

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

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

Competition

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

Lessons learned

- There is a lot of confusion and mixed messages around the term 'breast awareness' and what it actually entails, making it difficult to identify the desired behaviour. Therefore, as a first step we will need to clarify the behaviour and messages
- Although health professionals are given practice guidelines relating to breast screening, anecdotal feedback suggests that GPs and nurses don't necessarily follow them and are themselves unclear of what behaviour to recommend. As key influencers for our target women, health professionals are likely to be included as a target audience in this project to ensure that they send out clear, consistent messages to their patients
- Social marketing requires sustained effort. Commissioning and procurement of social marketing work is relatively new to the NHS, takes time, and can require significant resource commitment. This project has already required commissioning and financial commitment over three years

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



Dudley PCT

Patricia Bussell, Lie Ping Tang and Alex Christopoulos

Aim and target audience

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

Current stage and timeline

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

Benchmark criteria

Behaviour

Behavioural goals for our primary target audience include:

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

Segmentation

We have taken a staged segmentation approach:

- We began by looking at Dudley as a whole.
- We then narrowed down the scope to three areas: Hawbush, Gads Green and Fatherless Barn. They were selected because they had poor access to fruit and vegetables, and are deprived areas with low fruit and vegetable consumption.
- Research with stakeholders and the target group identified the role of parenting in healthy eating. The chosen segment was therefore parents of primary school aged children who:
  - have a low level of fruit and vegetable intake
  - are anxious about fruit and vegetable wastage
  - have a low propensity to try new fruit and vegetables
  - have little knowledge of how to prepare fruit and vegetables
  - are likely to be without access to cars.
- Once the segment was defined, the steering group selected Hawbush. Reasons for this included:
  - it has the highest proportion of overweight and obese year 6 pupils
    the highest proportion of year 5 and 6 pupils who ate one portion of fruit and vegetables or less a day; and the highest proportion of children aged nought to 15 years
  - it is within the Brierley Hill ward which has one of the highest concentrations of fast food outlets
  - it has a relatively high proportion of households with no access to a vehicle
  - stakeholders were familiar with the area
  - links with schools and the wider community were already established.

Marketing mix

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

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

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

Lessons learned

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

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

Lewisham PCT

Lyn Burton and Amelia Carter



Aim and target audience

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

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

Current stage and timeline

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

Benchmark criteria

Customer orientation

Secondary research was completed on demographics, current service provision and smokers' motivations and barriers to quitting, based on national research. In order to understand why people smoke and what the local barriers to quitting and using NHS stop smoking services are, primary research was conducted between December 2007 and March 2008. Focus groups were held with 32 smokers, and six health professionals who currently provide the SSS in Evelyn ward were interviewed.

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

Exchange

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

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

Marketing mix

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

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

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

Lessons learned

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

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

Gateshead, Sunderland and South Tyneside Councils

Ann Johnson and Emma Heesom



Aim and target audience

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

Current stage and timeline

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

Benchmark criteria

Behaviour

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

- for head teachers to implement the interventions in order to enhance the school meal offer as far as possible, and to reduce the competitive appeal of packed lunches
- for parents to sign up their children to school meals or continue to enlist their children with school meals if they are already doing so
- for Key Stage 2 pupils to eat healthy school meals instead of packed lunches.

Competition

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

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

Segmentation

We identified four key segments among local head teachers:

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

This project will concentrate on working with those head teachers who are 'disengaged and confused' and 'trying within their field', but will look to the 'engaged and passionate' head teachers to act as ambassadors to influence other segments.

Lessons learned

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

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

NHS Norfolk and Great Yarmouth and Waveney PCT

Suki Dell and Denise Ong



Aim and target audience

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

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

Current stage and timeline

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

Benchmark criteria

Insight

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

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

Segmentation

We have segmented our group of existing screening sites by provider type (such as GP clinic, pharmacy, youth organisation), as well as ability and motivation to screen. While we will be looking to reach all existing providers, we intend to tailor our interventions for different segments. We are also seeking to collect data on how many 15 to 24 year olds pass through each site, so that we can also segment screening providers by footfall of young people and concentrate our efforts on those who can provide the greatest returns on investment.

Marketing mix

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

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

Lessons learned

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

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

NHS Stoke-on-Trent

Deborah Richardson
and Vivienne Casey



Aim and target audience

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

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

Current stage and timeline

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

Benchmark criteria

Insight

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

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

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

Exchange

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

Perceived benefits:

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

Perceived barriers:

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

Marketing mix

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

- Peer support group sessions based on other motivational clubs (such as Slimming World) focusing on the positive elements of quitting and on new ways of creating 'me time'. These sessions were branded the 'Me2 club' and had an open door policy
- Delivering 'stress busting sessions' in partnership with local providers
- One-to-one home visiting sessions
- Telephone support
- Small incentives for women when they joined the Me2 club, such as a welcome pack that included branded products which are attractive to the client group. A selection of 'gifts' were available once women reached their individual goals
- In-depth specialist training for the sales force including:
  - a new training package and DVD using role play actors to demonstrate an effective five minute brief intervention
  - new resources and professional packs
  - adapted referral pathways

Lessons learned

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

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

Lessons learned

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

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

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

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

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

Identify key stakeholders at the beginning of the project and show partners how being involved will help them with their own portfolio and goals. Make sure your sales and delivery force are involved from the start, and think laterally about who to include: have you considered the private and third sectors, the media and other partners who have a stake in the issue?

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

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

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

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

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The NSM Centre is a strategic partnership between the Department of Health and Consumer Focus.

Consumer Focus
Campaigning for a fair deal

Public Health Action Support Team

Community Interest Company: A Social Enterprise Organisation

Project Report

National Social Marketing Centre

National Learning Demonstration Sites

PHASE 1 Evaluation

Authors: Tracy McFall-Austin and Geoff Wykurz

Version: 4
Date: 15th April 2009
Client: National Social Marketing Centre
Ref No: P125

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Public Health Action Support Team (PHAST)

The Public Health Action Support Team (PHAST) is a Community Interest Company. This is a type of social enterprise that is committed to using its surpluses and assets for the public good. Social enterprises are social mission driven organisations which trade in goods or services for a social purpose.[1]

PHAST is based at Imperial College, London. It has over 60 experienced and expert public health professionals whose aim is to improve the health of the population and reduce inequalities. Many have worked at high level in the NHS, the Department of Health or in academia. Quality assurance and due diligence processes are in place to ensure all associates work to the highest standard. PHAST also has associates with economic, ethical and legal expertise. For further details see www.phast.org.uk

Acknowledgment

The evaluators wish to thank all those who agreed to be interviewed from the individual demonstration sites, the Associates and representatives from the National Social Marketing Centre (NSMC) and the Department of Health.

We also wish to acknowledge the assistance of Denise Ong at the NSMC for organising the interviews; the staff of PHAST who facilitated the arrangements for transcribing the interviews; and all the transcribers at 'Way with Words' who efficiently prepared the transcripts.

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[1] Whereas conventional businesses distribute their profit among shareholders, in social enterprises the surplus goes towards one or more social aims which the business has. PHAST will invest any surplus into development of new products and working with charities. In line with this PHAST directors and shareholders receive no dividends for their work in managing PHAST CIC. PHAST CIC is also regulated by the CIC Regulator, based at Companies House, to ensure it fulfils its Social Enterprise objectives with a mandatory requirement for annual audit.

1. Executive Summary

Introduction

The National Social Marketing Centre (NSMC) commissioned the Public Health Support Team (PHAST) to undertake a process evaluation of the ten learning demonstration sites. The evaluation will be conducted in two phases. The first phase of the evaluation was carried out in the autumn of 2008. Interviews for the second phase are due to take place in April and May 2009.

The Phase 1 evaluation is an exploration of the 'how' and 'why' each site developed its project, and the learning achieved through applying social marketing approaches at the operational level.

Methodology

Each site in consultation with the NSMC identified three people to be interviewed. Those interviewed tended to be the project lead, the Associate assigned by the NSMC and another local stakeholder.

In addition, four strategic stakeholders were interviewed from the NSMC and the Department of Health (DH).

Topic guides were developed for the interviews in consultation with the NSMC. The two evaluators divided the sites between them and split the interviews with the strategic stakeholders in institutional pairs. Each interview was recorded and transcribed. The three interviews at each of the ten sites were analysed to identify specific issues and an individual report was written on each site as internal documents for the NSMC. This Phase 1 Report is a synthesis of the issues emerging from the individual reports on the sites and strategic stakeholders.

Emerging Findings and Issues

Embracing Social Marketing

- Many sites initially considered that social marketing was similar to the traditional methods applied in public health and health promotion. However, through their participation in the NSMC programme, the distinctive approach associated with social marketing has been recognised and has increased in its value. Many have enthusiastically embraced the model, which they judge to have provided a systematic structure for their professional practice.

- Social marketing is considered to be a valuable tool in helping to secure behavioural change in specific settings. However, it is also seen as a means to achieve wider goals that include adherence to the precepts outlined in the new commissioning agenda, promoting more effective community engagement, challenging professional practice and acting as a catalyst for organisational development.

- A few sites have engaged with community networks and have involved the community in the scoping and development stages, which has provided valuable 'insight' into the needs of the target audience.

- The importance of adhering strictly to the steps outlined in the benchmark criteria has been recognised by many of the sites.

Purpose of Demonstration Sites

- Analysis of the interviews suggested that there was a lack of clarity regarding the formal commissioning arrangement between the DH and the NSMC for the development of the learning demonstration site programme. This was mostly around the overall aim of the programme, which led to confusion over the national programme intent.

- The primary purpose of establishing the sites has become unclear. The aims of the programme state that the intention is that the sites should provide an opportunity to learn about the experience of implementing a social marketing project and to generate models of best practice with measurable health outcomes. However which of these should be the primary purpose of the programme appears to have shifted from the former to the latter.

- The emerging emphasis on the sites producing measurable outcomes appears to have shifted the agenda for some sites, placing greater emphasis on the delivery of results rather than an opportunity to capture learning through the process of implementing social marketing approaches.

Selection of Demonstration Sites

- Sites were recruited into the programme in a variety of ways. Some sites proactively contacted the NSMC, while others were invited to join the programme following a NSMC training event and others applied through a formal NSMC process. It therefore appears that the primary intention in the site-recruitment process was to attract projects from people who were enthusiastic about exploring the potential of the social marketing approach rather than a primary focus on their capacity to deliver a project that would provide evidence of its impact

- The criteria for selection appeared to be based on creating a balance of geographical distribution and a variety of topics with a focus on deprivation and health inequalities.

NSMC and Support to Sites

- The NSMC has grown its capacity to respond to local project needs and to assist projects by offering practical support and guidance through consultancy, training events, workshops, conferences and literature. The value attributed to these initiatives varies between the projects, but overall the assistance offered by the NSMC has been appreciated, with some elements considered to be of greater value than others.

- The resource most valued by the sites has been the allocation of consultancy support through a designated NSMC Associate. The involvement of the Associate is clearly crucial to the success of the programme.

- Many sites consider that the NSMC could play a valuable role in facilitating regional events to enable local projects at a similar stage in their development to share experiences and receive training.

- Some projects suggested there was a tendency for the NSMC to be 'London-centric'.

- The NSMC has taken over the management of one site due to organisational changes

Role of Associates

- Most of the sites valued the 'front-loading' of assistance through the allocation of an Associate that has helped get the project off the ground. Many of the Associates took on a crucial 'hands-on' role and helped to guide and support the establishment of the social marketing project.

- The sites reported that they valued the substantial increase in the number of Associate consultancy time offered by the NSMC and the additional support helped to drive forward the local projects. The initial allocation of ten days of Associate consultancy time for each site was considered inadequate by all of the sites.

- The sites all agreed that they needed Associates with a high level of experience and expertise in operationalising social marketing approaches. The Associates' involvement was useful to monitor the early implementation of the projects and provide local and individualised training as necessary. In the few cases where the Associate was less experienced and had less time to devote to support the sites the demands of other priorities on project leads contributed to project drift.

- Effective collaboration between the project lead and the Associate had undoubtedly been a key to success. Where a good working relationship has evolved, mutual respect has grown and it appears that the project has too.

- Associates who were contracted in a freelance capacity were generally more able to provide a flexible response to the needs of project leads.

Resources and Sustainability

- Most, but not all, sites were based in the Public Health Directorate of Primary Care Trusts (PCTs). The amount of time project leads could commit to managing projects varied but all considered that the time commitment far exceeded their original assumptions. The leads also reported that they felt that they could not rush the process if they were to achieve the desired results.

- The degree of senior management support from within a PCT varied considerably. The support and engagement by the Director of Public Health was regarded as important and particularly effective where the post was a joint appointment with the local authority.

- The support and involvement of senior management was considered crucial by many to overcome obstacles that emerged.

- Each project required additional resources to implement their project, the source of which varied between sites. For some sites the time required to identify and secure resources often detracted from the business of developing and delivering the project.

- In some cases the NSMC has been instrumental in assisting sites to access additional resources.

- A few sites are already looking towards the long-term sustainability of their projects with the hope that some may be embedded in the mainstream activity of their PCTs. A few sites have undertaken a risk assessment and acknowledge that if NSMC funding were to be withdrawn, they would be concerned about the commitment locally to sustain the programme. Others are hopeful that the NSMC can help to identify support as they plan their exit strategy when the NSMC terminates its involvement.

Commissioning and Working with Third Sector and Commercial Agencies

- The restructuring of PCTs to strengthen their commissioning role and create clearer internal separation from its provider status has implications for the commissioning and delivery of social marketing initiatives, particularly if they are to become a commissioning only entity and not a provider of public health programmes.

- A spectrum of relationships between PCTs, commercial agencies and the third sector appears to be evolving with the degree of PCT involvement varying from a close partnership to one that is more distant. However, such engagement is still in its early stages for many sites.

- If the PCT leads are to commission specific elements or the project management of the social marketing project as a whole to external agencies, a concern of many projects is how to ensure that experience and expertise of social marketing is not lost locally, but is embedded through the collaboration between the PCT and the commercial/third sector agency commissioned to undertake the social marketing project.

Working in Partnership with Stakeholders

- The sites worked with a variety of different stakeholders, which depended upon the nature of the issues that they were focusing on and the locality. Some sites reported difficulty in attracting and sustaining the involvement of relevant stakeholders for a wide variety of reasons.

- The degree of involvement of local communities and representatives of the 'target audience' varied between projects. Some worked very closely with the local community and other key partners as part of a shared enterprise, others were considerably less engaged.

Evaluation of Sites

- The majority of sites recognised the importance of an evaluation strategy, but many had not established one at the beginning of their project. Many reported that they required assistance with this aspect of the work and were grateful that this would be available from the NSMC. One project considered that the NSMC should have provided more support for this aspect of the project's work from the outset.

- A few sites raised concerns about the rigour of the local scoping exercise. Due to a lack of expertise in the area of research, a few leads voiced concerns about the ability of the sites to know what was robust and valid research for the scoping phase. For example, what was too much, what was too little, and what was the appropriate methodology?

- There were limited links made with academic institutions that could provide evaluation support and the sharing of knowledge with sites. One site had a strong partnership with a local university and valued the assistance provided by a local professor with expertise in social marketing.

What Helps and Hinders Implementation

- The sites have identified a wide variety of factors that have helped and hindered the development of their projects. These have been analysed under several categories which are summarised below and elaborated in the main report.

What helps	***What hinders***
• valuing and commitment to making the social marketing approach work locally	• scepticism about the approach and its ability to deliver innovative and effective interventions
• dedicated local project leadership with the necessary time and resources	• allowing the project to drift often due to a lack of local leadership
• support and engagement from senior management	• absence of support and engagement from senior management
• expertise of an Associate/consultant	• limited knowledge of and access to social marketing expertise
• adhering rigidly to the benchmark criteria	• using inexperienced researchers or other support staff when applying the benchmark criteria
• establishing a committed project steering committee with a clear SMART action plan	• a steering group that changed during the project and lack of a clear SMART action plan
• identifying and working effectively with key stakeholders. A stakeholder analysis undertaken at the beginning.	• resistance to involvement by key stakeholders, working ineffectively with stakeholders, which results in project drift. Lack of stakeholder analysis
• involving the local community and the target audience	• limited or late engagement with the community and target audience
• an effective communication strategy	• limited or nil acknowledgement and understanding of the need for a local communication strategy
• a rigorous scoping exercise	• a scoping exercise that is lengthy and not fit for purpose
• planning evaluation from the outset	• difficulty with conducting an evaluation due to lack of expertise and experience
• celebrating success – no matter how small	• trying to juggle the demands of the Department of Health national targets while responding to local needs

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1. Purpose of the Document

1.1 This document provides a synthesis of the issues explored during Phase 1 of the evaluation of the National Learning Demonstration sites and strategic stakeholders.

2. Aims and Objectives

2.1 **Aim:** To assess the process for effective social marketing approaches in the scoping, development and implementation of the ten demonstration sites and with key stakeholders.

2.2 **Objective:** To undertake a robust process evaluation with the demonstration sites and strategic partners to identify models of effective practice.

3. Introduction

3.1 The National Social Marketing Centre (NSMC) commissioned the Public Health Action Support Team (PHAST) based at Imperial College to undertake a process evaluation with the national learning demonstration sites and strategic partners to 'capture learning surrounding the implementation of the national learning demonstration site social marketing projects'.

3.2 The evaluation comprises two phases; the first phase intends to capture learning from the scoping and early development phase, which has been completed. Six months later, the second phase evaluation will take place to evaluate the development and the implementation phases as the projects are coming to an end. This report presents the findings of Phase One.

3.3 The phase one interviews took place in October to December 2008 resulting in a series of individual site reports from which the main findings and issues have been identified and synthesised into this document. During the period of interviews, the projects were at various stages of development. One site had already implemented its interventions and was nearing the end of its activity as part of the national demonstration site programme. However, most had only just completed their scoping activity and were considering possible interventions. Consequently, the issues and learning that are identified in this report represent early experience.

3.4 The primary focus for the Phase One evaluation is an exploration of the 'how' and 'why' each site has applied the underpinning principles and features of the social marketing approach in their locality. In many ways this phase captures expectations of the potential of social marketing as well as the challenges of getting a project off the ground. However, the interviews at each site only represent a 'snap shot' of activity.

3.5 The evaluation has identified several key issues that have emerged during the scoping and development phase; those that have been enabling as well as those that have been more challenging. These elements have been summarised at the end of the report under the title 'What Helps and What Hinders'. It is anticipated that they will assist those who seek to establish a social marketing initiative in the future.

3.6 The intention of the evaluation was to gain an overview of the programme using the experiences of the sites, not to make a comparison of the sites themselves. In order to preserve anonymity the report does not comment on individual sites or refer specifically to individuals interviewed for the evaluation.

4. Methodology – process evaluation

4.1 PHAST was commissioned by the NSMC to undertake a 'process evaluation' of the programme. At such an early stage in its development the intention was not to make a judgement of its effectiveness, but to capture the ideas and expectations underlying the introduction of the programme and the reasons why the sites had chosen to get involved. The desire was also to discover what was being learnt at the sites as they familiarised themselves with a new concept and methodology.

4.2 In common with the general aim of process evaluation, the intention was to provide feedback to the administrators of the programme and other stakeholders about the progress of its implementation. It was hoped that knowledge gained through the evaluation would contribute to enhancing its on-going development and implementation, reflecting an action-research approach by creating an iterative cycle. It is hoped that what has been learnt through Phase 1 of the evaluation process will be of benefit to the programme overall and to the individual sites and will inform the focus of the second phase of the evaluation scheduled to take place in April and May 2009.

4.3 The NSMC had predetermined the format of the evaluation. Interviews were to be conducted with three representatives from each of the ten demonstration sites. The evaluators were not involved in the selection of the people to be interviewed. The local sites in agreement with the NSMC identified the representatives. For the majority of sites interviewees included the project lead, a local stakeholder and the Associate appointed to work with each site. In addition, four strategic stakeholders were interviewed from the NSMC and Department of Health. These representatives were identified by the NSMC.

4.4 PHAST appointed two people to undertake the evaluation who adopted a qualitative approach using semi-structured interviews. A generic topic guide for the site interviews and for the strategic stakeholders was prepared by the evaluators and the questions refined in consultation with representatives of the NSMC. The topic guide for the stakeholders and the Associate were slightly different. The guide for the interview with the project lead is presented in Appendix A. It should be noted that not all the questions were used at each interview, as the title suggests, they were used as a guide. The interviewing process adopted an approach that sought to maintain the flow of conversation to capture the narrative of the development of the project while highlighting issues judged to be significant for the individual site and interviewee.

4.5 Similarly, a topic guide was also developed in consultation with the NSMC for the interviews with the strategic stakeholders which is presented in Appendix B. This was also applied as a 'guide' with the flow of the interview influencing the issues that were explored in greatest depth.

4.6 The sites were divided between the two evaluators, with one interviewing the stakeholders and associates associated with six sites and the other four. The strategic stakeholders were also split, with one evaluator interviewing the two representatives of the Department of Health and the other the two representatives of the NSMC.

4.7 In most cases interviews relating to a specific site were conducted on the same day. Each interview was recorded on a digital voice recorder with the consent of the interviewee and the recording dispatched to a specialist transcribing agency through a secure internet link. The transcript of the interview prepared by the agency was sent electronically via the PHAST Office to the evaluator for analysis.

4.8 Each evaluator was responsible for the analysis of the interviews they had conducted. The process involved reading the three transcripts of the interviews associated with an individual site to identify the themes emerging from the combined material. Each transcript would be analysed separately to identify specific issues and the three compared. With only three interviewees at each site, the small sample made it relatively straight forward to tease out a narrative of the development of the site and identify any differences in perspective and complementary views. Although there was usually overlap between the interviews the analysis revealed that different interviewees may identify or give greater prominence to specific issues.

4.9 An individual report was prepared for each of the ten sites that synthesised the issues that had emerged specific to each project broadly in relation to the 'topics' associated with the original guide for the interviews. However the structure of each site report varied in response to the particular local setting, concerns and experience. Similarly, a separate report was written for each pair of strategic stakeholders. Initial drafts of the site reports were exchanged between the two evaluators to develop a shared understanding of the experiences of sites across the programme and to check for clarity and consistency.

4.10 The individual site and strategic stakeholder reports were prepared as internal documents for the NSMC. This Phase 1 Report derives from a synthesis of these twelve individual reports.

4.11 The findings and issues that have emerged from this analysis are discussed in the following sections.

Emerging Findings and Issues

5. Embracing the Social Marketing Approach

5.1 Interviewees were asked to summarise how they as local leads and the local projects understood the concepts associated with social marketing and have responded to its specific features.

5.2 While the majority felt that certain aspects of the approach were similar to other public health/health improvement models, there was a palpable enthusiasm for being involved in this innovative approach. The systematic methodology offered by the benchmark criteria and 'the total process planning model' was considered to be intrinsic to the success of the programme, and if used methodically, there was a belief that it would deliver what the local target audience wanted.

5.3 There appeared to be a mixture of motives for adopting the social marketing approach across the sites and interviewees. Some viewed its systematic approach as the means to secure behavioural change to achieve a specific health goal. Others saw its value as 'giving meaning to the commissioning cycle' whereby consultation fulfils its purpose and ceases to be a 'tick-box' activity, thereby facilitating more effective community engagement. One project hoped it would be a 'magic wand' to provide a solution to an issue they were seeking to address. It was also viewed as a catalyst for organisational development by encouraging individuals to challenge assumptions about their professional practice, which has led to a cultural shift within PCTs.

5.4 Project leads reported that the benchmark criteria emphasised the need for robust planning and scoping work before the development of an intervention. It validated the need for community engagement and for placing consumer insight at the heart of intervention design.

5.5 However, there were a few project leads that expressed a slight scepticism towards social marketing with an interrogation of the approach and its merits. They were unsure if it offered anything outwith existing health improvement models. One site felt that the true innovation would come as they began to use the principles of marketing in the development of the intervention and it was then that social marketing would come into its own.

5.6 It was emphasised that the approach was not 'a panacea for all ills' but a tool that had a specific emphasis on changing behaviour through the use of an innovative and structured methodology. It was clear that many sites see the validity of the approach and its relevance to the new PCT commissioning agenda.

5.7 A few sites expressed a tension between juggling the demands of meeting Department of Health nationally set performance targets and being responsive to the needs of their local communities. A social marketing approach may be labour and resource intensive and may only yield small results. However, these 'small' results may be improving the health status of those communities and individuals who are hard to reach and experience the most in terms of health inequality. The sites expressed that the prevailing culture of the NHS does not acknowledge or value the necessity of doing this type of detailed, targeted work which takes time.

6. Purpose of Demonstration Sites

6.1 The programme is seen, as an important vehicle to drive forward the social marketing approach within the NHS. However, it appears that a formal commissioning arrangement or extensive programme board was not in situ at the beginning of the programme development, which could have helped in the strategic development of the national programme.

6.2 The interviewees were unclear about <u>when</u> and <u>how</u> the Department of Health entered into either a formal commissioning or partnership arrangement with the NSMC for the development of the learning demonstration site programme.

6.3 There appears to be an existing tension in the expectations of the primary purpose in establishing the demonstration sites. Uncertainty has emerged as to whether the programme was primarily to explore what could be learnt from the experience of planning and implementing a social marketing project or to create models of best practice that demonstrate measurable health improvements through the application of a social marketing methodology.

6.4 Several of the local sites have conveyed concerns as the programme has shifted its emphasis towards more robust outcomes. This tension may be due to a lack of clarity in the initial agreement about the overall aim of the national learning demonstration site programme between the Department of Health and the NSMC.

6.5 The consequences of this 'tension' has caused ripples throughout the programme and has created unease for the individual sites who may have had to shift focus and not felt equipped to deal with these expectations. The change appears to have had an impact on the relationships between the NSMC and the individual sites, leading the NSMC to enhance its involvement to support projects to achieve their goals.

6.6 Since the programme's primary intent was not clear from the beginning, the majority of local sites did not commence with a robust evaluation plan in place, although some sites have now started this process.

7. Selection of Demonstration Sites

7.1 The way in which the individual sites were included in the programme has varied. Some were included through contact at a NSMC training event, others through a formal application process, while others took the initiative to approach the NSMC and were accepted on to the programme. Most, but not all, were proposed by Primary Care Trusts (PCTs)

7.2 In general, the NSMC appear to have selected the sites on the basis of a mix of criteria which include geographic distribution, a desire to focus on areas of deprivation and to ensure a variety of topics. This has led to the recruitment of the following sites and their selected topics:

• **Brighton & Hove PCT**	- breastfeeding
• **Dudley PCT**	- increasing fruit and vegetable consumption
• **Kirklees PCT and Kirklees Council**	- obesity
• **Lewisham PCT**	- smoking cessation support
• **NHS Norfolk and Great Yarmouth & Waveney PCT**	- chlamydia screening
• **North East Improvement & Efficiency Partnership**	- increasing school meal uptake
• **North Tyneside PCT**	- young people's kerb-side alcohol consumption
• **Stoke-on Trent Primary Care Trust**	- smoking during pregnancy
• **Stockport PCT**	- smoking cessation support
• **Tameside & Glossop PCT**	- breast cancer screening

8. NSMC and Support to Demonstration Sites

8.1 The oversight and support given to local site by the NSMC project team has been pivotal in ensuring local success and the team has acted as a critical friend to the local teams and their Associates. In one case the NSMC has taken over the management of a social marketing project.

8.2 Since the inception of the programme, the NSMC has grown its capacity to respond to the needs of the local projects, which have been particularly intense during the start up and scoping phase. This has included the employment of Associates to provide support and training as well as assistance for some projects to secure additional resources to support their local initiatives.

8.3 Overall, the sites reported positive working relationships with the NSMC team with some highlighting the role of key personnel who have been particularly helpful and supportive at the operational level.

8.4 The NSMC team was seen to respond effectively to local needs by providing training, theoretical guidelines on social marketing, conferences and networking opportunities. In addition, some of the documents and guidance produced by the NSMC were commented upon favourably. One site highlighted the value of a specific document, *A Simple Checklist for Commissioning Social Marketing Interventions*.

8.5 Some sites considered that they received most of the support they needed through their Associate. Some sites considered the NSMC could be more effective through facilitating more local networking and training opportunities. It was suggested that bringing together sites for shared learning events at both regional level and those at a similar stage of development would facilitate mutual support through sharing experience.

8.6 The experience of the sites has indicated that there is also a need for the NSMC to provide practical guidance on 'how to do social marketing at the operational level' in language that is accessible to those who may not have a public health or health promotion/ improvement background. Some of the sites felt that the approach guidelines were theoretical and there was a real fear by some sites that *"we may fail"* due to a lack of knowledge and expertise in using the benchmark criteria. Practical guidance in user friendly language on how to operationalise the benchmark criteria was felt to be an area worthy of further development by the NSMC.

8.7 Some projects suggested that there was a tendency for the NSMC to be somewhat 'London-centric'. A view perhaps reinforced by maps in its published documents that place some sites in different locations from where they are actually situated (e.g. Stockport is positioned south of Liverpool on the map rather than south of Manchester).

8.8 There was also a feeling conveyed by some interviewees that the in its eagerness to establish the programme, the NSMC appeared to have rushed its approach to recruit the sites. A formalised system of recruitment into the programme was considered by some interviewees to be appropriate, where the NSMC could have outlined the operational process in more detail. It would also have been helpful to ensure that each recruited site had significant engagement and necessary investment by their senior management team, to optimise success.

9. Role of the Associate

9.1 The NSMC developed an 'Associate' model where an individual with specific expertise and experience of undertaking social marketing approaches at an operational level would be allocated to each site. The majority of sites have evaluated this model of support as highly effective and have valued the expertise and contribution of their Associate.

9.2 At the start of the programme, the NSMC provided funding for ten days of external social marketing consultancy for each site through the appointment of an Associate. Most sites stated that the time and resources that the projects required was far greater than they had anticipated and they felt they lacked the capacity to undertake the work involved appropriately. Consequently, the majority of sites have emphasised the need for intense consultancy support in the early stages. It was evident that the original allocation was not enough to help develop the programme locally.

9.3 Some Associates hold a position within the NSMC and include their site-specific support duties as part of wider responsibilities. Consequently, they have more constraints on the time they can allocate to individual sites. However, they benefit from the mutual support that comes with being based with the core NSMC team. Other Associates were recruited by the NSMC on freelance contracts. For some sites, this provides greater flexibility and an improved responsiveness to the needs of local sites. Some Associates have to travel significant distances (e.g. the Associate supporting the Stockport sites travels from Bristol), while others are more local and bring knowledge of regional issues. There is a tendency for many projects to see their Associate as an independent resource that is generally disassociated from the NSMC.

9.4 For most projects the allocation of Associate support was rapidly increased - in one case from ten to thirty two days. In the early stages, many of the Associates played a significant role in supporting the scoping phase. Where there was limited input from an experienced Associate at the start of the scoping exercise, it appeared that some sites experienced project drift. Many Associates moved from a 'facilitative/advisory role' to a more 'hands-on' project management role. In some projects, the Associate has assumed a less intense role as the project lead has gained confidence and expertise in social marketing, particularly if the lead has been able to commit more time to their project.

9.5 For the majority of sites, the Associate is seen to be the cornerstone for making the project work locally. This is further enhanced if the Associate has previous experience of working on social marketing approaches at an operational level. Where the Associate has the dedicated time, skills and experience in social marketing, the sites appear to progress project development more effectively. Those sites that are supported by Associates without the necessary time, skills and experience appear to experience project drift at a much higher level.

9.6 One site emphasised the need for the local project lead to maintain overall control of the management of the programme. Allowing an external Associate to carry the project locally placed the sustainability of the work at risk when the external consultant eventually left with the learning. Consequently, such sites will lose that learning and will not have embedded social marketing capacity in the organisation.

10. Resources and Sustainability

10.1 The majority of sites are hosted within the Public Health Directorate of a PCT. However, there was a marked difference in the amount of time the PCT demonstration site leads could allocate to manage the development of the social marketing project. There was also a variation in the degree of enthusiasm expressed of the merits of the approach which in part may reflect the judgement of the value of investment of time and resources.

10.2 The majority of leads reported that involvement in the programme was very time consuming and that juggling the project development within an already over stretched portfolio of work. Many relied on the local Associate to provide additional project management support. This was often cited as a source of frustration and discouragement by the project leads who felt their lack of capacity initially slowed down project progress. Where the local project leads had dedicated time to develop the project, it appears that the projects progressed more efficiently and avoided project drift.

10.3 For some project leads they were able to devote increased time to the initiatives as the projects progressed. This seemed to be associated with their growing understanding and commitment to the social marketing process and the developing relationship with their Associate. Where the Associate was able to invest time and energy in the project and build a close working relationship with the project lead, local 'ownership' grew. Regular communication and participation in shared activities such as consultations with local communities and training helped to cement the collaboration

10.4 In some projects the commitment of the project lead to the social marketing initiative strengthened and their workload increased without any reduction in other responsibilities, which were sometimes significant. This meant that the local lead felt guilty or frustrated at not being able to drive forward the project in the way that they considered necessary.

10.5 Where sites had a project lead with previous experience of rolling out public health interventions, who had dedicated time and was "senior enough" to engage and elicit the necessary support from senior managers, the project was more likely to progress in a timely manner and avoid project drift.

10.6 The experience of sites varied in their relationship with the PCT senior management team, and the Director of Public Health (DPH). Some reported a significant lack of engagement, while others indicated that their DPH was instrumental in promoting social marketing throughout the organisation. At a few sites, the DPH was a joint appointment between the PCT and local authority, which clearly enhanced collaborative working.

10.7 Where senior managers were involved and supported the programme locally, the project leads reported greater access to financial resources, a structure for unlocking potential barriers in partnership working or other challenges locally, and a feeling that the PCT integrated the social marketing approach as part of their core business and not as an optional add-on.

10.8 Due to a lack of local resource for project implementation, several site leads and their Associates were involved in local fundraising activities, which often detracted from the business of programme development. Some leads felt that projects were being run on a 'shoestring' and were reliant on short term and non-recurring pump-priming monies from the NSMC. Sites also referred to the 'opportunity costs' associated with investing in social marketing initiatives in a specific area, which meant that other areas did not receive attention.

10.9 As well as addressing local funding issues to ensure sustainability, sites mentioned the need for the NSMC to negotiate appropriate exit strategies to ensure projects were left with adequate support. It was suggested by one site that if the NSMC was to disinvest its support of local projects, or if additional funding sites had secured was withdrawn, many projects would be unsustainable in the long term.

10.10 While some sites struggled with finding resources to implement their projects, several sites were already looking ahead to see how they might embed their programmes into the mainstream activity of their PCT and through joint initiatives with their local authority. One project saw the potential of social marketing as the primary vehicle to deliver 'World Class Commissioning'.

11. Commissioning and Working with Third-Sector and Commercial Agencies

11.1 Several PCTs commented on the significance of current restructuring within PCTs that has moved their role from a provider of services to strengthening their commissioning role. This has implications for the delivery of social marketing projects and building expertise and experience within the organisation.

11.2 There appears to be the development of a 'spectrum' of relationships and activity between PCTs and agencies commissioned to undertake social marketing projects. Some PCTs retain project management 'in-house' and only commission agencies to undertake a specific task (e.g. creative design of publicity) while others saw the potential to commission an agency to take on the whole project from scoping through to intervention. Enthusiasm for retaining project management within the PCT varied between the sites. This may reflect their understanding of the concept and methodology associated with social marketing.

11.3 For several PCTs, the NSMC sponsored initiative is not the only social marketing project in which they are involved, so the organisation as a whole and senior management more readily embraced the project. Nonetheless, even in such cases, it was suggested that not all involved in the PCT were committed to the approach. Developing an organisational culture predisposed to social marketing would take time and would be dependent upon evidence that it made a difference.

11.4 One project that favoured the use of external agencies emphasised that the long-term involvement of commercial organisations was not sustainable and that their appointment should be coupled with a strategy of building local capacity to ensure that experience and skills were embedded within the PCT. It is interesting to note that a least two PCTs consider that they have a responsibility to offer training on social marketing to other organisations. One PCT has appointed a social marketing lead to co-ordinate work across the organisation.

12. Working in Partnership

12.1 Working in partnership with a wide variety of stakeholders is intrinsic to the social marketing approach. The majority of sites were in the early stages of stakeholder engagement. Delays in progressing projects were attributed to the difficulty in engaging the relevant stakeholders, particularly those who were seen to be important in the delivery arm of the project, e.g. health professionals and local authority colleagues.

12.2 In one project, representatives of the stakeholder agencies tended to change and there was often a lack of adequate handover with consequent disruption. This necessitated investment in effective communication and constant attention to 'winning of hearts and minds'. Some sites brought together stakeholders who were local competitors in delivering a service. This required the project lead to exercise skill to avoid conflict and use the situation to encourage 'healthy rivalry', the exchange of ideas and the development of creative interventions. The design of a structured programme to test the impact of different interventions at different locations has offered the potential for each stakeholder to channel their competitive energy to optimise the success of an intervention to meet the overall goals of the project.

12.3 There was a tendency of many sites to engage in an approach to partnership working that focused predominantly on working with other public sector bodies and with health professionals. In some cases this was to the detriment of working with the third sector and other community and commercial networks, missing an opportunity to broaden their influence with other agencies and link the programme with the wider community.

12.4 Some sites still appeared to see the service as a 'health', or occasionally a 'health/local authority' service. The reluctance to engage with non-health partners risked a self-imposed limitation on creative opportunities in project design and delivery. This may reflect a prevailing attitude within the NHS system that inhibits innovation in stakeholder engagement. It may also have been due to a view that it was easier to start with a smaller, but defined focus and to broaden the settings in due course.

12.5 Some sites reported limited engagement and involvement of their consumers/target audiences in the strategic steering groups and occasionally in the scoping exercise. However, many recognised that this was a weakness and were taking steps to remedy the situation.

12.6 One site felt that they were limited by having to work through 'traditional partners' and often the people who came along to the meetings lacked the necessary seniority to make decisions relating to the project, which slowed down the process. They also reported that some partners were felt to be 'institutionalised' in that they were resistant to new methods of working and innovations. This was a source of frustration as the PCT policy suggested that engagement with these partners was important to the process, even though they were resistant or unwilling/unable to help with strategic delivery. The third sector may have been a more effective partner, but it was felt that the prevailing culture of the PCT prevented an exploration of this option.

12.7 Other projects had successfully established good relationships with local communities. For one project, the investment in a close partnership with the local community had softened local cynicism towards consultation and renewed confidence in working with the PCT. This commitment of the PCT to effect change in a neighbourhood and invest resources in a local project enhanced the pride of the local community. This was the product of tangible evidence that the PCT had listened to local people and were genuine partners in a local initiative.

13. Evaluation Strategy

13.1 The majority of sites recognised the need for an evaluation strategy, but many reported the lack of time, resource and skills to undertake this type of work, particularly those sites that may need to look at developing proxy indicators. One site emphasised their disappointment that the NSMC had not provided more support to the PCT in developing a robust evaluation system from the very beginning. The training that was provided was considered to be insufficient to meet local needs and delivered too late in the project's development.

13.2 There was a general lack of engagement with potential academic partners and most sites relied on their Associate for expertise to assist them in implementing the social marketing methodology and to provide advice on undertaking local research. One site lead acknowledged that they had limited research skills and she voiced concern about the robustness of the scoping report. She questioned its academic rigour, but felt that due to her lack of experience she could not challenge it effectively.

13.3 A few Associates highlighted that their core skills were not in the use of appropriate research methodologies. The NSMC may need to consider a system of quality control to ensure that local sites are engaging and using research methodologies appropriately and effectively. However, one site had linked into a local university social marketing professor and felt it had brought huge benefits to the project by providing access to a wider evidence base as well as 'insight' from the professor's previous work of delivering programmes at the operational level.

14. What Helps and Hinders the Implementation of a Social Marketing Project

14.1 The process evaluation has highlighted a wide variety of factors that interviewees consider have helped or hindered the introduction and application of social marketing during the initial development of the demonstration sites. These are listed later in this section. It is anticipated that by identifying those factors that have impacted on the process of local programme design that future projects will benefit from the sites experiential learning.

14.2 Inevitably some of the obstacles listed under factors that hinder implementation are simply the obverse of those listed as factors that have helped. Nevertheless, they reveal what the individual projects have identified themselves during the initial stages of the development of a social marketing project.

14.3 Some items that hinder are complemented by statements as to how these can be overcome derived from the experiences of the projects within the programme. This is indicative of the learning being generated within the projects as a result of their participation in the NSMC's social marketing programme.

What Helps

Appreciation of the Value of Social Marketing

- Encourage local stakeholders to view social marketing as an approach that will help to deliver the core business of the organisation.
- Recognise and communicate to the local system that it is a legitimate way of working and worth the effort, not an 'add-on' or experiment.
- Build learning and capacity in using the social marketing approach locally to ensure that it becomes part of everyday working practice and is embedded in the culture of the organisation.

A Project Lead for whom the project is their primary responsibility

- Allocate sufficient time for the role of project lead to take on overall responsibility for programme delivery within an explicit accountability structure. Don't short change the process by asking someone to do this with limited time.
- Ensure that the project lead has sound project management skills and experience of implementing public health programmes at the local level.
- Identify someone who has seniority within the local health system with sufficient authority to work politically within the organisation to unblock barriers as and when they arise.
- Encourage a close working partnership with the external Associate/Consultant who will bring expert knowledge and experience in social marketing to the project.
- Retain the experience of social marketing gained by the project lead and others locally. Ensure the learning is not experienced solely by the project lead, widen out the learning to other members of the organisation. This helps to build capacity and ensure sustainability of the approach.

Support from Senior Management

- Ensure that there is active support from the Director of Public Health and other senior managers within the organisation from the outset. Get this commitment before you start the project.
- Couple this with the commitment of resources.
- Secure the commitment of the senior management team to overcome obstacles that the project may experience and to assist in building upon the success of the local programme.
- Alert senior management to the fact that there may be resource or structural challenges that they will need to consider at an early stage.

- Make sure that there is an agreed system of monitoring and communication with and between senior management partners.
- Feedback progress on a regular basis to ensure ongoing commitment. Highlight successes no matter how small but also communicate the obstacles or frustrations as they may be able to help.

Expert Support from an Associate/Consultant

- Ensure there is access to external social marketing support if a local social marketing lead does not exist or if the organisation has limited experience in utilising the social marketing approach.
- Appoint someone who has expert knowledge of the theories of social marketing as well as previous experience of supporting local projects to operationalise the benchmark criteria.
- Negotiate flexibility in terms of the Associate's availability and the tasks to be undertaken.
- Front-load investment from the Associate at the beginning to build local knowledge and capacity in using the approach.
- Develop a close working partnership with the Associate, who should provide the team with an expert 'wrap-around' service.
- Consider how the local team will work with the Associate, if they do all the work, they leave with the learning and no capacity locally will be built.
- Retain ownership of the project and process - the site lead should always be in control and provide local leadership in partnership with the Associate.

Allocation of Sufficient Time and Resources

- Be resource ready - undertaking a social marketing project is not cost neutral, it should be seen as helping the organisation to meet their core business responsibilities.
- Plan ahead for any events that will require financial resources and communicate at the start to the senior management team about the potential costs. Additional costs may include dedicated project management time, external consultancy costs such as an Associate, an external communication strategist, costs of undertaking scoping research and developing an intervention such as service redesign.
- Communicate at the start to the senior management team that using the approach cannot be done without appropriate funding. Without financial commitment, there is a huge risk to the project.
- Ensure adequate funding to avoid the project team having to spend a considerable amount of time fundraising for additional resources that will probably be non-recurring, thus resulting in a cycle of continual fundraising activity for the project lead and Associate.

Establishing and Adhering to the Benchmark Criteria

- Ensure the project sticks rigidly to the benchmark criteria. A key role of the Associate is to develop local understanding of the social marketing approach and supporting its application at the operational level.
- Implement an 'action > reflection cycle' to build on what is learnt through activity to plan, research and reflect to inform future action.
- Learn from 'mistakes' and adopt a no blame culture and see every event as an opportunity for learning.
- Collate the evidence and then take the leap into development. There may be hesitation in taking the next steps but sites will have points where they will need to take that informed leap into the next stage. As necessary, the Associate should provide the necessary nudge and prompt to encourage the leads to take informed risks.
- Commit to the principles and methodology of the social marketing model with the expectation it will deliver.

Establishing a Project Steering Group

- Create a small strategic steering group that will be accountable for project delivery. This group will help to build a sense of local ownership and a shared commitment and enthusiasm to deliver.
- Appoint a designated lead who will act in a leadership role to ensure an agreed action plan with SMART objectives.

Identifying Key Stakeholders

- Undertake a formal stakeholder analysis at the beginning of the project and identity key players which should include strategic and operational personnel.
- Show the partners how being involved will help them with their portfolio and goals (i.e. 'ticking their boxes').
- Involve the right stakeholders from the beginning to avoid resistance in the future and enhance the potential for success.
- Be creative and think laterally about who to include, do not be bound by traditional stakeholder partners or limit your choice to public sector organisations and health/social care professionals. Consider the third sector, arts and recreation, the media and other partners who have a stake in the issue.
- Decide how and when stakeholders will engage in the process. Always ask if the 'right' people are around the table and if not, resolve the 'gaps' before proceeding.
- Invest time in building partnerships with stakeholders, it is a crucial part of the process and will save time, sweat and tears in the future.

- Make sure your sales force (i.e. those who will promote your intervention) and your delivery people are there from the beginning. They need to be engaged from the start and it is no good waving research findings at them at a later stage, this will only foster resistance.
- Organise regular opportunities for stakeholders to meet and share ideas.
- Ensure that there is a key action plan at the end of each meeting and make sure that points are actioned between meetings to reduce the risk of project drift. There should be an overarching strategy describing the work that you will undertake and what you hope to achieve.
- Communicate information and developments regularly to stakeholders to avoid partner disengagement. Stakeholders may lose their interest and motivation if there is no evidence of progress or tangible outcomes.

Involving the local community

- Invest time in building local community relationships to win trust. It takes time and effort, but if utilised correctly, community networks can help in delivery.
- Utilise the process of social marketing to give legitimacy to the process of consultation within the commissioning cycle and support those with who are already committed to active community engagement.
- Tap into community networks where they exist and make sure they are included from the start. As with other stakeholders, deliver tangible outcomes or risk losing interest and disengagement.

An Effective Communication Strategy

- Establish a communication strategy that runs in parallel to the wider work of the project. This may require commissioning an external communication consultant to provide expert guidance.
- Create a formal system and communicate regularly including the successes, no matter how small. Also communicate the challenges as partners may be able to unlock them. Communication keeps partner commitment to the project ongoing.

A Rigorous Scoping Exercise

- Appoint someone to carry out the scoping study that has an understanding of social marketing methodology and a history of undertaken robust research.
- Ensure that the scoping exercise is robust and well informed, do not cut corners. It can take time and is labour intensive
- Critically review the findings. Acknowledge that although the findings may feel intuitive and may not yield surprises, it is creating the baseline of evidence and credibility that will help to sustain the project. It should inform subsequent practice and project design.

- Resist being defensive and trust what the target audience is saying if the findings challenge your assumptions or professional assessment. The scoping exercise may yield surprises, particularly around existing services or interventions. Respond accordingly.
- Commit to a continuous process. Scoping should be seen as a tool that will be referred to and utilised at various points in the project. If the results are ambiguous, resist guessing and go back to the target group for clarification.
- Carry out a literature review on the topic - it may yield opportunities for academic partnerships or insight into existing interventions.

Planning Evaluation from the Outset

- Begin with the end in mind. Where possible, gather the baseline data and decide how the impact will be measured. There may be a need to use proxy measures.
- Identify potential allies in academic institutions who may be interested in entering into an evaluation partnership with the project.
- Seek expert advice - this may require additional resource.
- Create a clear and rigorous system for the collection of data and monitor collection to ensure validity
- Ensure that those individuals who will be collecting data have the appropriate training, which should increase the quality of data collected.

Celebrating Success

- Celebrate all wins, even the small ones with all those involved. The approach is unlikely to change the world or the issue but it can make a difference.

What Hinders

Lack of Time

- Avoid allocating the task of project management to someone who is already overloaded with commitments, otherwise both the individual and project risk being set up to fail.
- Resist short changing the methodology by setting unrealistic timescales. Contact may be made with other projects to design appropriate project plans.
- Don't underestimate the time it takes. Scoping can take up to twelve months to complete. Don't rush!

Limited knowledge and Experience of Social Marketing

- Avoid the assumption that social marketing is essentially the same as traditional public health interventions but under a different name. The approach demands the application of a rigorous methodology that is similar to other approaches but its underpinning emphasis on marketing approaches makes it different and innovative.
- Absence of expert support can undermine confidence and effectiveness and leave a project lead isolated. Access to an Associate should make it easier to acquire the necessary knowledge and skills to manage a project.
- Fear of failure can lead to inaction and a resistance to take risks, which are part and parcel of embracing the journey of learning a new approach. Challenge the project to take risks and to not get bogged down, particularly during the scoping stage.
- Don't anticipate that using a social marketing approach will be easy. It will be challenging but it has been described as liberating and invigorating by those who have used it successfully.

Absence of Support from Senior Management

- Lack of active senior management support and engagement from the start risks the project becoming marginalised, barriers will take longer to overcome and the potential for the project's sustainability will be diminished.
- Underestimating the importance of getting senior managers involved from the start.

Ignoring the Target Audience

- Ignoring the local community or their concerns will undermine the chances of success as they may reject an intervention as not relevant to their needs or concerns.
- Underestimating a community's cynicism towards invitations to be involved in projects initiated by PCTs and local authorities risks exacerbating their experience of 'tick-box' consultation.

Inexperienced Researchers

- Avoid using inexperienced researchers with a limited background in health improvement, health promotion, community engagement or public health. Understanding the theory and methodology can at first seem difficult for a novice.
- A poor quality scoping report will have missing gaps of information and is of questionable value and application. The scoping report is the baseline of data that will act as the foundation for the local programme development it needs to be robust.

Being Defensive or Resistant to Change

- A defensive attitude risks alienating your target audience. If you ignore what they say or consider that 'they've got it wrong' and do not act on their advice there is no incentive for them to share their views.
- Resisting change because scoping reports challenges practice and service delivery risks ignoring information that indicates that existing services are not targeting and meeting needs effectively.
- Believe that your consumers have the answers and act on them.

Loss of Experience and Expertise

- Allowing individuals to leave with the learning they have acquired misses an opportunity to build local capacity.
- The lack of a long-term strategy to embed the learning acquired from working with external agencies risks diminishing the PCTs potential to manage effective social marketing projects in the future when the external consultants/experts leave.

Taking Stakeholders for Granted • Without constant support and the delivery of strategic actions the stakeholders or members of a 'solutions group' will potentially lose interest and disengage. • The absence of an effective project management plan that provides tangible results risks undermining confidence in the project.
Project Drift • Insufficient attention to the development of a project plan or management of an initiative risks a project drifting for a wide range of reasons, which will undermine its effectiveness. If issues are not identified quickly and dealt with effectively the project may fold with consequent loss in confidence in future initiatives.

15. Study Limitations

15.1 This evaluation project report seeks to faithfully represent a synthesis of the views and issues that have emerged during the series of interviews conducted for this study, however there are inevitable limitations associated with this exercise.

15.2 The design of the study was essentially determined by the NSMC who commissioned the study, so a degree of objectivity may be compromised in that the evaluators did not choose who was to be interviewed. Nonetheless, the project lead and Associate would have undoubtedly been included in the evaluation of each site. It is in the selection of other stakeholders where there may have been more variation. The constraint of only interviewing one additional stakeholder at each site inevitably biases the perspective on the project and for that stakeholder to be chosen by the site in consultation with the commissioning client also risks bias in the evaluation. Only one site included a interviewee from the local community that represented the 'target audience' for a project.

15.3 Although the evaluation of the sites took place at an early stage of their development some projects had already experienced changes in the staff. In at least two projects key figures that had been instrumental in securing their site's inclusion in the programme had left the PCT or were on long-term sick leave. Consequently, the evaluation may have missed insights from individuals who could have shared their perspective on the 'how and why' a project was initiated.

15.4 Understandably the NSMC were eager to explore a number of issues through the evaluation. This generated a rather ambitious topic guide for the expected duration of the interviews. Originally interviews were planned to last 30 to 45 minutes, but virtually all ran for an hour with the consent of the interviewee. While this covered most of the planned topics, it was not always possible to explore each topic in depth.

15.5 Although the involvement of two evaluators offers advantages to such a project, by sharing the work and providing complementary perspectives, inevitable differences introduces a degree of variation in the application of the topic guide which could compromise reliability. It is possible that each interviewee has introduced a degree of bias in the priority they have given to following certain lines of inquiry as they have applied the shared topic guide.

15.6 The two evaluators have maintained close communication and cooperation throughout the process and shared the information they have obtained through the interviews. However, they have not shared a common experience across the sites. Consequently, some issues may have appeared more prominent within the selection of sites each interviewer has evaluated. Nonetheless, every effort has been made to ensure that findings have been appropriately synthesised without compromising key issues emerging from individual sites.

15.7 This evaluation represents a 'snap shot' in time at a particular point in the development of the NSMC's programme. However, each project has been at a different stage in its own development so the issue that have emerged reflect concerns that are relevant at a particular point that may not match that of another project. As a result, the issues identified in this report cover a relatively broad phase of development from those which have just completed their scoping activity and are contemplating possible interventions to one site that has completed its project.

15.8 The interviews took place during the autumn of 2008. However, by the time this evaluation is shared with the NSMC and its stakeholders the programme and the individual sites will have reached a new stage in their development. Consequently, the value of this report may lie in its record of the issues with which the sites have wrestled in the early stages of their implementation of a social marketing project and a basis for comparison with the findings of the Phase 2 evaluation when the projects are nearing completion.

16. Conclusion

16.1 Each site has approached the concept and discipline of social marketing with initial enthusiasm, valuing the insights they have gained through their participation in the NSMC programme. The degree to which social marketing is considered to be radically different from traditional methods in public health and health promotion has varied across the sites, but for those who have recognised its potential and applied its methodology with rigour it has been a positive experience.

16.2 The majority have been daunted by the time involved. Project leads in particular consider that the investment required has compromised their other responsibilities where their organisation has not reduced their duties to accommodate the additional work. This experience, coupled with the other demands associated with implementing a social marketing project, has highlighted the importance of allocating sufficient resources to undertake the systematic approach associated with the 'the total process planning model'.

16.3 Ensuring senior management 'buy-in' from the outset, particularly from the Director of Public Health is considered to be of key importance, not only in getting a project off the ground, but in overcoming institutional obstacles and sustaining its work in the long-term.

16.4 For many projects social marketing has radically changed the perception and practice of community engagement, shifting consultation from a 'tick-box', tokenistic activity to a process of active listening that has a genuine impact on the conception, design and implementation of interventions to influence behaviour change. Social marketing appears to have enhanced the relevance of 'the commissioning cycle'.

16.5 The majority of sites have valued the role of the Associate assigned by the NSMC. Their expertise and time have been instrumental in the development of the projects to ensure that the 'the total process planning model' has been implemented with rigour and that project leads have been supported throughout the process. However, the level of support they have provided had to be significantly increased during the early stages of the programme to respond to local needs and has led to the view that such projects require substantial 'front-loading' with such external expertise from the outset.

16.6 Many sites have been dependent upon external funding to undertake their projects which have required additional work. In a few cases the NSMC has been able to support sites in their efforts to secure additional resources dependent upon the issues they are seeking to address.

16.7 The evaluation also reveals the tension between the degree to which a social marketing approach should be managed 'in-house' or led by an external agency commissioned to deliver a project from inception through to intervention. A key concern is how to embed an understanding and the experience of social marketing in the culture and practice of a PCT for the long-term.

16.8 Evidence from the interviews reveals uncertainty about the expectations of the programme as to whether the emphasis is to provide an opportunity to learn about the experience of implementing a social marketing project or to generate models of best practice with measurable health outcomes? Some of the confusion and the tensions arising in the implementation of many projects may derive from a lack of clarity at the outset of the programme and the way in which the sites were selected. A more explicit statement of purpose coupled with a systematic approach to site selection may have led to a different selection of sites if the primary aim is to generate examples of 'best practice' to demonstrate the impact of social marketing on behaviour change.

16.9 A new programme will inevitably learn from its experience and it is hoped that this report will contribute to this process. It is clear that the NSMC and all the individual sites have invested a significant amount of time, energy and resources to create innovative projects to address pressing health issues in each of their locations. It will be fascinating to discover the impact of the interventions that have emerged when the Phase 2 evaluation is carried out.

17. Appendices

Appendix A

National Social Marketing Centre – Learning Demonstration Site Evaluation

Process Evaluation of Demonstration Sites – Phase 1 (Autumn 2008)

'Topic Guide'

REGIONAL LEADS

Aim:

- To capture learning surrounding the implementation of the social marketing projects

Objectives:

- To capture understanding and experiences of the 'how' and 'why' a project operates as it does
- To identify general indicators of intended outcomes for each site

Interviewees:

Three interviews at each site:

- The PCT lead/project manager
- NSM Centre associate
- Local stakeholder – to be agreed with assigned member of NSM Centre

All to be interviewed individually on a single day

Format: semi-structured interviews of 30-45 minutes

Interview: Generic Outline of Themes for Phase 1

Introduction

- Brief explanation of interviewer's background and role
- Invitation to interviewee to summarise their role in relation to the local Social Marketing Project
- Agreement on duration of interview/finish time
- Statement of purpose of the interview
- Brief summary of ethical issues re confidentiality etc

1. Attraction, Need and Motivation

1.1 Why did 'your organisation' wish to get involved in the Learning Demonstration Site (LDS) Initiative?

- What did you hope to get out of the relationship?
- What were your expectations of becoming a LDS?
- How did you expect the process to work?
- How has it compared to what you thought? PROBE: into whether this difference is positive/negative and why

If this project had not been a LDS, how would it have worked?

- What things would you have done differently?

2. Making a Difference

2.1 What do you hope will be achieved through the project's participation in the LDS programme?

Probe into what was expected from participation in the scheme in general

Possible supplementary questions:

- Clarification of aim(s) and objectives – drawing upon documentation received before the interview
- What local needs/issue(s) are you seeking to address through this project?
- What evidence will you be looking for to see if your project has made a difference?
- When do you hope/expect to see evidence of the impact of your project?
- Who is your target audience?
- What proportion do you expect to reach?
- What change do you expect to have?

Ask those who are in the intervention stage:

- To what extent has the program delivered as intended?
- Have there been any unintended outcomes?

3. Context

3.1 What have been the most important local factors that have influenced the way you have designed your project?
Also probe the important 'general' factors – rather than just local ones.

3.2 What makes these factors so important in determining the project's design and plans for implementation?

Areas to explore depending upon response:

- Elaborate on 'external' factors' – political, economic, social, cultural
- Elaborate on 'internal factors'- structures and relationships within the project organisation

4. The Influence of Social Marketing

If you were to explain social marketing to a colleague who had never heard of it, what would you say? How would you describe it?

4.1 What difference have the following concepts of the 'social marketing' approach made to the way you have sought to address the chosen topic of this project?

4.2 What social marketing concepts have you found useful or not useful?

- consumer orientation
- insight
- audience segmentation
- behaviour
- intervention mix
- exchange
- competition
- total process planning model

Were there any that you needed more guidance with?
Probe: Why and in what form?

5. Support from NSMC

5.1 What support have you received from the National Social Marketing Centre?

Possible supplementary questions:

- What was the most valuable support you received?
- Do you consider that they understood your needs?
- This is a new initiative, what advice would you give to the NSMC as to how they might have approached the programme differently?

6. Working in Partnership

Explain that 'partnership' can mean working with partners

6.1 Social marketing encourages a closer 'consumer-orientation' approach –
Who have you chosen to work with in the development of your project and what factors have influenced your choice of partners?

6.2 How does your project fit in with your local PCT's strategic objectives?

7. Making it Work – Resources & Support

7.1 Has the adoption of a social marketing approach generated additional costs in implementing your project that you might not otherwise have incurred?

If so what aspects of your project have required additional resourcing?

7.2 What specific obstacles or barriers have you faced in the implementation of your project?

7.3 What factors have enabled the success of the development of your project so far?

7.4 What is the most surprising outcome of the project so far?

8. Project Team

8.1 How do you feel you project team have worked together?

- Who is in charge
- Any issues?

Concluding the Interview

- What, if anything, have you learnt so far in the process?
- Do you have any questions of me or issues you wish to raise about the evaluation?
- Offer to send transcript for validation/comment

Appendix B

National Social Marketing Centre – Learning Demonstration Site Evaluation

Process Evaluation of Demonstration Sites – Strategic Stakeholders

Phase 1 (Autumn 2008) 'Topic Guide' (Draft)

Aim
To capture the learning surrounding the implementation of the social marketing projects and to identify the successes of the programme from a strategic point of view.

Objectives
- To capture understanding of the 'how' and 'why' a project operates as it does, particularly the relationship between the projects and strategic stakeholders.
- To assess if the national strategic expectations of the programme have been met by the demonstration sites.
- To examine the application of social marketing approaches by the demonstration sites.
- To explore the issues around the sustainability of the projects and the National Social Marketing Centre.
- To explore how the learning can be applied and disseminated to other sectors.

Interviewees

Four interviews will take place in each phase:
- Two representatives from the NSM Centre
- Two representatives from the Department of Health and/or another strategic representative identified by the NSMC

Format – semi-structured interviews of 45 minutes.

Interview: Generic Outline of Themes for Phase 1

Introduction
- Brief explanation of the interviewer's background and role
- Invitation to interviewee to summarise their role in relation to the Social Marketing Project
- Agreement on duration interview/time finish
- Statement of purpose of interview
- Brief Summary of ethical issues re confidentiality etc

1. Strategic Programme Design

1.1 Please describe your role in the design and implementation of the national demonstration site programme?

Possible Supplementary Questions:

- What factors influenced your decision when choosing the demonstration sites?
- What worked well during the strategic design of the programme?
- What was challenging?
- Do you consider that the management structures have been effective? If so, how?
- Overall, are you satisfied with the design of the national programme and the recruitment of demonstration sites?
- What did you anticipate the main outcomes of the LDS would be?
- What were your expectations of the LDS? What did you want to get out of them?
- How has the reality matched your original expectations PROBE: Why?
- How does this project work in comparison to other similar PROBE: Why/why this?

2 Local Programme Evolution

2.1 Please explain your role in the support of sites through the initial phase of the programme?

Possible Supplementary Questions

- What aspects of the technical assistance offered by NSMC do you view as particularly useful?
- Describe what monitoring and evaluation systems have been useful during the set up of the sites?
- What were the challenges faced by the sites? 'Disablers'.
- What were the components that led to success locally in this phase? 'Enablers'
- Overall, are you satisfied with the scoping and developing and general set-up phase?
- How could the initial phase of programme development been improved? How would you have done it differently?

3 Local Programme Implementation

3.1. How have you monitored implementation in the LDS?

Possible Supplementary Questions

- Was the technical assistance offered by the NSMC used as expected by the demonstrations sites?
- Have there been any tensions between the local sites and the NSMC? (*Probe: if one or more sites)*
- Describe the structure for performance assessment?
- From your point of view, have the services been offered in an effective way? *(Probe: in the right location and at the right intensity, correct times)*
- How would you judge the (1) quality and (2) impact of the programmes to date?
- What are the most surprising outcomes of the programme so far?

- Communication channels:
    - Are you happy with the amount of information you have about the LDS? Is this enough? How could it be improved?
    - How do you get this information?
    - The demo sites cover a number of health topics, how involved & informed do you think relevant DH teams are about the LDS?
    - What benefits do you think the DH topics teams would get from knowing about the LDS/ being involved with the LDS?
    - Who in the Department of Health has been made aware of the demo sites?

- Overall, have you been satisfied with the implementation of the programmes across the sites?

4 Applications of Social Marketing Principles

4.1 What difference have the distinct features/concepts of the 'social marketing' approach made to the local demonstration site projects? PROBE: Benchmark Criteria, Total Process Planning Model?

Possible Supplementary Questions:

- What elements do you think have been most effective?
- What do you think people have found difficult to understand? Why?
- What features are particularly challenging for the sites to put into practice?
- Are you satisfied with how the sites have engaged with their local consumers/communities?
- How have the sites addressed diversity issues within their programmes?
- Overall, how satisfied are you that a social marketing approach is being used? How could this be improved?

5 Strategic Programme Review/Context Analysis

5.1 What particular factors or events internally at the strategic level have affected the national programme?

5.2 What particular factors or events externally at the strategic level have affected the national programme?

Prompts:

1. Political – government structure/organization/policies, stakeholder needs/demands, commitment to social marketing.
2. Economic – central funding, 'pilot' status, lack of resource for sites.
3. Social – issues with organizational culture, morale, staff engagement, management engagement. Demonstration site expectations of the NSMC.

Possible Supplementary Questions:

- What are the strengths of the NSMC as an organization?
- What other organisations should have been involved?
- What factors at a strategic level could be improved to promote this approach to improving health?

6. Sustainability

6.1 What are the next steps for the development of local sites and the NSMC?

Possible Supplementary Questions

- How would the programmes be sustained if the NSMC/DH withdrew support?
- Have the necessary resources been allocated and 'ring-fenced' locally to continue programme activities?
- Do you have any concerns about the sustainability of the current programme nationally and locally?

7. Replicability

What strategies does the national programme have to promote national capacity building i.e. the expansion of the programme further?

Possible Supplementary Questions:

- How can the best models 'travel' better?
- Are local programme strategies still valid or should they be reformulated?

Concluding the interview

- What do you feel have been the most important issues that we've spoken about?
- Is there anything else that you'd like to discuss?
- Do you have any questions for me or issues you wish to raise about the evaluation?

Offer to send transcript for validation/comment.

Learning together

Evaluation and outcomes

Social marketing learning demonstration sites



nsmc
leading behaviour change

About The NSMC

Established by the British Government and the National Consumer Council in 2006, we are a centre of excellence for social marketing and behaviour change.

Our mission: to maximise the effectiveness of behaviour change programmes.

We do this for a growing list of public sector organisations through a broad range of strategic analysis, advice, support and training across all levels of the social marketing process. World leaders in our field, we draw on expertise from the UK, USA, Europe, Asia and the Pacific and adapt it to meet the needs of UK and international audiences.

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24 NHS Lewisham

26 NHS Norfolk and NHS Great Yarmouth and Waveney

28 Gateshead, Sunderland and South Tyneside Council

30 NHS Stoke-on-Trent

Foreword



In 2007 the National Social Marketing Centre (The NSMC) set up the Learning Demonstration Sites scheme with funding from the Department of Health. At that time social marketing was relatively undeveloped in England. Three years on the profile of social marketing has increased dramatically, with many government and public sector organisations adopting its principles to ensure that the consumer is at the heart of policy-making and service delivery. This change has been driven largely by local champions such as those involved in The NSMC's learning demonstration sites.

The scheme concluded in March 2010. However, I am extremely pleased that the project teams have continued to use the skills and experience they gained to inform current and future work. Building local capacity and sharing knowledge were key principles of the scheme. We hoped to leave a legacy of learning and expertise that would enhance customer-focused behavioural interventions.

This report presents the journey of each of the projects, including final outcomes and lessons learned from across the sites. For those involved in the scheme, it is a record of your achievements and a gesture of our appreciation for your hard work.

Social marketing continues to be a practical and valuable approach to delivering behaviour change. Its focus on empowering individuals as well as influencing and measuring behaviours is in line with the Government's people-centric, evidence-based approach to public health.

I would like to thank those of you involved in the scheme for your efforts and for the courage and determination you showed in pioneering a new way of thinking and working. I hope you and others will use the experiences and lessons learned from this scheme to continue promoting a people-centred approach to social change.



John Bromley,
Director,
The NSMC

Special thank you note

A big thank you to local project leads and Associates for all your hard work and tenacity on the Learning Demonstration Sites scheme. It has been a great privilege working with you to integrate social marketing into your health improvement programmes.

We are very pleased that all ten sites that started the scheme back in 2007 remained with us throughout our three-year journey. All the projects followed the social marketing process but each one was unique in its task and situation.

Each team faced various challenges and obstacles. Some of these were overcome, some were not – this is the reality of putting theory into practice. However, your stories and experiences provide invaluable learning that can be shared to enhance future work.

The scheme would not have been a success without your involvement, so congratulations and thank you.





Rowena Merritt
Research Manager,
The NSMC

Denise Ong
Senior Researcher,
The NSMC

Introduction

The National Social Marketing Centre (The NSMC) is delighted to present this third and final report on the three-year Learning Demonstration Sites scheme, following its successful completion in March 2010.

The NSMC was established in December 2006 as a strategic partnership between the Department of Health (DH) England and Consumer Focus. We work with organisations across government and sectors to enhance behavioural interventions for a social good.

Use of social marketing continues to grow in England. In 2007, ten learning demonstration sites were set up with funding from DH. The aim was to help local areas apply and integrate social marketing into their programmes and strategies, while helping to develop a robust evidence base for social marketing. The learning demonstration sites are also a key component of DH's 'Ambitions for Health' strategic framework to build capacity and skills in applying social marketing principles to health interventions.

The learning demonstration sites were based in Primary Care Trusts (PCTs) and local authorities across the country and addressed a range of health issues.



NHS Tameside and Glossop and Tameside Metropolitan Borough Council
Breast awareness
Page 20

NHS Stockport
Smoking cessation
Page 18

NHS Stoke-on-Trent
Smoking cessation
Page 30

NHS Dudley
Fruit and vegetable intake
Page 12

North Tyneside PCT
Underage drinking
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Gateshead, Sunderland and South Tyneside Council
School meals uptake
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NHS Kirklees and Kirklees Council
Obesity
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NHS Norfolk and NHS Great Yarmouth and Waveney
Chlamydia screening
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NHS Brighton and Hove
Breastfeeding
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NHS Lewisham
Smoking cessation
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"It's been a real eye-opener and it's made me change the way I work and I think."

Aims of the Learning Demonstration Sites scheme

The aims of the scheme were to:

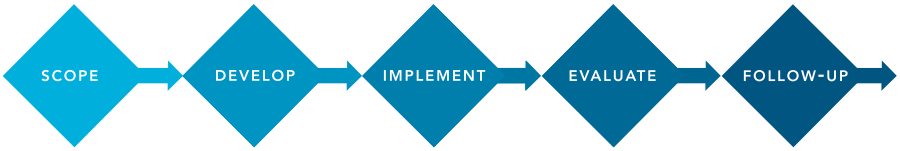
- Stimulate the use and integration of social marketing into local strategic and operational planning
- Build on and develop existing skills in using and applying social marketing concepts and approaches
- Capture learning and promote effective social marketing practice
- Inform and contribute to the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

Operating principles

Each of the learning demonstration sites considered all eight of The NSMC's social marketing benchmark criteria when developing their project:

1. **Customer orientation**
2. **Behaviour**
3. **Theory**
4. **Insight**
5. **Exchange**
6. **Competition**
7. **Segmentation**
8. **Methods mix**

Each site also followed The NSMC's planning process.



Further details of the benchmark criteria and an online planning guide can be found on The NSMC's website at **www.thensmc.com**.

"I would say, without a doubt,the best piece of work I've ever been involved in. I can't imagine not thinking about the process of social marketing when I'm planning, or even commissioning health improvement work in the future."

"It's felt like it's been an upward hill climb and sometimes quite a rugged hill … they've given us lots of useful tips and I look forward to the evaluation."

"This was a pure project and we went in with a blank canvas … We basically looked at all the past health promotion material, screwed it up in a ball and chucked it in the bin and said we're starting again, we don't know anything, we don't know what people's lives are like."

"The benefit of this work is that it has been going out to meet people, talk to them, to find out what ticks their boxes … they actually seem to value that you are asking, that they are being asked about what is going on. But the important thing is that we deliver and it isn't just sort of providing us with information."

"We're just starting with social marketing in our PCT and it's a gift that keeps giving."

Local ownership and resources

Each project used existing local resources and was self-managed, with all key decisions made by the local partners.

The role of The NSMC was to support the local teams in understanding and applying social marketing principles. This approach fostered a collaborative relationship between the local areas and The NSMC.

It also reinforced local leadership and built on existing expertise and skills. In this way, each initiative aimed to leave a 'learning footprint'.

Support from The NSMC

The NSMC provided support for the learning demonstration sites in a range of ways, including:

- Free consultancy days from a dedicated NSMC Associate
- Ready access to The NSMC team for additional support and advice as required
- Web access to NSMC resources and other project documents
- Training events on scoping, development and evaluation for local project leads
- Events for local project teams to discuss their work, share learning and network with other sites and key stakeholders
- Coordination and linking of work across the sites and with national policies, key stakeholders and sources of funding
- Independent evaluation advice and support













Evaluation

Two independent organisations were commissioned by The NSMC to conduct process and outcome evaluations for the scheme.

Process evaluation

In order to capture the projects' experiences and learning in effective implementation of social marketing, the Public Health Action and Support Team (PHAST) were commissioned to undertake an independent process evaluation.

Key strategic and operational stakeholders[1] involved in the design and implementation of the projects were interviewed at two points during the scheme: at the scoping stage (October to November 2008) and at the development/implementation stages (June to August 2009). The interviews focused on identifying factors that help and hinder local social marketing projects.

Findings from the process evaluation suggested the following key tips for enhancing success:

1. Securing dedicated local project management and senior support

Top Tip: Appoint a project manager with proven experience of delivering projects to time and budget who will dedicate sufficient time to the project. However, the success of a project should not rest on the shoulders of one individual. Staff changes and absences can cause the project to lose momentum, leading to huge delays.

2. Conducting a focused and rigorous scoping exercise

Top Tip: To increase efficiency during the scoping phase, first clarify with your 'sponsors', commissioners and key project staff what the priorities, timescales and resources are. This will help you concentrate your efforts on what is important and achievable. Make use of existing data where possible and check if these findings can be similarly applied to your area. In some cases, the reasons why people in one region think or behave a certain way are relatively similar to those found in another region.

3. Planning evaluation from the outset and drawing on external expertise

Top Tip: Partnering with an academic institute can be a cost-effective way of acquiring external research and evaluation expertise and capacity. They can help you design an evaluation strategy and draw on post-graduate students to collect and analyse data. Make sure you start planning your evaluation at the start of your project. This will help you define meaningful objectives and outcome measures and ensure that data collection methods are in place before you begin implementation.

4. Involving the local community and target audience

Top Tip: Tap into existing community networks of colleagues within your organisation or partner organisations, such as Community Development Teams. Try to avoid commissioning out the community engagement work so that local relationships can be developed with your organisation (rather than with a third party supplier). These relationships can then be leveraged for future initiatives.

5. Accessing expertise in social marketing

Top Tip: Be clear about where you need extra support and expertise. Marketing is a diverse discipline that requires a broad range of skills. Many professional marketers specialise in one particular area within marketing and it is unrealistic to expect to employ a 'marketer' who has expertise in all areas of marketing. As your project develops, seek the specialist skills as and when you require them. For example, market research and insight generation during the scoping stage, or creative development and media planning if you identify the need for a communications campaign.

6. Engaging key stakeholders and partners and developing an effective communications strategy

Top Tip: Be creative and think laterally about whom to include – consider the third sector, arts and recreation, media and other partners who have a stake in the issue. Don't forget your internal stakeholders. Make sure your sales force – who are the front-line staff who will promote your interventions – are engaged from the start. This ensures that you do not encounter resistance or delays when you reach the implementation stage.

7. Setting clear and achievable behavioural goals

Top Tip: Try to be as specific as you can in defining exactly who you want to adopt what behaviour and by when. Set short, medium and long-term objectives. Be realistic about what you can expect to achieve with limited budget and time – it is not feasible to change a social norm with £20,000 and six months!

These tips were also published in an article (entitled 'Sell your ideas in a buyers' market') in the July 2010 issue of the Health Service Journal, which is available online and in print.

[1] Key strategic stakeholders were DH and NSMC commissioners.
Key operational stakeholders included local project leads and NSMC Associates.

Outcome evaluation

The London School of Hygiene and Tropical Medicine (LSHTM) were commissioned to provide outcome evaluation support to the sites.

Since evaluation expertise within local project teams tends to be fairly limited, each site was offered up to five consultancy days from the LSHTM to help improve the quality of outcome evaluation and build evaluation skills. Three of the sites (Lewisham, North Tyneside and Tameside and Glossop) were offered more comprehensive support to complete full evaluations of their projects. Two sites (Stockport and Kirklees) were allocated funding from The NSMC to subsidise their own evaluation budget and commission local research companies to carry out the evaluation work.

Evaluation methods and outcomes for each site are detailed on the following pages.

DEDICATED LOCAL PROJECT MANAGEMENT AND SENIOR SUPPORT: *"You've got to put someone in charge of this who's done it before"*

FOCUSED AND RIGOROUS SCOPING EXERCISE: *"Don't take anything for granted, don't assume, ask the questions and find out and keep using your insight. And keep going back and going back. And I think really there's a lot of self reflection goes on."*

PLANNING EVALUATION FROM THE OUTSET AND DRAWING ON EXTERNAL EXPERTISE: *"She's very experienced at evaluation, both qualitative and quantitative, she knows exactly what we ought to be looking at... She knows what tools to use and what's feasible and what's not feasible and what you should be comparing. So, yeah, I think she's going to be great."*

INVOLVING THE LOCAL COMMUNITY AND TARGET AUDIENCE: *"The public sector has a short attention span and with community engagement you have to be in it for the long haul."*

ACCESSING EXPERTISE IN SOCIAL MARKETING: *"I think our project is showing that actually we wouldn't have benefitted nearly so much if we had just brought in an external agency to so this, because we wouldn't have built the same dialogue with the community at all."*

SETTING CLEAR AND ACHIEVABLE BEHAVIOURAL GOALS: *"They didn't have an action plan that was written down with clear actions and timescales. I'd turn up at the next meeting and we would be going over the same ground. Often no one has taken forward the agreed action points so nothing was done in between meetings. It was frustrating."*

North Tyneside PCT

Jan Thompson and Louise Pinkney

This project aimed to reduce underage kerbside drinking among 13 to 17 year olds in North Tyneside. The areas of Wallsend, Battlehill and Howdon were selected as the pilot sites due to the high prevalence of anti-social behaviour and alcohol-related incidents.

SUB21
something to say 'yes' to!



Heavy and harmful drinking patterns have increased among young people in the UK. In North Tyneside, two-thirds of young people drink alcohol and more than half drink at least once a week. Surprisingly, among ten to 17 year olds, girls regularly drink more alcohol than boys (73.3 per cent and 54.4 per cent respectively), a finding that contrasts with the rest of the UK. Consequently, North Tyneside has some of the highest rates of hospital admissions for under-18s due to alcohol-related causes and the teenage pregnancy rate is significantly higher than the national average. Alcohol-related crime and disorder, as well as residents' fear of crime and anxieties about young people drinking on the streets, is also on the rise.

In early 2007, North Tyneside's Alcohol Harm Reduction Strategy Group approached The NSMC to collaborate on a social marketing project to tackle underage kerbside drinking. An initial budget of £64,000 was allocated to the project by North Tyneside PCT.



Scoping

During 2007 and 2008 The NSMC carried out extensive scoping, starting with desk-based secondary research to identify existing information and knowledge about young people and street drinking. Primary research was then undertaken to explore the recreational patterns of young people in North Tyneside, the motivational drivers behind street drinking and the activities and services that could be offered in exchange. Research included interviews with youths picked up by the police for drinking on the streets, their parents, local shopkeepers, trading standards and residents, as well as an audit of out-of-hours youth provision in the local area. Comparative reviews were also conducted to identify good practice elsewhere, drawing on the experience and expertise of those working on similar projects.

The research revealed three main drivers for underage street drinking: lack of attractive and affordable alternative activities; cheap and easy supply of alcohol; and drinking as a social norm. It also found retailers wanted to reduce proxy sales and intimidation by groups of young people outside their shops in order to attract more business. However, they struggled to identify when an apparently legal sale might be a proxy purchase and perceived a lack of commitment and support from the local authority. It was clear that a two-pronged approach was needed: an exciting alternative to street drinking where young people could meet and spend time with friends; and support for retailers in tackling illegal and proxy sales.

The behavioural goals of the project were to reduce the number of young people drinking alcohol on the streets; the amount they were drinking; and the number of attempts to purchase alcohol illegally. The project also aimed to encourage local retailers to implement a ban on alcohol sales to under-21s during peak times.







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

Development

The comparative reviews showed that successful youth activities had a developmental element to them and involved young people in the selection and design of activities. Through a series of workshops and focus groups, students from a local college helped to identify and design a rolling programme of free, accessible out-of-hours activities that would appeal enough to compete with street drinking.

Further desk-based research and interviews with local retailers, police, licensing and trading standards explored the feasibility of introducing a scheme to tackle illegal and proxy sales. Although retailers supported introducing a ban to under-21s, they wanted more supportive (rather than punitive or antagonistic) measures from police and trading standards. A scheme was therefore developed to encourage retailers to implement a voluntary ban on alcohol sales to under 21 year olds at peak times, with active support from the police, trading standards and licensing.

The entire programme was branded *Sub21*. This communicated the under-21 focus of the proxy sales scheme, while young people associated the brand with substituting street drinking for fun, structured activities.

Implementation

A ten-week rolling programme of out-of-hours activities was piloted in summer 2009 at local venues on Thursday, Friday and Saturday nights. As the main delivery partners, Wallsend Boys Club and Positive Futures offered a variety of activities to appeal to different segments of the target audience, such as nail art, cookery and street dance for girls, and graffiti, bike and ramp building and computer gaming for boys. A Programme Coordinator was hired to manage and promote the activities through schools, community venues, SMS and online.

For local retailers (generally small, independent, family-run businesses), a package of support measures was offered by Northumbria Police and North Tyneside Council to help them tackle illegal and proxy alcohol sales. This included a dedicated 24-hour Crime Line, training sessions on conflict management, resolution and authenticating ID cards and at least two police visits per week. In return, retailers were asked to implement certain measures, including no alcohol sales to anyone 21 years or under between 5pm and closing time on Thursday, Friday, Saturday and bank holidays and reporting any illegal and proxy sale purchase attempts immediately to the 24-hour Crime Line.

Evaluation

To evaluate the effectiveness of the intervention, the LSHTM conducted a survey among young people aged 13 to 17 years attending two schools in North Tyneside. Surveys were undertaken before and after the intervention. The surveys (conducted in April and October 2009) measured self-reported behaviour with regard to drinking and purchasing alcohol (including street drinking and proxy purchases) and the prevalence of negative consequences associated with alcohol consumption. Among the findings were that the proportion of female respondents who reported drinking on the street after the intervention was half that reported before the intervention. There was also a reduction in the most harmful types of drinking among females, including binge drinking and drinking to the point of being sick. However, female respondents were significantly more likely to report drinking at home post-intervention, although encouragingly there was a reduction in the proportion of female respondents reporting buying alcohol in off-licences.

Among male respondents, there does not seem to have been much change in self-reported drinking behaviour, but the findings suggest they are experiencing greater difficulty in accessing alcohol in the area.

Post-intervention, respondents were significantly more likely not to have asked anyone to buy alcohol for them. Of those who did, both male and female respondents most commonly reported asking a friend.

Efforts to raise awareness of and engage young people with Sub21 were very effective – most young people surveyed had heard of Sub21 and a third reported attending Sub21 activities.

Follow up

Sub21 is now hosted within Extended Schools in North Tyneside Council. The Director of Extended Schools, together with the Sub21 coordinator, is looking to secure future funding for Sub21 to continue. Funding bids are with Drinkaware and the Big Lottery Fund, though the programme currently has funding to run until March 2011. The programme of activities has been developed to include those that are most popular and offer best value for money. Key to this intervention was partnership with Wallsend Boys Club, which had the premises and energy to make the brand work. The Extended Schools Director championed this initiative in the local authority and the local police Chief Inspector supported the programme, both of which were pivotal to the initiative's success. Sustainability is always a challenge with new projects, but the evaluation has shown the success that can be built on.

Safe Durham Partnership has decided to roll out the Sub21 model in county Durham and discussions are underway to do the same in North Shields. Northumberland County Council has also expressed an interest in Sub21.

NHS Dudley

Trish Bussell, Stacey Jones and Alex Christopoulos

This project aimed to improve fruit and vegetable consumption in Hawbush, a deprived neighbourhood in Dudley.



Hawbush was selected for a range of reasons but most notably because it has the highest proportion of overweight and obese year six pupils; the highest proportion of year five and year six pupils who do not eat the recommended portions of fruit and vegetables a day; and the highest proportion of year five and year six pupils who only eat one portion (or less) a day. The primary target audience were parents of young children aged four to eleven years, chosen due to the integral role parents play in healthy eating. School staff, parents and the wider community on the estate were chosen as secondary audiences.

In the most deprived areas of Dudley, only 18.4 per cent of residents reported eating at least five portions of fruit and vegetables a day. Eating this amount of fruit and vegetables reduces the risks of cancer, coronary heart disease and many other chronic diseases, yet national and local research showed that some people have poor access to fruit and vegetables simply because shops did not stock them. This was because they have a shorter shelf life, yield lower profit, require special storage and are often perceived to be in low demand. In June 2007, the Food and Nutrition team at NHS Dudley successfully bid to the Big Lottery Fund for a healthy retail project receiving £59,750 and in autumn 2007 became one of The NSMC's learning demonstration sites.



Scoping

From September 2007, initial research and mapping exercises using a variety of software tools identified three areas which were likely to experience food access problems and the type of people that lived in these areas. To better understand these populations and provide information for segmentation, The NSMC carried out six focus groups in December 2007 and February 2008 with around 60 residents in Fatherless Barn, Gad's Green and Hawbush to explore the residents' daily routines, what influences meal times, food purchasing culture, perceptions of and barriers to eating fruit and vegetables and ways of increasing consumption. In addition, Food for Health Advisors interviewed various stakeholders including a headteacher, school health advisors, parent governors, local retailers, supermarkets and local primary care staff, exploring the views of professionals who worked in the areas and gathering ideas on increasing fruit and vegetable consumption among local residents. Various surveys were also used, including the Dudley Health and Lifestyle Survey which provided further information on the motivations behind fruit and vegetable consumption.

One key insight from the focus groups was the impact of parenting on fruit and vegetable intake. Factors such as 'pester power' tactics, quarrels at meal times and the parents' desire for their children to eat something meant that children exerted a high level of influence over what they ate. Parents were also concerned about the cost of fruit and vegetables and the potential amount of wastage produced. Therefore any interventions needed to help parents provide a desirable offer to children and stimulate demand from children for fruit and vegetables.

Other barriers which needed to be addressed were: poor local access to a variety of fruit and







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

vegetables of good quality; the price of fruit and vegetables; preparation time and food skills for cooking fruit and vegetables; ingrained habits of eating less healthy foods; and some uncertainty over the health benefits of fruit and vegetables.

The behavioural goals were to encourage parents of young children to consume more fruit and vegetables; consume a wider variety of fruit and vegetables; try different kinds of fruit and vegetables more frequently; purchase more fruit and vegetables; and reduce reported levels of wastage.

Development

The scoping research underlined the importance of a two-pronged approach to fruit and vegetable consumption: focusing on making it easier to buy fruit and vegetables (through availability, price and preparation) and increasing demand for them (increasing skills and confidence, using children's 'pester power' and reducing waste). Based on the research, the project team developed a number of different intervention models and tested them with members of the target audience.

Supply was addressed by setting up a fruit and vegetable stall at a local school to improve the availability of fruit and vegetables. The produce would be offered at competitive pricing compared with the favoured supermarkets and include chopped vegetables and single portion vegetable packs. Recipe packs were designed to be handed out and taster sessions were organised to provide opportunities for people to try new foods without worrying about waste or family members' preferences. To increase demand, educational sessions to raise awareness of healthy eating and the health benefits of fruit and vegetables were developed. They also sought to improve skills in preparing and cooking seasonal fruit and vegetables and provide suggestions on avoiding waste.

Implementation

A dedicated brand, *Bostin Value*, was created to promote the school fruit and vegetable stall run by a local greengrocer at the Hawbush Primary School. It was used on promotional material including vouchers, price lists and a leaflet sent to parents. The fruit and vegetable stall operated in the school playground on Tuesdays and Thursdays around school finishing time to capture the 'pick-up' market. A trial run of the fruit and vegetable stall took place in the week commencing 23 March 2009 and the stall began regularly operating in late April 2009 (after the Easter break) to continue until November 2010. To increase demand, a Food for Health Advisor was also employed from April 2009 to plan and deliver various skills seminars and awareness raising activities. These included educational sessions for pupils and practical sessions for parents and the wider community, focusing on preparing and cooking cheap meals using seasonal fruit and vegetables and leftovers, tasting new foods and budgeting for food shopping. Family cooking sessions also ran in December 2009, with parents and children cooking together after school.

Evaluation

The LSHTM evaluated the project using a variety of methods. These included a pre- and post-intervention survey of parents, carers and children to assess progress made, using a food recognition quiz, food and vegetables tried questionnaire and food diaries to assess the children's knowledge and current dietary intake. The pre-intervention survey took place in April 2009, the post survey in December 2009 and July 2010. A control school (no intervention) was identified and baseline data was collected in December 2009 to January 2010. This was repeated six months later with the Hawbush evaluation to assess whether changes were brought about by the project interventions. A regular termly audit of the fruit and vegetable stall was conducted to assess volume and type of sales and to profile buyers. The skills sessions were evaluated by the Food for Health Advisor to explore the extent to which they were seen as appropriate and useful by participants. Finally, in-depth interviews with key stakeholders (parents, staff and project workers) were carried out to explore the acceptability of the intervention and examine factors that may have helped or hindered it.

Encouragingly, 25 per cent of parents surveyed post-intervention say they have eaten more fruit and vegetables since the scheme began and 44 per cent say their children now enjoy a wider variety of fruit and vegetables. Pupils surveyed post-intervention have increased the variety of fruit and vegetables they have tried, although the ability to recognise a range of fruit and vegetables has not changed significantly. The audit indicated that purchases at the stall tend to be fruit (rather than vegetables), for snacks (rather than meals) and for the whole family (rather than just for children).

Results from the children's food diaries and stakeholder interviews are pending, but feedback from the skills sessions was promising. Seven out of eight parents reported they had increased confidence in their cooking ability and that their children are eating more fruit and vegetables. All reported that they now cook more, or intend to cook more, at home. Other feedback included the need for a crèche, fewer children to adults at the sessions and fewer recipes to cook, thus aiming for quality rather than quantity. These will be included in the second phase of the cooking course.

Follow up

The importance of having a brand and a logo to give the project an identity should not be underestimated. It gave instant recognition, promoted the project and increased 'hype', which in turn created 'pester power' from the children who encouraged parents to purchase fruit and vegetables from the stall.

July 2010 marks the beginning of the school summer holidays. For sustainability, phase two of the intervention will be implemented with supply further strengthened by supporting the five local convenience stores to sell fruit and vegetables to the local community, thus meeting the increased demand generated by the project. The greengrocer from the Bostin Value stall will deliver fruit and vegetables to the local convenience shops to sell throughout the school summer holidays. Sales at these shops will be monitored and compared to baseline sales prior to these deliveries.

NHS Kirklees and Kirklees Council

Lynne Cliffe, Phil Longworth and Spencer Robinson

This project aimed to halt the year-on-year rise in overweight and obese students aged 16 to 24 in Kirklees in further education (FE) and higher education (HE).



Obesity is an increasing problem across the country. Early adulthood is a key stage at which many people gain significant amounts of weight. According to 2007 data, 33 per cent of 18 to 24 year olds in Kirklees are overweight or obese, with males aged 18 to 24 having the highest rates of overweight and obesity in the country.

While work focusing on childhood obesity was underway, there was a lack of focus on the 16 to 24 year old age group. There was also untapped potential to address the challenge of obesity in collaborating with FE and HE organisations. Kirklees Council and NHS Kirklees invested £100,000 of Communities for Health funding and were supported by The NSMC to initiate a social marketing intervention to tackle obesity in FE and HE students in Kirklees.



Scoping

Desk research to scope national and local activities and understand student's lifestyles, attitudes and behaviours around nutrition and physical activity revealed that there was little existing insight on student obesity. To fill in the knowledge gaps focus groups were carried out and segmented geo-demographically as males aged 16 to 18 in FE; females aged 16 to 18 in FE; males aged 18 to 24 in HE; and females aged 18 to 24 in HE. All participants had a BMI of 25 or above and were attending the University or colleges within Kirklees. A number of workshops and interviews were held with stakeholders to gather insight and develop a wider understanding of the target audience.

The new insights revealed that although students did see the benefits of a healthy lifestyle and appreciated that their current lifestyles needed to change, they lacked the motivation to do so. Several factors competed for their time, attention and inclination to change: hectic study and social calendars; a strong takeaway and drinking culture; and hours spent with the television or on the internet. A lack of cooking skills, tight budgets and the perception that healthy food and gym memberships are too expensive also deterred students from eating healthily and exercising more.

As heavy consumption of alcohol was seen as a 'rite of passage' attempts to influence this would be poorly received and a waste of resources. The behavioural goals for the project therefore avoided alcohol consumption and focused on encouraging students to increase their physical activity; develop cooking skills; increase their knowledge of healthier lifestyles; and create an awareness of the calorific content of alcoholic drinks and takeaways. The project emphasised that this could be done while having fun, socialising and meeting new people, thereby appealing to the target audience.

Development

Key stakeholders helped develop and refine project ideas, a number of which were pre-tested with members of the target audience. Working with an external marketing agency, a 'stealth not health' approach was adopted and the *Up For It* brand identity was developed.







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

This promoted exercise and healthy eating in a fun and sociable way, fitting with students' lifestyles without 'preaching' about exercise and good nutrition.

Insight suggested that the best time to establish healthy behaviours in students was at the beginning of their studies, as older students would have already established some unhealthy lifestyle behaviours. Starter packs containing basic condiments, cooking ingredients, utensils and recipe cards were offered during Freshers' Week to encourage first year HE students to make their own meals. Fun activities designed to increase fitness levels and cooking skills were offered to encourage and support students to move more and cook quick and easy meals.

Implementation

The interventions were launched in September 2008, with 2,000 healthy eating starter packs distributed at the University Freshers' Fairs. Throughout the 2009 spring term, fun, engaging activities were offered on FE and HE campuses, beginning with a 'Dance your Ass Off' event at a local nightclub for HE students. This showcased the dance classes on offer in the club and introduced the Up For It brand. 'Come Dine with Me' and 'Take on the Takeaway' cooking events were held in May 2009 for FE and HE students on the University campus. Students were given packs to enter the 'Come Dine with Me' competition as a way of encouraging students to cook their own meals and socialise with friends. A 'Did You Know?' leaflet was given to students at the event which showed the calorific value of alcohol in relation to fast food. A dodgeball tournament was held in June 2009 for FE and HE students, to demonstrate that you don't have to be fit to enjoy physical activity and encourage the formation of dodgeball societies as an alternative to traditional sports. A viral video competition was offered to FE and HE students, encouraging them to make a fun video about healthy eating or exercise and post it on YouTube.

Evaluation

The interventions were evaluated using a mix of qualitative and quantitative methods. Focus groups and interviews with students who attended events and activities provided in-depth understanding of the target audience's motivations and behaviour in terms of lifestyle and weight management. A street survey of 372 students on FE and HE campuses provided overall healthy eating and exercise data and questionnaires collected after events and activities provided an indication of who attended and their thoughts.

Results suggested that the free starter packs were a success, with the majority of students saying they had used the recipe cards or devised their own meals with the ingredients. The 'Take on the Takeaway' competition also received positive feedback with respondents rating it highest for 'encouraging me to try cooking new dishes'. Female respondents in particular were enthusiastic about the starter packs and cooking events, reporting that the initiatives had given them the confidence and skills to cook more of their own food.

In terms of increasing the amount of healthier foods in students' diets, particularly fruit and vegetables, 96 per cent of the respondents to the street survey indicated that they ate at least one portion of fruit or vegetables in a typical day. However, only 18 per cent claimed to eat the recommended five plus portions a day, indicating there was still work to be done to improve students' diets. Encouragingly, 23 per cent of respondents reported that they ate more portions of fruit and vegetables a day than they did six months previously, but 67 per cent reported no change in the amount they ate.

The project also helped to improve take-up of physical activity. According to the street survey, 21 per cent of respondents said they did more exercise than they did six months previously, while 61 per cent said they did about the same amount. The 'Dance Your Ass Off' and 'Take on the Takeaway' competitions were most favourably received by the female respondents. Having seen the film 'Dodgeball', male respondents were particularly enthusiastic about the dodgeball tournament.

The project was innovative in its use of social media and text messaging as a way of engaging and communicating with the target audience. Between September 2008 and June 2009, the website received approximately 9,500 hits and 123 members joined the Up For It Facebook group.

Follow up

Targeting students for behaviour change can be complex as there is intense competition for their attention. It is crucial not to underestimate the strength of competition and social norms, as many students adopt unhealthy behaviours that they believe are part of a stereotypical student lifestyle. It is therefore advisable to focus resources on target group members who are already contemplating change, being realistic about what can be achieved with the resources available. Also, social media plays a big part in students' lives and should be used to its full potential.

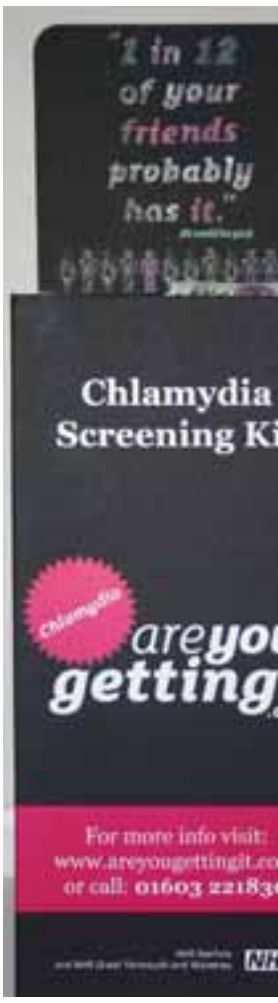
Building on social marketing skills, knowledge gained and evaluation findings from the initial phase of Up for It, improvements have been made to the project in an ongoing second phase outside of The NSMC's scheme. This phase is intended to develop sustainable, evidence-based interventions that become embedded in FE and HE settings and explores the use of a business model to demonstrate that successful social marketing initiatives do not require an overspend in order to produce outputs. Initiatives have been developed to be self-funding for enhanced sustainability.

The insights will inform development of future services and robust commissioning specifications for consumer-led services, which should be embedded across all obesity activity. NHS Kirklees have redesigned their weight management provision and are implementing a primary care weight management service. Providers are now delivering a service that is consumer driven and meets the needs of the target group.


4
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What qualifies
me to be a
breast expert?

NHS Stockport

Sarah Clarke and Fiona Spotswood

This project aimed to increase local people's access to smoking cessation services in Brinnington, an estate in the north of Stockport with a particularly high smoking prevalence.



At local level, increasing the number of successful smoking cessation quit attempts among the 20 per cent most disadvantaged communities has been a joint PCT and local council Public Service Agreement target since 2006, directly leading to the development of the Brinnington initiative. Brinnington is among the top three per cent most deprived areas in England and Wales. 53 per cent of adults in Brinnington estate smoke, which is significantly higher than the Stockport average of 18 per cent and the national average of 24 per cent. In 2006 to 2007, only 203 people accessed the local stop smoking services.



Scoping

After the desk research phase, the team held a series of mixed gender focus groups in spring/summer 2007 with the local community. The groups included: hardened smokers with no intention of quitting; smokers who had tried but failed to quit; smokers who were contemplating quitting; successful quitters; and those currently in the process of quitting. The objectives were to explore: attitudes to services; experiences of successful quitters and those who have dropped out; and why current cessation services had achieved limited success. A series of interviews were also held with key health professionals in Brinnington to explore possible improvements to smoking cessation services to make them more consumer-centric. They found that the existing drop-in group for 'Quit for Life' appealed primarily to older women and so identified men and women with pre-school children as the target segments. In light of this, further focus groups were conducted with representatives of these segments, in order to gain additional insight into their lifestyles and what moves and motivates them.

After the focus groups and interviews were completed, two phases of consultation in March and May 2008 were held with key members of Brinnington's community, including health service providers and managers, ex-smokers, current smoking cessation service users, community group leaders and organisers and smoking cessation service providers. These workshops focused on developing creative communications concepts and involved brainstorming ideas on the creative proposition, branding and media. The sessions informed the creative brief which was sent to various design agencies.

Insights were gathered from each stage of the primary research and applied to the development of the interventions. It was clear that smoking is very much a part of Brinnington life and is at the heart of much social interaction involving families, neighbours and friends, for example while socialising at the school gate, drinking in the pub or waiting in queues for local services. Therefore to quit smoking would be to go against the social norm and to risk social ostracism. Brinnington smokers were tired of being 'nagged' into quitting and were unlikely to succeed or make an attempt because their support networks consisted of smokers. Furthermore, life on the Brinnington estate tends to be stressful. People often have to cope with financial strain, social unrest from noisy neighbours, unruly family members or caring for several children without the support of a partner. With little money, time or 'personal space', smoking becomes an emotional crutch on which people rely for stress management and a form of escapism.







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

Despite this, there was a real drive to quit, primarily because of financial worry but also because of the fear of ill-health and desire to be a positive role model for children. For women particularly, family is the most important part of their lives and protecting and encouraging them is paramount. Low confidence was a considerable barrier to community participation so services in trusted, safe and familiar environments with familiar faces were crucial. Men were more likely to work, often in shift patterns, so out-of-hours access to support is essential. However, there was a huge stigma for men to admit they needed help and support and most men refused to do so.

The project's behavioural goals were to double the number of smokers accessing local smoking cessation services in Brinnington, increase the number of successful quits and decrease the number of smokers on the estate.

Development

Five creative themes were produced from the design agencies and all were tested with the community in a series of single-gender focus groups in August 2008. Each of the themes was discussed and tested with various stakeholders, and the *Lose the Fags* concept was agreed. However concerns were raised as to whether parents would find the strapline 'give smoking the two fingers' offensive. The photographs were therefore taken in a way that clearly portrays the 'two fingers' pose but gestured to an absent cigarette between two fingers plus added smoke.

The project focused on providing new services which best fit the needs of the two target segments. Men required an after-hours drop-in facility that would relieve them of the stigma of seeking cessation 'advice', while still providing the support they need for a successful quit attempt. Women needed an easily accessible and supportive service run by people they recognised, in a familiar setting which they could attend regularly without the problem of finding childcare. Stress management was also to be provided as an exchange via the two interventions.

For men, the service was implemented at the Lapwing Centre, the community gym, which enabled them to counter the ill-effects of giving up smoking by using exercise to manage their anger and stress. The Lapwing workers were conscious that anger management is a critical issue for men in Brinnington and so made efforts to introduce new members to methods for coping with stress and anger during their induction process. They also provided regular support in the guise of friendly 'banter' during work outs and in the reception area.

For the women, the intervention was held at the Children's Centre, the largest community nursery and part of Westmoreland School in the centre of the estate. They aimed to counter women's need for cigarettes as stress relief by providing support from a smoking cessation advisor in a warm and friendly environment with refreshments and a crèche where they could take a break away from their children. Attendees of the smoking cessation clinic were actively encouraged to participate in the Children's Centre's other groups, including a Confidence Club, massage, 'stay and play' and a 'women's group' aimed at building skills and confidence.

Implementation

As the intervention involved setting up new smoking cessation services in existing client-facing services in Brinnington at the Lapwing and Children's Centre, additional training was provided. Fitness instructors and Children's Centre staff were trained as smoking cessation advisors and some could deliver appropriate vouchers for nicotine replacement therapy (NRT) which could be exchanged at the local pharmacy. Fitness instructors offered advice on an ad hoc basis and when they were approached by customers as a result of seeing promotional material. They also offered advice at gym induction, where signposting and probing questions have been incorporated into the standard induction questionnaire. The Children's Centre offered a stop smoking clinic for drop-in/one-to-one appointments, as well as a free crèche for mothers with pre-school age children. A communications strategy was developed to underpin the promotion of new and existing services, using photographs of local residents taken in the area.

Evaluation

The project's primary aim was to double the number of smokers accessing local smoking cessation services in Brinnington. This was measured through returned data from each of the services that smokers from Brinnington could access. In the pre-intervention year (2008/09), 145 quit attempts were made. Figures for 2009/10 showed the decline reversing with 162 quit attempts supported in that year and a further rise is anticipated in 2010/11. Qualitative and quantitative evaluation will take place in September 2010 which is 12 months after all the elements of the intervention went live.

Follow up

The intervention in Brinnington has been a triumph of community partnership, with numerous community organisations having a genuine stake in the intervention. This approach also brought challenges, in that when management changed at the Children's Centre, the new Lose the Fags intervention was changed, causing problems with delivery. The Lose the Fags team reacted by having more team meetings and increasing communication between partners. It was also difficult for the fitness instructors and Children's Centre staff to adopt smoking cessation into their existing roles and considerable support was required to provide them with the skills and confidence to deliver the Lose the Fags intervention on the ground. However, the project is sustainable because existing, established community organisations have adopted smoking cessation as part of their core offering and the Lose the Fags project has provided a strong brand to support their efforts. Gradually, quitting smoking is becoming a social norm in Brinnington.

NHS Tameside and Glossop and Tameside Metropolitan Borough Council

Gideon Smith, Debbie Bishop and Denise Ong

This project aimed to increase early cancer diagnosis and reduce late presentation with symptoms and death rates of breast cancer by encouraging more women aged 35 to 50 to be breast aware.



This group was targeted to increase the possibility of early detection in women not yet eligible for free breast screening and to increase uptake of screening once they reach 50. The Ashton Hurst ward was selected as the pilot area since it is one of the most deprived communities in Tameside and both breast screening uptake and breast cancer survival rates are particularly low.

Breast cancer is the most common cause of death from cancer among women in Tameside and Glossop. Although the incidence is no higher than the national average, survival rates are lower, in part due to late presentation. In late 2007, NHS Tameside and Glossop and Tameside Metropolitan Borough Council (MBC) partnered with The NSMC on a £55,000 joint-funded project to increase breast awareness in women.



Scoping

First, desk-based research was carried out which found that the evidence around breast awareness, particularly among women aged under 50, was scant and no baseline existed (locally or nationally) around breast awareness. A street survey was therefore carried out by the LSHTM in Ashton Hurst (intervention area) and South Denton (comparison area), which was matched for age structure, deprivation and rural/urban mix. To further explore women's barriers and motivators for being breast aware, focus groups and interviews were carried out with women in both wards.

The findings from the street survey and qualitative research were largely consistent: women were aware of the dangers of breast cancer but few regularly examined their breasts or felt confident they were doing it correctly and knew what changes to look for, other than lumps. Barriers to breast awareness included a fear of finding breast cancer and a fatalistic view that early detection would not make much of a difference to the outcome. Most women had not been offered advice on breast awareness by their GP or nurse. While many women considered the nurse the most appropriate person to give breast awareness advice, they were also amenable to receiving health messages in the community from non-health professionals. Stakeholder interviews revealed that while GPs and nurses understood what it means to be breast aware, they were not spontaneously aware of the NHS's breast awareness five-point code: know what feels normal for you; look and feel; know what changes to look for; report any changes without delay; and attend full breast screening if aged 50 or over.

Given limited timescales for implementation, the behavioural goal of the project was to increase the number of women who are aware of their breasts and who examine them regularly. There was a clear need to promote the breast awareness five-point code consistently to the target audience and service providers to give women a full understanding of how to check, what to look for and why to act fast. The team therefore developed an approach that mixed communication, community-based and service-led initiatives.

Development

The creation of the communications campaign was to provide women with a compelling case for regularly checking their breasts







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

and the information they needed to identify changes. Four creative concepts and ideas for community-based initiatives were tested using focus groups with target women. The creative concept that clearly struck a chord with the audience was 'Breast Expert'. Using images of strong, confident women, the campaign emphasised the flexibility and ease of becoming breast aware, which gives a sense of empowerment and control.

To support the campaign, the Health Improvement Team organised a 'well woman' event, where breast awareness and other health and wellbeing advice was offered, along with free gifts and fun activities. Efforts were also made to identify and recruit breast aware 'community champions' from the local population, who could help spread the message through peer networks.

Implementation

The three-month pilot campaign was launched in Ashton Hurst on 1 February 2010 with poster advertising at bus stops and on telephone kiosks. The posters encouraged women to visit www.breastaware.net for more details on why and how to be breast aware. An information leaflet was distributed in health and community settings (such as GP surgeries, shops and fast-food outlets) and mailed with an accompanying letter from the PCT to all women in the target group informing them about the campaign and local events. On 18 March 2010, the free 'well woman' event was co-delivered with other health and community stakeholders at Hurst Community Centre. Feature articles were placed in the local media to build awareness of the campaign throughout the area. GPs and practice nurses were briefed about the campaign and nurses were given information about breast awareness. Community workers also received face-to-face training from a Macmillan breast cancer nurse. Due to scheduling conflicts, training for practice nurses was postponed to autumn 2010.

Evaluation

Independent evaluation was conducted by the LSHTM and consisted of three components. To assess any changes in knowledge and behaviour, a case-control study comprising of face-to-face street surveys was conducted with women aged 35 to 50 in Ashton Hurst and South Denton. Around 100 women were surveyed in both wards before (April to June 2009) and after (June to July 2010) the campaign. Following the campaign, eight face-to-face interviews were conducted with stakeholders who were involved in the scoping, development and implementation of the campaign. Eleven telephone interviews were conducted with women who attended the community event in Ashton Hurst to gather qualitative feedback on the interventions.

When asked what the term 'breast aware' meant to them, the majority of post survey respondents had some knowledge and understanding of it. 42.5 per cent of respondents said it was about checking or regularly checking your breasts for changes and around 15 per cent acknowledged it was about being aware of your breasts more generally (rather than looking specifically for symptoms). However, no respondents referred to the other behaviours in the five-point code (namely seeking medical advice or attending for breast screening). This highlights the need for further work to promote all elements of the five-point code.

Disappointingly, following the campaign the proportion of respondents who reported examining their breasts at least once a month (as recommended by the NHS) fell in the intervention area. However, most of the women interviewed (9 out of the 11) said they checked their breasts at least once a month. Most women who reported checking their breasts are looking for lumps when they examine and are not so vigilant about other symptoms, like changes in breast appearance or feeling. However, compared to pre survey results, a greater proportion of respondents to the post survey mentioned looking for 'lumps and other abnormalities', rather than looking for just lumps.

A key objective of the campaign was to boost women's confidence in their ability to self-examine and to emphasise that there is no one right way to check. Compared to responses gathered before the campaign, the intervention area saw a drop in the proportion of women who were 'not at all confident' of noticing a change and compared to the comparison area, a greater proportion of respondents reported being 'very confident' of noticing a change.

According to the post survey, 40 per cent of respondents in Ashton Hurst had seen, heard or received something about breast awareness during the campaign period. Of these, 25 per cent said the information prompted them to examine their breasts more regularly and 41.7 per cent said the information made them clearer about what is normal for them and what changes to look for. As an added benefit, feedback from the community development team indicated that the campaign had prompted other positive health behaviours. For example, uptake of exercise activities, like health walks and keep fit classes, picked up in the weeks following the campaign and community event.

Follow up

Some of the interventions are still ongoing with the longer-term aim of building breast awareness into service delivery to ensure its systematic inclusion in all relevant primary care appointments. One prospective option is inclusion in GP contracts to ensure that breast awareness is routinely raised and discussed during cervical screening and family planning appointments. Despite efforts to engage GPs and nurses in the campaign, clinician involvement during the project was disappointing due to various reasons. Sufficient lead-in time needs to built in and senior level buy-in secured from the start to gain active involvement from GP staff.

Feedback from stakeholders and target women highlighted the importance of family and social networks as key avenues for encouraging women to become breast aware. In addition to print and online media, providing information and the option to discuss any issues or concerns in person would greatly increase women's confidence to self-examine and spot any changes. Greater use of word-of-mouth and face-to-face communication would help to motivate and support women to become breast aware, without requiring the expenditure of paid-for advertising.

NHS Brighton and Hove

Martina Pickin and Catherine Perry-Williams

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





Breastfeeding contributes to the health of both mothers and babies and the Department of Health (DH) recommends that babies should be breastfed exclusively for their first six months. While rates of breastfeeding initiation and continuation six weeks after birth in Brighton and Hove are higher than the national average, the proportion of babies who are entirely formula-fed is much higher in the Neighbourhood Renewal Areas (NRAs) than in non-NRAs. However, local data also showed that women from NRAs who initiated breastfeeding were no more likely to give up breastfeeding in the first six weeks than women from non-NRAs, suggesting that breastfeeding duration rates in the more deprived areas could be improved, thereby reducing health inequalities. The 2005 national infant feeding survey found that 90 per cent of mothers who stopped breastfeeding before six weeks would have liked to breastfeed for longer. Sustaining breastfeeding therefore aligns with health policy as well as the wishes of mothers.

In early 2007, NHS Brighton and Hove partnered with The NSMC on a pilot project to improve breastfeeding duration rates.

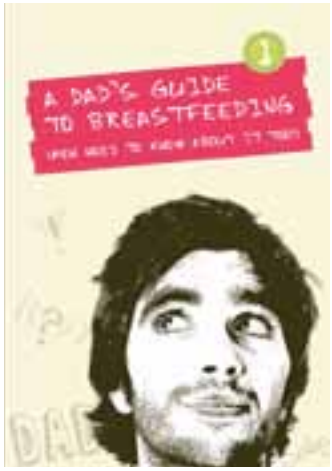


Scoping

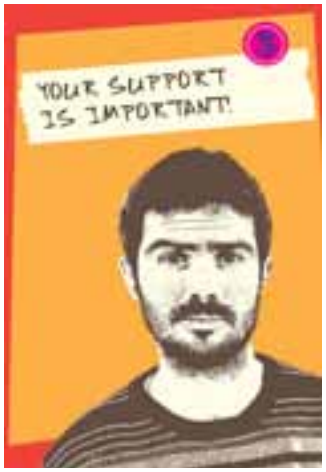
The project team began by reviewing information and evidence from local, regional and national sources. Since breastfeeding initiation rates are relatively high in Brighton and Hove but start to decline around six weeks, the team decided to focus on maintaining exclusive breastfeeding at six to eight weeks among women who start to breastfeed.

As little qualitative research existed on sustaining breastfeeding, individual interviews were conducted with mothers in west Brighton (where there are pockets of deprivation) who were still breastfeeding at six weeks. A key insight was that they were unprepared for the realities of breastfeeding and wanted continuity of support and consistent guidance from health professionals. Indeed, focus groups and interviews conducted with health professionals revealed frequent staff shortages and fragmented services which prevented health visitors from spending much time with mothers and resulted in women receiving inconsistent advice from different providers.

The research also revealed that women perceived breastfeeding to be painful, tiring, demanding and a responsibility that could not really be shared. Mothers who had lots of support from their partners, family or friends were much more likely to continue breastfeeding. Individual interviews were therefore conducted with eight fathers to explore their knowledge and experiences of breastfeeding and what role they played in feeding. Fathers revealed that they felt largely sidelined in much other written information and in antenatal sessions run by professionals. They wanted specific literature about the practical issues and possible difficulties of breastfeeding and how they could help overcome them.







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

To meet the project's goal a range of tactics that addressed various barriers and target audiences was needed. With extensive input from key stakeholders, the project team developed the first PCT-wide strategy for breastfeeding which focused on redesigning the current service and retraining key health professionals to support women to breastfeed.

Development

From the scoping research instead of smaller interventions being developed a strategic approach was taken and the research was used to inform the development of a PCT-wide breastfeeding strategy which will be monitored by the recently established Brighton and Hove Child Health Strategy group. The team faced difficulties in securing additional funding so were not able to action all recommendations in the strategy before the end of the Learning Demonstration Sites scheme, but were able to deliver an information pack for fathers.

Based on the important role of partners in supporting women to breastfeed and the lack of targeted information on breastfeeding for fathers, the team developed an information pack designed specifically for this group. Comprising of ten brightly-coloured information cards and four coasters contained in an A5 cardboard box, the pack outlined the benefits of breastfeeding for both mother and baby, the importance of the father's role in supporting their partner to breastfeed and useful tips and FAQs to help make breastfeeding easier. To guide the content, tone and design of the pack, two further focus groups were conducted with fathers in Brighton and Hove. Views were also sought from individual fathers on three different design options before finalising the design of the packs.

Implementation

Fathers involved in the focus groups mentioned that they would like to receive the breastfeeding information packs directly from a health professional at the 20-week ultrasound scan or immediately after the baby's birth. This would be accompanied by a short discussion with the couple about breastfeeding facts and tips. However, given that the PCT had insufficient time to engage local health professionals about distributing the packs, this intervention was implemented by the LSHTM. In March 2010, an LSHTM researcher distributed the packs to 35 parents-to-be or new parents (fathers and mothers) as they attended a 20-week scan in the ultrasound department, or after delivery in the postnatal ward of the Royal Sussex County Hospital in Brighton. These individuals also agreed to be interviewed about their thoughts on the pack.

Evaluation

Given the small-scale and short-term evaluation of the father's pack, it was not feasible to measure the impact of this intervention on duration of breastfeeding. The evaluation, carried out in spring 2010, therefore aimed to assess the knowledge and confidence of fathers involved; describe parents' views on the pack; and gather their perceptions of its impact on breastfeeding. Of the 35 men and women who received the pack and initially agreed to take part in the evaluation study, 18 participated in a 20 to 40 minute follow-up telephone interview.

The guide was welcomed by participants, as most existing information and advice focused primarily on the pregnancy and birthing process, not what happens afterwards. Moreover, all participants thought it was very worthwhile to have information specifically for men. The pack was seen as being more successful in encouraging initiation of breastfeeding than in extending the length of time mothers breastfeed. It was also seen to be most useful for first time fathers and if provided early in the pregnancy. Even participants who had already researched and received advice about breastfeeding were reassured by the pack's contents. The most notable gains for men were ideas on how they could support and provide practical help to their breastfeeding partners and many liked the concept that feeding the mother was in turn feeding their baby. It also helped raise awareness of the importance of the father's role.

The design of the pack attracted the greatest controversy. While some liked it, others very firmly did not. For example, some of the participants liked the box and particularly appreciated that it was both 'different' and eye-catching, while others criticised what they saw as wasteful and excessive packaging. Opinion was also deeply divided about the pictures used. Several respondents welcomed illustrations of young, trendy looking men and appreciated a divergence from what was described as the normal 'mumsy' images used in pregnancy and baby guides. Others criticised the images for being too 'laddish' and 'blokey'.

There was a common feeling that the pack should clearly list the pros and cons of both bottle and breastfeeding. Other suggestions for improvement included: providing illustrations of men from different ethnic groups and ages pictured with their partners and babies in a caring role; more 'facts' and 'real life' case stories of how to address common problems; greater emphasis on the emotional and psychological needs of the breastfeeding mother; and a list of places where mothers could breastfeed comfortably outside the home.

Follow up

The project is ideally placed to build on the feedback from fathers. The additional information requested for the pack was developed during the course of the project and could be made available. Other feedback, about the pack's design and illustrations, could be used to inform further segmentation of fathers and guide the development of future interventions.

Overall, the project has produced a strong framework to build on. Compelling evidence and insights uncovered during the course of this project will be used to inform the development of future interventions that increase the prevalence of breastfeeding. In retrospect, the pace and delivery of the project would have been helped by a dedicated project manager, earlier engagement of stakeholders and partners and, crucially, robust budget planning and allocation. However, the project has made a significant contribution to breastfeeding strategy and interventions in the future.

NHS Lewisham

Lyn Burton and Gayle Wallace

This project aimed to increase the number of routine and manual smokers accessing and quitting with NHS Stop Smoking Services (SSS) in Evelyn ward, chosen for its high deprivation levels and smoking rates (42 per cent).



Smoking is the leading cause of preventable death and health inequalities. Public Service Agreements (PSAs) since 2004 have set targets to increase and support stop smoking attempts among all adults, particularly in routine and manual groups, with a reduction from 32 per cent to 26 per cent or less among this group in England by 2010. Smoking and its associated health problems is a particularly challenging issue in the ethnically-diverse borough of Lewisham. Lewisham's estimated prevalence of 26.8 per cent is higher than the national and London average and there is widespread deprivation. In 2006, 166 Evelyn residents used a stop smoking service to try and quit and 75 (45 per cent) of them succeeded.



Scoping

The behavioural goals of the project were for twice as many Evelyn residents to use SSS to successfully quit smoking. To explore why people in Evelyn smoke and the barriers and motivators to quitting or using SSS, focus groups with 32 smokers and interviews with six stop smoking service providers in the area were held between December 2007 and June 2009. A solutions group was formed with stakeholders such as Pepys Community Forum, Lewisham Refugee Network, Sure Start, health improvement team and a marketing agency working with Millwall Football Club.

Key insights into why this target audience smokes are that smoking is a core part of social interactions, a form of stress relief and a source of refuge. Giving up smoking may have an isolating impact on relationships and increase perceived levels of stress and anxiety in a deprived ward like Evelyn, where issues of debt, housing and money management contribute towards high stress levels. The intervention needed to focus on how to tackle these issues. Some smokers resented being 'lectured' all the time, expecting health professionals to be disapproving non-smokers who didn't understand how hard it is to stop. Those who had used a service mentioned the wait for a first appointment and sessions being too short, with no support 'to fall back on' in the longer term. An ideal service would be like a supermarket: open all day, every day. There was no perception of the current service as a unified whole with different options from which to choose, either by potential customers or advisors. People wanted a choice of intensity, model and location.

Mapping the ward's existing provision showed obvious gaps. There were two GP practices in the ward: one did not offer an advisory service and one had limited nursing time for this. Of the three pharmacies, one had no advisor in the shop on Wednesday (market day) and two did not open on Saturdays.

Development

Smokers' reference groups were held at a primary school and a local pub between September 2008 and June 2009 to test ideas and pre-test publicity materials.

People in routine and manual jobs, such as catering, often work long hours and have trouble accessing the SSS. This was particularly relevant on isolated housing estates where facilities and transport links are limited. Two recruitment and outreach workers visited local businesses and provided stop smoking sessions in the workplace. Stress was cited as one of the







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

main reasons why people smoke, are reluctant to give up and take up smoking again after quitting. The community advisors running the drop in and weekly clinics in GP practices advised people about using local welfare rights, social housing and voluntary sector organisations to alleviate some of the problems causing them stress. Two stress management workshops were offered to people attempting to stop smoking.

Research shows that another reason people (particularly females) continue to smoke is to control their weight. Outreach advisors encouraged everyone to take up some physical activity to help with stress management and weight management. The local GP exercise referral scheme changed its criteria to include people trying to stop smoking and GPs were happy to support referrals initiated by advisors.

Implementation

A number of interventions were made to respond to the research findings. To fill service gaps, weekly sessions were offered in both GP practices. One pharmacy increased its pharmacist advisor time. Another started to provide Champix stop smoking medication from February 2010. An evening session was tried in the Leisure Centre, but did not attract enough people to continue. The drop-in moved to the Waldron health centre and proved so popular that it extended its hours. A new pharmacy service opened in the same health centre, providing Champix from February 2010.

From April, outreach workers started a programme of visits to organisations, workplaces and key community staff in the ward. In May, they went to local schools to talk to parents at coffee mornings, school fairs and parents' evenings. In December 2009, outreach advisors visited the East London line workforce with a pharmacist who provided NRT directly to those setting a quit date. Millwall and Lewisham's service were featured in a national campaign and a second smokefree match in February 2010 raised the profile of the service and its link to healthy heart checks. A new Lewisham Stop Smoking website launched in January 2010 advertised Evelyn's services. In March 2010, two stress management workshops were run at the Waldron Health Centre in New Cross but were poorly attended. The plan is now to integrate this into the stop smoking programme, rather than offering a separate session.

Evaluation

The LSHTM evaluated the intervention using three methods. The first was a cross-sectional street survey with a pre- and post-intervention sample of people living and working in the Evelyn ward area. The second was an analysis of routinely-collected service data from Evelyn and New Cross wards for the periods January to December 2008 and January to December 2009. Finally, eight qualitative in-depth interviews with key stakeholders were carried out.

In the pre- and post- street survey, more 'pre' respondents had seen information about stop smoking services and were aware of help available. Most respondents in both groups said they received no help to quit. However, far more in the 'post' group said they had received help in the area where they lived, medicine from a GP or chemist or help from a stop smoking advisor, GP or chemist.

The service data indicated a notable increase (21.3 per cent) in the number of Evelyn residents using a service from 2008 to 2009. This was greater than the 12 per cent increase across Lewisham as a whole, suggestive of the project's impact. The proportion using pharmacy services and sessions run by the outreach advisors increased between 2008 and 2009, while the proportion using a GP-based service decreased. These services doubled the number of people quitting during this period.

Those interviewed considered that some of the lasting benefits of the project were improved knowledge of the target group and improved service provision. Most felt the principle of exchange was not adequately addressed. Extended services did not address barriers to behaviour change (for example, stress and weight management) and a system of incentives was not developed. Some stakeholders thought that the factors that kept the target group smoking (such as their socio-economic situation, social values and cultural norms) were too entrenched and beyond the project's scope.

Follow up

The initial scoping report was too wide – far-ranging, detailed and without a summary. Long delays at the start of the project lost both momentum and potential members of the solutions group. The baseline research was undertaken after activity in the ward had already begun, which skewed the findings of awareness about the service pre- and post-intervention.

Despite these challenges, the application of learning from the demonstration site to other areas is encouraging. Recent data shows that there are more smoking quits in the most deprived areas in Lewisham and that this trend has doubled in 2009 to 2010. Advisors in Bellingham in 2009, another deprived ward with high smoking prevalence, took advice from the project manager for Evelyn on who to consult and how to develop their work in Bellingham. They canvassed local people's views, met with community leaders and visited workplaces, organisations, businesses and shops in the area, before setting up an evening stop smoking drop-in at the leisure centre. This is promoted through their ongoing work in the ward and word-of-mouth from satisfied customers. Advisors have been invited into a bus garage, school and youth project, which increases interest and take-up in the area.

NHS Norfolk and NHS Great Yarmouth and Waveney

Suki Dell and Denise Ong

This project was initiated with the aim of increasing screening activity at screening sites that are part of the Norfolk and Waveney Chlamydia Screening Programme (NWCSP).



The NWCSP is delivered through over 200 sites which include health, education, voluntary and community settings. However many of them return few or no screens at all each year. Therefore, the project targeted existing screening sites, particularly GP staff, to maximise opportunistic screening and support them to deliver increasing and sustainable volumes of chlamydia screening in the longer term.

In 2007 to 2008, just 3.8 per cent of young people were screened for chlamydia in Norfolk and Waveney, far below that year's target of 15 per cent. With targets rising to 17 per cent (2008 to 2009) and 25 per cent (2009 to 2010), NHS Norfolk and NHS Great Yarmouth and Waveney, who jointly fund the NWCSP, partnered with The NSMC on a pilot project to help increase the uptake of chlamydia screening among 15 to 24 year olds with a budget of £60,000.



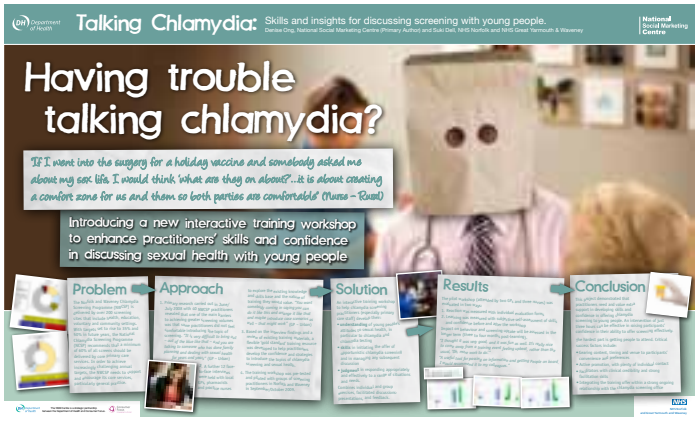
Scoping

The team began by reviewing existing data and literature and carrying out informal stakeholder consultations with the Department of Health (DH), NWCSP members, other Chlamydia Screening Office (CSO) leads and screening providers in Norfolk and Waveney. Analysis of NWCSP resources and screening figures revealed that while over 200 venues across Norfolk and Waveney had signed up to offer free chlamydia screening to young people on behalf of the NWCSP, most of these sites were returning few or no screens. Given limited resources, the team decided to focus on one target audience. Although this was initially anticipated to be young people, the news that DH was planning a national advertising campaign promoting chlamydia screening to young people prompted the team to focus their local resources on screening providers to avoid duplication.

To better understand this target audience, in-depth interviews were held with 40 NWCSP screening providers. Key insights were: a low awareness of annual targets and NWCSP performance leading to low prioritisation and lack of urgency to offer chlamydia screening; a perceived lack of interest and support from the CSO; and a perceived lack of opportunity, skills or confidence to offer chlamydia screening to young people, particularly where the provider's main service was not sexual health. They also revealed anxieties about raising the issue of screening in unrelated situations and limited understanding of the NWCSP, as well as barriers such as competing priorities, limited time and lack of staff.

To help providers overcome these barriers, the intervention needed to be easy, not too time consuming and improve skills and confidence around screening. In exchange, the intervention offered free screening kits and other collateral; involvement in an important national initiative; and professional development and networking opportunities.

Following the research, the target audience was further segmented into four groups: 'engaged and motivated'; 'interested but restricted'; 'low interest'; and 'low priority'. The interventions were to be targeted at the 'interested but restricted' or 'low interest' groups, as with the right encouragement and support they had the greatest potential to increase screening. They were also segmented according to provider type and the team chose to target core providers (namely GPs and pharmacies). This





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

was because they offered the most screening opportunities and there was a national drive to improve health services. Therefore, the behavioural goal of this project was for existing screening providers (particularly in core services) to actively offer chlamydia screening to 15 to 24 year olds.

Development

A stakeholder event was held in November 2008 to engage PCT stakeholders and screening providers and to test and brainstorm intervention ideas. Following the event, five screening providers volunteered to form a solutions group to help develop, pre-test and promote the interventions.

A number of interventions were developed based on insight. First, improved, standardised induction sessions for new sites were introduced, so that they all received at least the minimum information required to successfully carry out screening, ensuring quality control and consistent messaging. Second, bespoke training to build providers' confidence and skills in introducing screening to young people was developed. This was because one of the main barriers identified was that some providers, particularly those whose main remit was not sexual health, were apprehensive about raising the issue of chlamydia screening. Low awareness of annual targets and NWCSP performance to date meant that providers neither felt urgency to offer screening nor that they were part of a larger initiative. Quarterly newsletters and ongoing, systematic contact from the CSO were therefore planned. They aimed to keep the profile of the NWCSP high and motivate sites to screen more proactively by providing ongoing updates on screening levels.

Some providers perceived a lack of interest and support from the CSO once they signed up to the programme, which sometimes led to cynicism and the assumption that there was no real need for screening. Offering sites ongoing proactive support from the CSO would help maintain initial enthusiasm for the programme and the sense that screening is an ongoing priority. For providers whose main remit was not sexual health, chlamydia screening often fell to the back of their minds. Screening was also often only offered when a young person presented for a sexual health related reason. By designing and piloting pop-up reminders, offering fresh promotional materials and with the enhanced 'Talking Chlamydia' training, the interventions aimed to keep chlamydia screening fresh in the minds of the providers and help them develop the confidence and strategies to introduce screening in unrelated situations. All the interventions, aside from the training, were developed by internal PCT staff. The training workshop was developed by the Central Office of Information (COI).

Implementation

The interventions were launched at slightly different times depending on how quick and easy they were to develop and implement. In June 2009, all new screening sites began receiving the improved induction session from CSO staff. Pop-up reminders were also piloted in three GP clinics between June and August 2009. In July 2009, the first newsletter was distributed to all screening sites and then at quarterly intervals. The Talking Chlamydia workshop was piloted by COI in October 2009 with six GPs and nurses. Based on positive feedback from the pilot, the CSO has continued to offer this workshop locally to providers interested in, or who may benefit most from, this additional training. A range of locally branded materials, including posters, flyers, shelf wobblers and dump bins, were produced and offered to all screening sites, but particularly to pharmacies, from December 2009. Although the CSO produced a new contact plan and enhanced their database with prompts to remind staff to contact each site personally at set intervals, the team has postponed carrying out systematic, targeted follow-ups with all sites until 2010 to 2011 due to staff shortages.

Evaluation

With support from the LSHTM, a three-part evaluation plan was designed. First, annotated time-series data was looked at which used routinely collected screening data to assess progress made by the interventions in increasing the volume of chlamydia screens. The findings were very promising. The improved induction training for new sites coincided with a threefold increase in chlamydia screening volumes. The dissemination of promotional materials to pharmacies from December 2009 was followed by a 300 per cent increase in chlamydia screens taking place in pharmacies during the period autumn 2009 to February 2010. The data also indicated that general practices (the main provider type targeted) achieved the biggest increase in the number of completed chlamydia screens between April 2009 and March 2010.

Second, post-intervention surveys were taken to explore the extent to which the improved induction sessions and Talking Chlamydia workshops were seen as appropriate and useful by attendees. Again, there were very positive findings: the sessions and workshops were rated very highly by participants for their relevance, delivery and for meeting their objectives. Furthermore, according to a self-assessment of understanding, skills and ability by participants before and after the Talking Chlamydia pilot workshop, all respondents reported improvements on all three measures. Finally, retrospective in-depth interviews were conducted by telephone with screening providers to examine their experiences and views of the interventions.

Follow up

The evaluation data is still being processed by the LSHTM, but there is optimism that the interventions around improving communication to screening sites are valued by providers and effective in prompting them to screen. Findings from the in-depth interviews with providers are pending, together with an assessment of all the long-term benefits of the individual and combined interventions and learning from implementing a social marketing approach. It is hoped that the most effective components can be usefully integrated into the whole NWCSP and provide a resource for other screening programmes elsewhere in the country. For example, the Talking Chlamydia training is currently downloadable from the National Chlamydia Screening Programme website for providers to access free of charge. The quarterly newsletter to all screening sites is currently on its fourth issue and all promotional materials are ordered by providers in all settings on a regular basis.

Gateshead, Sunderland and South Tyneside Council

Bill Kirkup and Emma Heesom

This project aimed to halt the decline in uptake of healthy school meals and to increase their uptake at Key Stage 2 (aged seven to eleven).



The key target audience was initially primary school children but following research and segmentation, headteachers were identified as the primary target audience, with children and parents as the secondary audience.

Following rapid and widespread changes to school meals across England, driven by Jamie Oliver's television campaign, uptake significantly declined. More and more students now opt for packed lunches, but there is a growing concern about their very varied, often low nutritional quality in comparison to school meals. School meals in primary schools make a vital contribution to the dietary intake of school children. The decline in uptake also undermines the financial viability of the school meals service, thereby threatening its ability to continue offering healthy options. In 2007, a collaborative of caterers from the North East, together with Healthy Schools and the local government office, approached The NSMC for guidance in adopting an innovative approach to this issue and were allocated £50,000.



Scoping

The behavioural goal was to increase the number of children in Key Stage 2 eating school meals one to three days a week. The team began in early 2007 by reviewing secondary data, including government policies and previous studies on school meals and healthy eating among children, as well as local, national and international interventions. Semi-structured interviews were held with professionals involved in promoting school meal uptake and healthy eating across schools in the North East, aiming to identify the main factors affecting uptake. A follow-up phase of interviews was carried out in January 2008 with headteachers to understand their attitudes and perceptions of school meals. Primary research was also carried out in spring 2008 with parents and children from the schools in the area. It aimed to investigate how parents and children perceived school meals, reasons for preferring packed lunches or disliking school meals and children's power in the decision-making process.

Key insights from the headteachers indicated there was communication clutter and confusion around school meals. They had been bombarded with information, legislation and advice since it became a government priority, yet there was confusion around who manages the catering services (headteachers or the local education authority) and what could or could not be included in the meals. They also cited a lack of dining hall management; little understanding of nutritional standards; poor customer service skills; poor quality and presentation of food; and a lack of cooking skills and knowledge of different foods on the part of the parents and children as key barriers. For parents, barriers included a loss of control over being able to provide something they knew their child would like and eat plus financial costs of school meals (particularly for families with more than one child). For children, barriers were that popular but unhealthy options (such as chicken nuggets and chips) were no longer offered at school and they were often confronted with food that was unfamiliar, unpopular and different from what they ate at home.







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

Evidence showed that if a headteacher is engaged in the school meal agenda, uptake improves, so headteachers were chosen as the primary audience. Through the qualitative research, headteachers were segmented into four groups: 'too busy', 'disengaged and confused', 'trying within their field' and 'passionate and active'. The intervention was targeted at the second and third segments, as it was believed they would be both responsive to and would benefit most from the intervention. The main competition was a lack of time and competing priorities. Therefore, the intervention needed to offer an attractive exchange in terms of improving student behaviour and decreasing time required for disciplining; increasing concentration and academic performance; and contributing to better qualified and more satisfied staff by designing a more pleasant dining environment.

Development

After scoping, a solutions group was set up to help develop the interventions. It was comprised of catering managers, school cooks and dining room attendees, headteachers and health promotion specialists from the local health authority, as well as school clerks and dinner nannies (lunchtime supervisors). Findings from the secondary and primary research were presented to the group, who then helped develop a multi-pronged strategy that focused on engaging headteachers, encouraging children to eat school meals and training dinner nannies to provide a more supportive and pleasant dining experience.

The intervention needed to appeal to both the headteachers (so that they would implement it in their schools) and the children (in order to improve uptake of school meals). For headteachers, the product was improved student behaviour and organisation in the dining hall and the associated long-term health benefits of eating at least one nutritious meal a day; as well as improved communication with caterers and a lower kitchen staff turnover. A myth-busting card and case study compendium, which highlighted local successful initiatives and overcame misconceptions about the new school meal standards, was also designed. For the children a more relaxed, less crowded and noisy dining room experience was created, using queue management, lunchtime rotation and improved one-to-one management by dinner nannies. Children were considered customers, rather than passive recipients of a service, who made choices based on their own experiences and judgment. The team developed new menus to suit individual school meal tastes; used china plates and bowls as the plastic 'airline' trays were very unpopular; and introduced lunch break changes to ensure each class group is served first at least once a week. Kitchen and dining staff were essential in delivering the new dining room experience, so training in customer service skills, presentation of food, first aid, nutrition standards and positive behavioural management and motivational techniques were part of the mix.

Implementation

During the 2009 autumn term, three schools piloted the dinner nanny training scheme. Implementation was staggered in order to meet the needs of the pilot schools. Training for dinner nannies was completed weekly and took half a term in each school. The printed communication tools were piloted in another school during the 2009 spring term, although all schools across the boroughs could access the online communication tools. A networking and learning event was held at the start of the implementation phase. Finally, dining room changes were made. China plates and bowls were piloted in one school and changes to the lunchtime rota and menus were implemented in the three schools which received the dinner nanny training. Unfortunately, much of the original planned intervention needed to be scaled back due to funding.

Evaluation

The project was evaluated using various methods. First, by telephone interviews pre- and post-intervention with headteachers in the intervention schools and control schools. They were contacted in autumn 2009 and were followed up in February 2010 to complete a questionnaire on the school meals agenda. Second, the team looked at school meal uptake data in the pilot schools, collected from the local authority caterers in January 2009 and again after the intervention in January 2010. These were compared against control data, which is the average school meal uptake figure for the local authority. Finally, interviews and qualitative research was carried out with the dinner nannies who received the extra training.

Key findings were that headteachers reported better relationships with catering managers and the majority reported they now felt able to make changes to their menus. Most notably, school meal uptake in the three pilot schools rose by between 3.5 per cent and nine per cent, depending on which intervention mix the schools received. The dinner nanny training intervention has been accredited locally and used as evidence for a national training programme for lunchtime supervisors. As a direct result of the training, one pilot school has made changes to the dining room experience and another has introduced plates and bowls to replace the 'airline' trays.

Follow up

The interventions occurred during the hype around school meals and the national 2010 school meal figures show an increase, but not as high as some of the pilot schools. Several of the caterers have gone on to identify funds for schools to change their dining space, as has the national organisation, the School Food Trust. This pilot underlined the importance of a positive, customer-orientated dining experience – even at a relatively young age, children require a pleasant experience. The lessons could be transferred to many school-based behaviour change interventions. For example, selecting the right target audience (in this case headteachers rather than children) and further segmenting by attitudes and behaviour allowed the team to focus their efforts on those who are most likely to change and make an impact on the desired outcomes.

NHS Stoke-on-Trent

Deborah Richardson and Viv Caisey

NHS Stoke-on-Trent set out to reduce smoking in pregnancy rates in two high-prevalence neighbourhoods, Meir and Bentilee. The target audience was not just pregnant women but also women who were thinking about starting a family, women who were between pregnancies and women who had children under the age of five.

me2
Stop Smoking Club



Smoking in pregnancy is both a cause and effect of health inequalities and significantly contributes to worsening health outcomes of both mothers and children. Stoke-on-Trent is a designated 'Spearhead' area. This status recognises the extent of existing deprivation in the city, the entrenched nature of health inequalities and the impact this has on the health status of the local population. Smoking during pregnancy rates in Stoke-on-Trent are higher than the national average. While the existing smoking in pregnancy service, 'Quit for a New Life', was making good progress, work done on the Infant Mortality Floor Target Action Plan identified that it was not achieving the results needed to make a significant impact. It became clear that a better understanding of why women were not engaging with the existing service was needed.

In early 2007, The NSMC partnered with NHS Stoke-on-Trent to embark on a £30,000 pilot social marketing project to tackle smoking in pregnancy.



Scoping

The behavioural goal was to increase the number of successful quit attempts among pregnant smokers. To achieve this, the project aimed to encourage more women to engage with smoking cessation services (group or one-to-one) by providing a service women wanted to attend.

Two focus groups with target women were conducted in July 2007, one in Meir and one in Bentilee. The groups identified key barriers for giving up smoking while pregnant; explored women's experiences, attitudes and emotions to smoking during pregnancy; and gave an idea of their ideal local support service. Professional staff and other key partners were interviewed for their views on current interventions and services. Desk research was also conducted to identify local, national and regional campaigns that addressed smoking in pregnancy, which provided useful learning around what had and had not proved successful in the past.

Overwhelmingly, the key insight from the focus groups was that women chose to smoke for some 'me time' as it provided them with a chance to unwind and relax. Women stated that they didn't want to be 'nagged' into quitting smoking and they wanted health professionals to stop focusing on the negatives of smoking which they already knew and did little to motivate them to quit.

Other barriers to quitting smoking included the perceived time and effort involved, peer pressure from family and friends to smoke and the pleasure and enjoyment of smoking. To overcome these barriers, the intervention needed to provide compelling and appealing benefits. Importantly, these benefits should not focus on the health of the mothers' babies, but rather on her own personal sense of wellbeing, such as increased self-esteem, alternative 'me time', feeling and looking good and saving money.





"The experience of using a social marketing approach to a sensitive and important area of work has been enlightening and empowering. The project hasn't just been about a campaign and some leaflets, it has provided us with a product that is attractive and relevant to the client group. It has provided a robust way to engage partners and the end user – and we are starting to see the benefits."

Development

Based on these insights, the project team designed a new concept in stop smoking group sessions, which complemented the existing one-to-one visits and telephone support. The target audience's demand for an attractive service was one that was welcoming and encouraging, where they could relax and meet other women who had quit smoking successfully and those who were trying to quit. The new service therefore had to be inviting and non-judgmental and appeal to them as women, not as mothers or pregnant women.

Two further focus groups were held with target women in November 2007 to pre-test the proposed intervention and its brand identity and values. Following this, the Quit for a New Life service was re-branded and re-positioned to include a *Me2* Stop Smoking Club, which comprised free group sessions focusing on the positive elements of quitting and new ways of creating 'me time'.

Implementation

The Me2 Clubs were launched in summer 2008 as a six-week rolling programme and were refined to suit participant's needs. Sessions included a meet and greet, tips and techniques to help quit smoking, advice on managing stress, exercises to build self-esteem and, crucially, opportunities to relax, and enjoy some 'me' time. No appointments were needed and each session ran for around 90 minutes, with free crèche places provided and all sessions held locally at the Children's Centres. Small incentives, including Me2 branded products, were provided to members when they joined and when they reached their individual goals. The club had an open-door policy and women were free to return if they failed to quit at the first attempt, contributing to an environment where women were free from being 'nagged' and judged.

To attract women to the club, the team attended community events and provided taster sessions in the run up to launch. The clubs were promoted by word-of-mouth from midwives, as well as leaflets and posters that were displayed and distributed by local retailers.

The project also addressed the needs of the professionals who would be critical to service delivery. In-depth specialist training was provided for the 'sales force' of the service, including a new brief intervention training package and DVD using 'role play actors' to demonstrate an effective five minute brief intervention. To increase the capacity of the service, two new support workers were recruited.

Evaluation

Data on the percentage of women who smoke during pregnancy city-wide is disappointing. However, the data relating to Children's Centre areas is encouraging. The percentage of women reported as smoking during pregnancy in the Treehouse Children Centre area in Bentilee (where the pilot intervention took place) declined from 31.9 per cent in 2006 to 2007 to 29.2 per cent in 2007 to 2008.

Feedback from the pilot group sessions was very positive. The Me2 Club in Bentilee was especially well received, delivering an average conversion rate from quit date set to four-week quitter of 60 per cent. Group members also reported increased levels of self-esteem and wellbeing. At the end of 2007 to 2008 the service had delivered 121 four-week quitters compared with 38 in 2006 to 2007.

The club in Meir was not so successful due to a number of factors, including the day of the week it was held. Women who attended the focus groups during the scoping phase said they would prefer a Friday meeting but this did not appear to be the case.

Follow up

The Me2 Club in Meir is being re-evaluated in order to meet women's needs and the team are working with Children's Centre staff to assess the most appropriate way forward. Also, the activities offered by the club are now being further developed and rolled out to other Children's Centres in Stoke-on-Trent.

The team were delighted to win the Health Service Journal's Best Social Marketing Project Award and have shared their experiences with many organisations who wanted to test these findings in their own local areas. Key lessons include: be clear on the project's objectives and clearly define behavioural goals, but be flexible and ready to be challenged – the target audience may not be who you first think they are. It is also important to engage stakeholders from the outset and at each stage of the process. Finally, pre-testing intervention ideas is critical to the success of the project.

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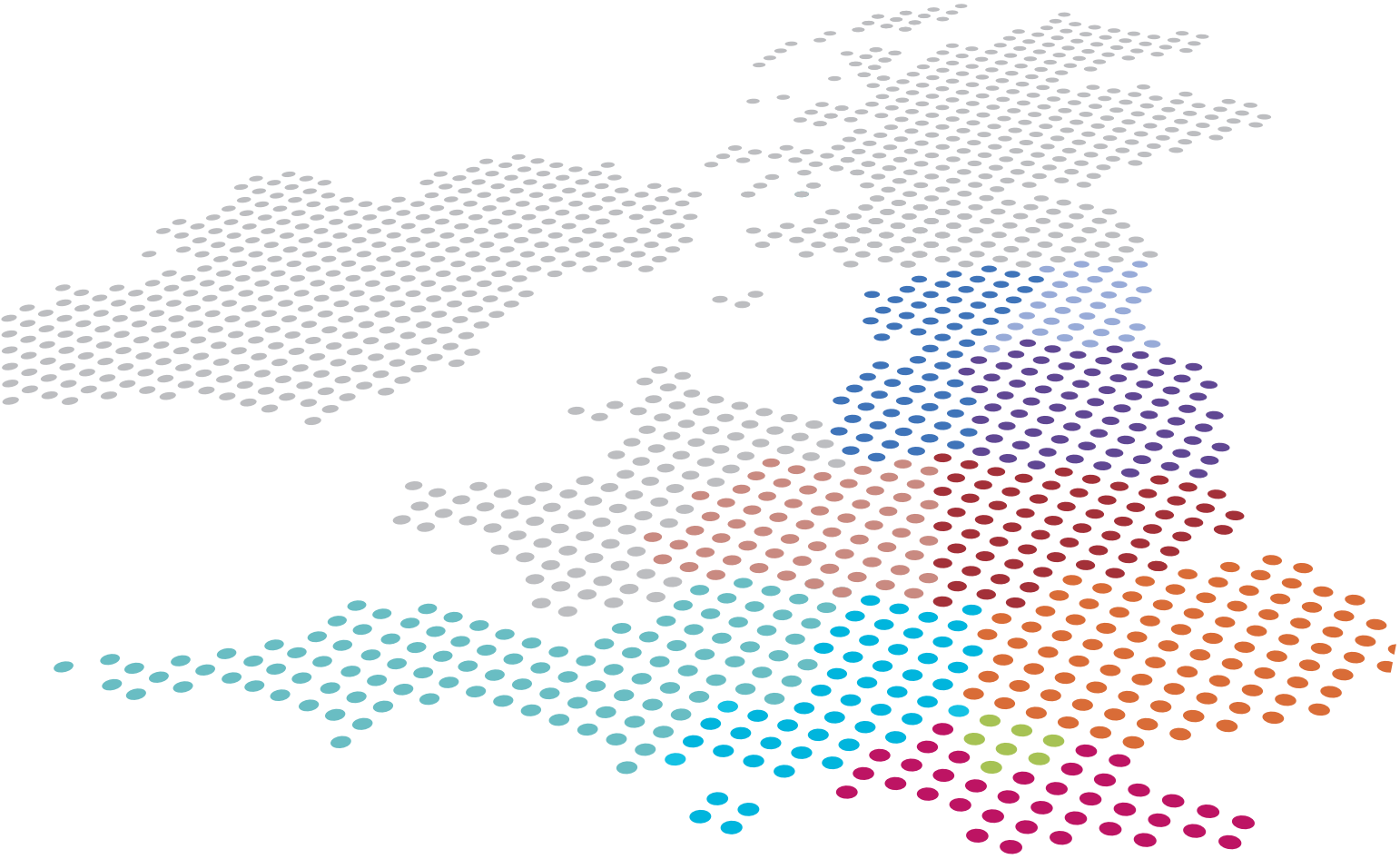
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National
Social Marketing
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Lighting the Beacon

A profile of the ten Beacon Partnership Projects underway in England



Produced by the Regional Social Marketing Development and Support Programme

December 2009



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Introduction

The ten Beacon Partnership Projects for England were established by the National Social Marketing Centre and the Department for Health in early 2009. Their purpose is to demonstrate and showcase best practice in partnership working for social marketing, in order to improve public health outcomes.



The origins of the Beacon projects lie in the 2008 report, 'Ambitions for Health: A strategic framework for maximising the potential of social marketing and health-related behaviour'. This strategic framework sets out how the Department of Health plan to work together with key leaders in the public health community to embed social marketing principles into health improvement programmes. At the heart of this framework are four programmes of action:

1. Health Capacity
2. Health Insight
3. Health Innovation
4. Health Partnerships

One of the key deliverables for **Programme 4: Health Partnerships**, was the establishment and development

of ten Beacon Partnership Projects across England (one in each Strategic Health Authority region) which will become outstanding examples of partnership working, using social marketing to improve health.

All projects had to include two or more key partners and were required to address one or more public health priorities within their region. The focus for the projects could cover single issues such as reducing smoking prevalence, or focus on cross-cutting behavioural issues in target groups such as a poor diet, high alcohol consumption and low activity levels.

The development and delivery of the Beacon Partnership Projects was assigned to the Regional Development and Support team at the National Social Marketing Centre, in late 2008*. Applications were invited in early 2009, from which one project was selected for each of the ten Strategic Health Authority regions in England. Nine projects are now up and running across England, with ongoing evaluation. One project will be chosen in the North West in December 2009 and launched in early 2010. (see page 24).

* For more information on the Regional Development and Support Programme and the Regional Team please go to page 26



Region:
South Central

Partners:
- NHS Portsmouth
- Portsmouth City Council
- The Listening Company
- Members of the Workplace Health and Wellbeing Group
- Hallmark Scheme
- Portsmouth Football Club
- National Social Marketing Centre

Project start:
April 2009

Project end:
End of 2010 (estimated)

Lighting the Beacon in… Portsmouth

The project: To reduce smoking prevalence and increase uptake of stop smoking services amongst females in routine and manual employment in Portsmouth.

Summary

Working with some of the city's largest employers, this project in Portsmouth aims to reduce smoking prevalence and increase uptake of NHS Stop Smoking Services amongst females in routine and manual employment within the city.

The project aims to understand why women smoke, how they feel when they smoke, barriers to quitting, preferred support and motivations to quit. This insight will enable the Portsmouth Local Strategic Partnership to develop Stop Smoking Services that are supportive, accessible and relevant to the target audience.

Why was this project chosen?

Tobacco use remains the number one cause of preventable death and ill health in Portsmouth* and is a major risk factor which contributes to the city's major killers – cardiovascular disease, respiratory disease and cancer. Smoking prevalence within Portsmouth is high, particularly in some communities where it is higher than the national average. Portsmouth is committed to reducing smoking prevalence and the associated burden of ill health.

Nationally, smoking prevalence among routine and manual workers is 29%**. Portsmouth has set a target to reduce this to 26% within the city.



What progress has been made?

As part of the Scoping phase of the project, professional researchers commissioned for the project have already spoken to over 60 women in their place of work whilst on cigarette breaks, held in-depth 'discussion picnics' with workers in two work places, circulated questionnaires and held further in-depth interviews to gain insight into women's smoking behaviour.

An event was held with local stakeholders, including ex-smokers and smoking service commissioners, to help co-design and develop propositions and recommendations to take the project forward.

The target audience has been segmented by behaviour and the steering group will now be setting measurable behavioural goals and will review the recommendations made following the research phase. The chosen recommendations – based on insight – will then be taken forward to the Development stage where potential interventions will be tested among the target segment groups.

* Smokefree Portsmouth – A collaborative strategy for health improvement 2008-2011
** Department of Health's Tobacco Control Marketing Communications Strategy 2008-2010.

"This project has enabled us to develop our partnerships across the NHS, local authority and the private sector within the city for the benefit of our local population. The development of a coherent approach to social marketing will enable us to share learning across other partnerships."

Jonathan Smith, Assistant Head of the Health Improvement and Development Service, Portsmouth City Council

For more information on this Beacon Partnership Project, contact: Emma Wierzbicki, **e.wierzbicki@nsmcentre.org.uk**

Region:
West Midlands

Partners:
- University of Kent
- Government Office West Midlands – Public Health
- Local Supermarkets
- National Social Marketing Centre

Project start:
July 2009

Project end:
July 2010

Lighting the Beacon in… The West Midlands

The project: Exploring the link between obesity and food purchasing behaviour in the West Midlands.

Summary

This project will explore, through qualitative research, what influences us to buy certain foods – in particular, the drivers of 'unhealthy' food purchasing behaviour amongst distinct (vulnerable) consumer segments and their attitudes towards different support programmes designed to change their food purchasing behaviour.

Working with the University of Kent and using store card data, the project team will analyse consumer behaviour to understand attitudes towards diet and health. Previous research has been predominantly qualitative in nature, designed to explore awareness of, and attitudes towards obesity – its causes and how to deal with it – amongst different



social groups (e.g. individuals and families from different socio-economic and ethnic backgrounds). This project proposes to build on previous research by identifying how different the food purchasing behaviour of these different groups actually is, where the vulnerable groups are and how best to intervene for effective behaviour change.

Why was this project chosen?

Obesity is a problem of increasing significance in the West Midlands, which has the highest incidence rate in the UK. The causal factors are related largely to lifestyle and diet, yet changing the lifestyle and food consumption behaviour of individuals is a complex challenge. A recent report by the Department of Health* highlighted the importance of designing intervention strategies that are relevant to distinct (regional) communities, recognising that behaviour change is complex and interventions must be effectively targeted at specific consumer segments. This project will aim to address these recommendations.

What progress has been made?

An indicative unhealthy food list has been formulated, in consultation with regional public health topic leads and the Food Standards Agency. The analysis of basket data and the penetration of unhealthy food in vulnerable consumer group segments has started.

* Healthy Weight, Healthy Lives: A toolkit for developing local strategies (published by the Department of Health, 2008)

"Before investing resources into the development of a range of programmes to tackle obesity, we felt that we should gain a better understanding of food purchasing behaviour and how this relates to the incidence of obesity. This is an innovative and novel approach and it will be interesting to see what we find out."

David Elliott, Public Health Manager, Department of Health West Midlands



For more information on this Beacon Partnership Project, contact: Harjit Kooner, **h.kooner@nsmcentre.org.uk**

Region:
Yorkshire and Humber

Partners:
- North Yorkshire and York PCT
- North Yorkshire County Council
- Whitby Community College
- The Yorkshire and Humber Public Health Observatory
- The Yorkshire and Humber Collaborative
- Commercial partners – The HUB
- National Social Marketing Centre

Project start:
September 2009

Project end:
March 2011

Lighting the Beacon in… Whitby

The project: Reducing the number of teenage pregnancies in Whitby, Yorkshire.

Summary

This project aims to reduce the number of conceptions in girls under 18 in Whitby and surrounding school catchment areas. Through research and working with the target groups, the partnership hopes to understand more about those most likely to engage in risky sexual behaviour and develop insight to inform the commissioning of services/ interventions that will support young women to make different choices.

Why was this project chosen?

Whitby has remained one of North Yorkshire's 'hot-spot' areas for some time. Streonshalh, in particular, has a teenage pregnancy rate amongst the highest 20% in England, with 61.8 under-18 conceptions per 1,000 females aged 15-17.





What progress has been made?

The project is currently in the initial Scoping phase. Over the winter months of 2009-10, a number of actions will take place including:

- Reviewing existing policy and evidence
- Developing a clear definition of the behavioural challenge and behavioural outcomes in relation to the overall project, based on the findings from the literature and policy review
- Conducting a situation/service provision analysis in the local area
- Developing an initial segmentation for testing and produce recommendations for subsequent qualitative research
- Identifying target areas based on geographic / demographic analysis within Whitby for pilot social marketing campaigns
- Producing initial recommendations for interventions based on the evidence review
- Developing initial benchmarking and evaluation measures, including proposals for an evaluation plan

Initial stakeholder engagement meetings have taken place over the last six months to ensure buy-in from all partners, enable all stakeholders to understand the social marketing process and ensure everyone is signed up to their roles and responsibilities. To date, one of the biggest success factors is collaborative working and forming partnerships to address community issues and putting into practice a possible model of how PCTs can approach partnerships in the future.

This Social Marketing project, though relatively small-scale, is important to us for three reasons. Firstly, it's an early opportunity to demonstrate the support we can offer PCTs; secondly, it's a chance to use some of the new tools under development by NSMC; and finally, through working with an external agency, The HUB, it's an opportunity to test one possible model of how we could support the Scoping phase of a project"

Jake Abbas, Assistant Director of the Yorkshire and Humber Public Health Observatory

For more information on this Beacon Partnership Project, contact: Amanda Stocks, **a.stocks@nsmcentre.org.uk**

Real Baby Milk CIC

Region:
South West

Partners:
- NHS Cornwall & Isles of Scilly
- Cornwall Council
- Real Baby Milk
- National Social Marketing Centre

Project start:
April 2009

Project end:
2011

Lighting the Beacon in… Cornwall and Isles of Scilly

The project: Increase the uptake and duration of breastfeeding in Cornwall and Isles of Scilly

Summary

The South West Beacon Partnership Project aims to increase breastfeeding duration rates (to 6-8 weeks) across Cornwall & Isles of Scilly. Evidence shows that maximising the uptake of breastfeeding is a key opportunity to help more children achieve and maintain a healthy weight, and establish good foundations for healthy lives.

Following a literature review, a strong evidence base has led to a very focused primary research phase which will aim to explore key areas with the target population, including:

- Impact of local communications (during pregnancy and after birth to 8 weeks)
- Impact of service and support provision/availability in Cornwall & Isles of Scilly
- Impact of health professionals on breastfeeding initiation/ duration
- Impact of key influencers (partner, family, friends)

Why was this project chosen?

Around 5,000 children are born in the Cornwall and the Isles of Scilly health community each year. Improving the health and wellbeing of children, enabling them to enjoy a happy and healthy lifestyle, is a priority for NHS Cornwall & Isles of Scilly and its wider community. This includes the allocation of additional resources to help children achieve a healthy weight



– one of the ten health outcome priorities identified by NHS Cornwall & Isles of Scilly for the next five years, and mirrored by the UK's national Healthy Weight Healthy Lives* programme to combat obesity.

The South West Beacon project also offers a wider benefit for NHS Cornwall & Isles of Scilly, as it will create a best practice model for how a social marketing and behaviour change approach can be taken from scoping to practical implementation. This learning will then be applied to other key public health topics in Cornwall and the Isles of Scilly.

What progress has been made?

The Steering Group was formed in April 2009 and project initiation and set-up was completed by early summer, with a review of available baseline data undertaken by the Steering Group. Over summer 2009, a secondary research brief was developed and work commissioned to an independent researcher, who undertook a literature review of the substantial evidence base available on this subject. The literature review was completed in August and findings presented at the Steering Group meeting in September. The project managers are now leading the phase II primary research, which is taking place in autumn/winter 09/10.

* Healthy Weight, Healthy Lives: A Cross-Government strategy for England (published by the Department of Health, January 2008)

"Becoming a Beacon Project has been a welcome boost to our existing partnership. It has enabled us to focus on a deeper understanding of our target audience and will support better commissioning of services. The social marketing approach has been embraced because it is highlighting opportunities to build sustainable change, for example, how best to develop our network of breastfeeding peer supporters."

Matt Lenny, Head of Social Marketing, NHS Cornwall & Isles of Scilly

For more information on this Beacon Partnership Project, contact: Jane Grey, **j.grey@nsmcentre.org.uk**

Region:
East of England

Partners:
- Bangladeshi Support Centre
- NHS Suffolk
- National Social Marketing Centre

Project start:
March 2009

Project end:
September 2010 (estimated)



Lighting the Beacon in… Suffolk

The project: Improving health outcomes for the Bangladeshi communities in Suffolk.

Summary

This partnership project was set up to explore some of the health issues facing the Bangladeshi community in Suffolk, with a particular focus on cardiovascular disease (CVD). The project aims to reduce the risk of CVD in the Suffolk Bangladeshi community by trying to promote more healthy behaviours around exercise, healthy eating and smoking.

The partnership will explore achievable lifestyle behaviour change by first gaining insight into the community – how they live their lives, and what moves and motivates them. The insight gained will hopefully lead to responsive commissioning of health services that will meet their needs and reduce health inequalities arising from cardiovascular disease risk in the Bangladeshi community.

The budget for this project has been invested into the Bangladeshi Support Centre as the organisation best placed to deliver the project. This follows NICE guidance around behaviour change for harder to reach communities.

"The Bangladeshi community had clear ideas on how to tackle their health problems. Through the project, trust and friendship has grown between the PCT and this innovative and open community. The result is a tailored programme to improve health and a community which is helping to shape services"

Dr Peter Bradley, Director of Public Health, NHS Suffolk

Why was this project chosen?
The rationale driving the project is that the Bangladeshi community are at a high risk of CVD because of their lifestyle. Men are often working long hours in the restaurant trade and don't have much time for themselves or for healthy eating. Women may be isolated and face language barriers. They may find exercise culturally difficult and don't always know how to access services. This project will test the best ways to communicate with this ethnic group, learning from the good practice of the Support Centre which already has a strong track record of engaging with the target audience.

The East of England region is keen to focus on the needs of this community and other BME communities in the area, by addressing the health inequalities that might exist. A Joint Strategic Needs Assessment and a BME community health needs assessment has already taken place which shows a need to work with this community to help improve their health outcomes.

What progress has been made?
Two project workers, one male and one female who are both Bengali speaking professional interpreters and very experienced community development project workers, have been recruited to the project. The project workers have created an action plan which features a community launch, various engagement activities that will generate community 'insight', a marketing plan and lots of healthy living activities. The project workers will work with the community to set their own goals in order to make behaviour change achievable, working proactively within the community to develop this customer focused programme.

"I find the community so genuine. Mr Khan who runs the centre is the best social marketer I've met in my job up to now – he knows his own community and I'm learning from him."

Sam Revill, East of England Regional Development and Support Manager, National Social Marketing Centre



For more information on this Beacon Partnership Project, contact: Dr Sam Revill, **s.revill@nsmcentre.org.uk**

Region:
South East Coast

Partners:
- North West Kent Countryside Partnership (hosted by Kent County Council)
- Chances4change (Big Lottery)
- NHS West Kent
- Gravesham Borough Council
- Dartford Healthy Living Centre
- National Social Marketing Centre

Project start:
April 2009

Project end:
TBC

Lighting the Beacon in… Kent

The project: 'Naturally Active' provides and promotes activities for people in Dartford and Gravesham, utilising urban green spaces and adjacent countryside to improve both physical activity levels and mental wellbeing.

Summary

'Naturally Active' was started by the North West Countryside Partnership in 2008 and is a three year project providing outdoor activities such as walks, games and conservation activities for people living in Dartford and Gravesham.

The project team is now using social marketing techniques to explore the opportunities for the long-term viability of Naturally Active, based on understanding its role in changing behaviours through outdoor physical activity to improve mental wellbeing for existing and potential new audiences. A key objective is to improve referral rates from professional audiences such as GPs and primary care workers.

Why was this project chosen?

Naturally Active targets the resident populations of Dartford and Gravesham, specifically focusing on six wards which fall within the 20% most deprived wards on the health deprivation and disability domain within the Kent and Medway area. Levels of physical activity in both Dartford and Gravesham are significantly worse than the England average and people in Dartford lead less healthy lifestyles compared with the England average.

A number of significant and high profile policy drivers recognise the role that the outdoor environment is able to play in improving the

physical and mental health of individuals. This project also demonstrated evidence of an existing strong partnership with a diverse range of organisations involved at local, regional and national level.

What progress has been made?

At the project's mid-term point, Naturally Active has been successful in reaching over two thirds of its target number of beneficiaries, achieved in large part through the successful development of relationships with other local groups or communities.

The Steering Group for the project was set up in 2008 and a Social Marketing Sub Group was set up in July 2009 to ensure that social marketing principles and techniques are maximised by the project. Each group has its own terms of reference and there is a clear link between the work of the two groups. The Social Marketing Sub Group recently led a competitive tender process to secure an external agency to undertake the scoping, development and evaluation stages of the project. This was undertaken after a resource analysis to ascertain how best to allocate the Beacon funding.



"Naturally Active is targeting hard to reach groups and individuals who, as their very name suggests are 'hard to reach'. The project was able to save considerable time and resources by not having to start from scratch but rather working with partner organisations locally which were already engaging with these groups. Naturally Active provides them and their clients, at no cost, with a range of activities in local green spaces to help improve physical activity and mental wellbeing levels."

Brian Whittaker, Partnership Manager, North West Kent Countryside Partnership

For more information on this Beacon Partnership Project, visit www.nwkcp.org or contact: Hannah Corbett, **h.corbett@nsmcentre.org.uk**

Region:
East Midlands

Partners:
- Government Office East Midlands – Public Health
- Food Standards Agency
- NHS Lincolnshire
- Lincolnshire County Council
- Consumer Direct
- Trading Standards East Midlands,
- National Social Marketing Centre
- The Food Liaison Group, Lincolnshire

Project start:
July 2009

Project end:
December 2011

Lighting the Beacon in… The East Midlands

The project: Changing behaviour within the takeaway industry in the East Midlands

Summary

This project aims to change the behaviour of those who supply takeaway food to consumers such as cooks, food preparers and takeaway owners in a bid to provide healthier food options for consumers. This means looking at the supply chain – how they cook, what they buy and where it is sourced from. The project will explore the competition and the exchange that is needed to get establishments to cut the high levels of saturated fat, salt and calories found in popular dishes.

Primarily, the project will be working with the Indian restaurant and takeaway industry but, if successful, the project hopes to expand to look at other takeaway industries. The sharing and learning from the research and insight undertaken in Lincolnshire will be shared with other target areas across the East Midlands such as Leicester, Derby, Northampton and Nottingham, so they can test and pilot interventions to help change behaviour within the takeaway industry.

Why was this project chosen?

Obesity is one of the biggest health challenges we face. Almost one in four adults in England are currently obese, and if this continues 60% of men, 50% of women and 25% of children would be obese by 2050*.

Trading Standards East Midlands have undertaken testing and sampling across the East Midlands and found 92 of the 171 meals they tested (54%) fell into

amber or red categories when tested for saturated fat. 53 meals exceeded the daily amount of salt (6g) with 16 meals containing 12g or more per serving – double the daily recommended level.

What progress has been made?

The project is currently in the scoping stage. Researchers are carrying out 50 semi-structured telephone interviews with staff in Indian restaurants and takeaways across Lincolnshire, undertaking a series of 10 more in-depth qualitative discussions (face-to-face and telephone) with a cross section of Indian takeaway staff in order to create qualitative case studies, as well as carrying out face-to-face surveys with 500 regular eaters of Indian food across Lincolnshire. The project aims to test out some interventions in April 2010 once the research stage has concluded.

* The Foresight report, Tackling Obesities: Future Choices project, published in October 2007



"This project is innovative because it is trying to change the behaviour of those who supply the food rather than directly targeting consumers to ask them to cut down or cut out. If we can work with the industry to help them to produce healthier products for consumers we are one step closer to tackling the impact of a diet high in salt and saturated fat".

Dr Mandy Bretman, Director of Public Health and Partnerships, NHS Lincolnshire

For more information on this Beacon Partnership Project, contact: Kelly Evans, **k.evans@nsmcentre.org.uk**

Region:
North East

Partners:
- The Newcastle United Football Foundation
- The National Social Marketing Centre (NSMC)
- NHS North East
- The local voluntary sector/ Health Trainer programme
- National Social Marketing Centre

Project start:
Summer 2009

Project end:
2012



Lighting the Beacon in…Newcastle

The project: Motivating men with poor health to improve their diet, increase their activity levels and quit smoking.

Summary

This project aims to engage men from targeted communities who are most likely to have health problems due to lack of exercise, poor diet and smoking. It will use the popularity of Newcastle United within the community as the motivational factor for the men to become involved.

Why this project was chosen

Regular physical activity of moderate intensity, such as brisk walking, can bring about major health benefits. Increasing levels of physical activity helps to reduce coronary heart disease and obesity, hypertension, depression and anxiety. Even relatively small increases in physical activity can protect against chronic disease and improve quality of life and can help us all to lead healthier and even happier lives, irrespective of age.

What progress has been made?

A specialist health trainer has already been recruited to the project to work with men in West Newcastle to encourage them to take up community football to improve fitness. The programme will follow the idea of a football 'season' and sessions are being planned at a variety of times including day, evening and weekends to maximise attendance. This project is being developed in conjunction with the targeted men, using focus groups to test assumptions about the key drivers which will incentivise this group of men to make a change in their lifestyle. The project will





then develop further to include staged incentives to address diet, smoking and possibly alcohol use.

Incentives for men to continue with the programme include free match tickets and visits to the ground. An end of programme 'friendly' game between the two groups involved has proved a popular inclusion. As the programme progresses, a Match Day MOT is to be offered and additional sessions on cooking, healthy diet and stopping smoking.

Already 20 Dads are involved in playing community football sessions on a Saturday morning, while their kids are looked after at the community centre.

Health trainers are now recruited and links with the communities to recruit onto the programme are well advanced. Focus groups have been carried out at the club with the target market to test assumptions and to start to design the programme module for delivery.

A pilot will be launched before Christmas which will offer men a choice of two regular timetabled sessions for football coaching. This will be followed by additional sessions on diet which will be linked to staged incentives such as free tickets to matches. If they complete the programme there will be a 'friendly' with the other group of men who are based in Ashington.

"This is a great example of positive partnership working. Our community workers are able to get the right kind of men on board and we are able to provide the design and direction for the programme to be successful."

Elaine Wilson, North East Regional Development and Support Manager, National Social Marketing Centre

For more information on this Beacon Partnership Project, contact: Elaine Wilson, **e.wilson@nsmcentre.org.uk**

Region:
London

Partners:
- NHS Ealing
- Ealing Hospital Trust
- Harmoni GP out-of-hours provider
- Ealing Local Involvement Network
- National Social Marketing Centre
- A Community organisation – TBC

Project start
June 2009

Project end
September 2010

Lighting the Beacon in… Ealing, London

The project: Reducing the demand for urgent care services in Ealing.

Summary

This project aims to work with a range of providers – statutory, provider and community – to reduce the use of the Emergency Department by people who attend with healthcare issues that do not need specialist input emergency care. Target groups include children and people from backgrounds or cultures where healthcare is mainly provided by hospitals. The project will seek to better understand the patterns of current behaviour and reasons for using the Emergency Department.

It will then develop a targeted approach using a variety of interventions, drawing on best practice from across the country and harnessing the knowledge and skills of all the partners to address the problem.

Why was this project chosen?

Currently around 40-50% of people who attend the Emergency Department at Ealing Hospital Trust have issues that could be managed elsewhere, for example, care and support in pharmacies, GP surgeries or even at home.





What progress has been made?

A preliminary working group has reviewed current pressures on the Emergency Department and have gathered information on attendance by ethnic groups and children under five years. This highlighted a need to undertake further work on data collection. A number of stakeholder engagement sessions are planned for the winter months.

"Improving the responsiveness of unscheduled care services for the people of Ealing is a priority for all of the partners in this project. Only by understanding more about the people who use our services and working together to design interventions which meet their needs, can we do this as effectively as possible."

Robert Creighton, Chief Executive, NHS Ealing

For more information on this Beacon Partnership Project, contact: Emmet Giltrap, **e.giltrap@nsmcentre.org.uk**

Region:
North West

Partners
- At least two partners required
- Plus National Social Marketing Centre

Project start:
Early 2010

Project end:
TBC

Lighting the Beacon in… The North West

Summary

Initially, the beacon project for the North West was one that focused on ensuring 16-19 year old women choose, access and use contraception that is effective for preventing pregnancy and matches their needs. The project focused on understanding the attitudes, beliefs and behaviours of 16-19 year old women when it comes to contraception. In particular, the project looked at how partners, peers, parents and professionals influence 16-19 year olds women choice of contraception and work with 16-19 year old women to develop approaches that enable them to choose, access and use effective contraception.

What progress has been made?

The North West partnership developed a social marketing strategy on contraceptive choice that focuses on enabling the target audiences to explore and discover for themselves a contraceptive that is right for them, explore care pathways and training for staff to deliver key messages at key points and to encouraging conversations between young women and their mothers.

A review of this strategy highlighted a need for regional and sub-regional organisations to concentrate on staff development needs to support a new national





campaign on contraceptive choice. The partnership group was disbanded in order for them to develop this work which means that resources will be released for a second new partnership project in the region – launching in early 2010.

Proposals are being invited in December 2009, with work commencing on the new project in January 2010.

"The project has demonstrated to me that working with the private sector can be particularly productive. They have provided research, intelligence, expertise and resources that we have put to good use."

Mike Hope, Regional Development and Support Manager

For more information on this Beacon Partnership Project, contact: Mike Hope, **m.hope@nsmcentre.org.uk**

Programme start date:
2008

Programme end date:
TBC

Funded by:
Department of Health

Programme Director:
Marie Meredith

Programme Team:
- Emma Wierzbicki (South Central)
- Harjit Kooner (West Midlands)
- Amanda Stocks (Yorkshire and Humber)
- Jane Grey (South West)
- Sam Revill (East of England)
- Hannah Corbett (South East Coast)
- Kelly Evans (East Midlands)
- Elaine Wilson (North East)
- Emmet Giltrap (London)
- Mike Hope (North West)

The Regional Development and Support Programme

About the regional programme
The ten Beacon Partnership Projects were set up in 2009 by the ten Regional Development and Support Managers recruited into the National Social Marketing Centre by the Department of Health to work in the English regions with the NHS to help build capacity and capability in social marketing. One of their tasks was to establish a beacon partnership project in every region. As well as establishing these projects the regional managers have:

- Undertaken a review to establish the capacity and capability to embed social marketing at a local level within the NHS
- Collated its findings into a national report, A Review of Social Marketing within Public Health Settings (July 2009, available to download at: **www.nsmc.org.uk**
- Created a development and support action plan for each region (based on analysis of the Review findings).
- Created a comprehensive modular training programme that will take NHS professionals from novice social marketers to practitioners. The programme will deliver over 150 one day courses (4000 training places) from September 2009 to March 2010.
- Developed a Masterclass on social marketing for Directors, Senior Managers in the NHS and strategic partners which will be rolled out from January 2010 across the regions.

- Piloted support packages for the NHS – including a tailored package of support for Primary Care Trusts in the South East Coast region on how to design and implement behaviour change programmes for Change4Life
- Built relationships and partnerships with the regional and local NHS and its partners
- Assisted the development (and commissioning) of social marketing at a local, regional and national level
- Assisted the Department of Health (including the National Support Teams) and other government and statutory bodies on topic specific behavioural challenges such as smoking, obesity, alcohol misuse, cancer and sexual health.



For more information on the regional programme please contact Marie Meredith, Director of Regional & Local Development

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The NSMC is a strategic partnership
between the Department of Health
and Consumer Focus



National Social Marketing Centre



Review of Social Marketing within Public Health Regional Settings

Snapshot: November 2008 to January 2009

Department of Health
Health Improvement & Protection Directorate

Prepared for:

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Date: March 2009

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning / Performance	Finance
Clinical	Social Care / Partnership Working

Document Purpose	For Information
Gateway Reference	11637
Title	Review of Social Marketing within Public Health Regional Settings November 2008-January 2009
Author	National Social Marketing Centre for DH, HIP, Social Marketing & Health Related Behaviour
Publication Date	**July 2009**
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Directors of PH, Communications Leads
Circulation List	Medical Directors, Local Authority CEs, PCT PEC Chairs, PCT Chairs, Allied Health Professionals, Voluntary Organisations/NDPBs
Description	This report gives a snapshot in time of how social marketing was being used within Public Health. It is intended to inform policy-makers, commissioners and health professionals about levels of understanding, knowledge and practice of social marketing within Primary Care Trusts. It identifies opportunities to support the development of knowledge, skills and capacity in social marketing aimed at improving the delivery of services within Public Health.
Cross Ref	**'It's Our Health!'**
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
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Executive Summary

1.1 Background and context

In 2006, the National Consumer Council published 'It's Our Health!', which highlighted the links between social marketing and positive behavioural change, and called for the establishment of a National Social Marketing Centre (NSMC) to help build capacity and skills in social marketing in England. In its response, 'Ambitions for Health', the Department of Health (DH) focused on four key areas:

- increasing knowledge and skills among health professionals
- understanding what motivates people to change their behaviour
- finding innovative ways to improve people's health
- encouraging and supporting partnership working at local and regional level

The NSMC was established in 2006, with a remit that spans all four of these areas. By January 2009, the NSMC had appointed ten Social Marketing Regional Development and Support Managers (RDSMs) — one for each Strategic Health Authority (SHA). The RDSMs' role is to provide guidance and support for social marketing projects and initiatives, tailored to the specific needs of each region.

Their initial task was to undertake a comprehensive social marketing review of their own region, gathering evidence about existing social marketing activity and identifying gaps in knowledge and skills.

1.2 About this report

This report provides a summary of findings from the RDSMs' social marketing review across the ten SHAs. In the two regions which had not yet appointed a Regional Support and Development Manager, two interim freelance consultants were commissioned to carry out the reviews. It aims to give policy-makers, commissioners and health professionals a clear picture of levels of knowledge, understanding and practice in social marketing within the Primary Care Trusts (PCTs), as at early 2009.

It is aimed at policy-makers, commissioners and health professionals, to give an insight into how social marketing is understood, championed and delivered within the local settings.

This report provides a snapshot in time of how social marketing was being used within PCTs and in some cases with strategic partners.

This report provides a snapshot in time (between November 2008 and January 2009) of how social marketing was being used within PCTs and in some cases with strategic partners. The content is based on in-depth interviews with staff working in a range of different roles in the ten SHAs regions. Findings are grouped under the following headings:

- defining and understanding social marketing
- current social marketing activity
- support for social marketing
- resources
- barriers to social marketing

The report then provides a short summary of conclusions and recommendations – based on the insight gained during the reviews – on how barriers to the adoption of social marketing might be overcome, alongside a compilation of training and development needs across the regions.

1.3 Key findings

Defining and understanding social marketing

Across all regions, awareness of the term 'social marketing' is high, but levels of understanding vary. Some respondents confused social marketing with advertising and/or current health promotion work. Staff in public health and communications had a better level of understanding than those in commissioning.

Most respondents saw social marketing as a valuable way of gaining meaningful insights into customer needs, developing tightly targeted communications and bringing about lasting behaviour change (see Appendix 8). However, there were also negative perceptions, with people describing social marketing as too academic or 'difficult', or pointing out the difficulty of achieving measurable results. Others dismissed it as simply the latest 'buzz word'.

Awareness of the NSMC was very high. Most respondents had made use of the Centre's resources and taken part in NSMC developed training courses (see Appendix 6).

Current social marketing activity

Involvement in social marketing activities varied significantly from region to region

Involvement in social marketing activities varied significantly from region to region. Even in those areas with the highest levels of activity, almost all projects were still in their infancy, contributing to the lack of case studies and evidence cited by many respondents. Projects focused on a range of Public Service Agreement (PSA) targets (see Appendix 7). Overall, the commonest target was smoking cessation, but significant numbers of projects also focused on alcohol consumption, reducing mortality, maintaining a healthy weight, sexual health and MMR uptake.

Projects were assessed against the benchmark criteria developed by the NSMC (see Appendix 2) to measure how far they met a formal definition of social marketing. Projects were most likely to satisfy the criteria for behaviour, customer orientation and segmentation, and least likely to satisfy the criteria for competition, theory and exchange. Some regions were also making extensive use of the NSMC's 'Total Process Planning' Model (see Appendix 3), while others had adopted it for a small minority of projects only.

Support for social marketing

Commitment to social marketing was high. In most PCTs, social marketing was championed at a very senior level, typically by Directors of Public Health or Communication, and many either had already appointed or were planning to appoint people to dedicated social marketing posts. Several regions were in the process of setting up frameworks, steering groups or units to manage social marketing projects. Social marketing was most likely to 'sit' within public health or communication directorates.

Most PCTs had some staff who had taken part in introductory social marketing workshops run by the NSMC. Respondents also talked about topic-based training run by independent providers. National training was funded by the NSMC. Regional or PCT-specific training was funded by the SHA, regional government office or the PCT itself. For most participants, training helped raise awareness. There was strong demand for more practical training.

All regions had received visits from the DH's National Support Teams (NSTs). Some regions with Spearhead areas obviously received more visits and, therefore, were more aware of the feedback advice and guidance on social marketing. As a result of NST visits in some regions, PCTs had been prompted to start looking at how social marketing could help them meet their goals, and to source appropriate social marketing training and support.

In all regions, PCTs had worked with external agencies for all or part of their social marketing activity. There was some concern that this could act as a barrier to the

development of skills in-house. One PCT was addressing this by running a project in-house but using an external agency as mentor. Contact with agencies seemed to highlight a need for training in procurement and commissioning.

Most, if not all projects involved partnership working, most commonly with the local authority

Most, if not all projects involved partnership working, most commonly with the local authority. Other partners included community groups, youth groups, GPs, health workers, Connexions, local schools, acute care providers, football clubs and private sector employers. Regions also cited a range of existing networks, which generally represented either a sector (communications, public health) or a topic (tobacco control, sexual health, obesity). The consensus was that these should expand their remit to include social marketing.

Resources

Social marketing was being led — and championed — by PCT staff working in a range of areas and at different levels of seniority. All regions had either already appointed, or were planning to appoint, dedicated social marketers.

In the 2008/09 financial year, the vast majority of PCTs had used money from non-dedicated budgets, typically public health or communications, to pay for social marketing activities. For the 2009/10 financial year, a significant number, though not a convincing majority, were planning to either set up a dedicated social marketing budget or to allocate specific funds to social marketing projects, although this varied considerably from region to region. Amounts allocated also varied considerably, making it difficult to develop a clear, consistent picture of PCT-allocated funding for social marketing.

Barriers to social marketing

The following list provides a summary of the key barriers to developing and implementing social marketing, as cited by all or a significant proportion of the regions (see Appendix 4):

- lack of resources
- lack of capacity
- lack of awareness and understanding
- yearly targets
- lack of robust evidence and case studies
- organisational structure problems
- lack of support
- cultural and ethical issues
- external constraints

1.4 Recommendations for developing social marketing at Primary Care Trust level

Respondents made the following recommendations for overcoming barriers to working with and developing social marketing within the PCT settings (see Appendix 5):

Embedding social marketing within PCTs

- embed social marketing at a strategic level
- increase capacity
- increase budgets for social marketing
- allocate more time for social marketing

Provision of training and support material

- raise awareness and understanding of social marketing
- provide tailored training for staff at different levels and in different roles
- develop practical tools and resources
- make evaluation a priority and develop a robust evidence base

Networks and events to support social marketing

- establish a network for sharing knowledge and resources
- set up social marketing steering groups/regional hubs
- organise events and conferences – regional and national

Background and context

2.1 'It's Our Health!'

In 2006, the National Consumer Council (NCC) launched 'It's Our Health!', the first ever national review of health-related campaigns and social marketing in England. The review highlighted the need for a social marketing approach to encouraging positive behavioural change. Commissioned by the Department of Health (DH) as part of its 'Choosing Health' White Paper commitments, the report set out findings, along with strategic and operational recommendations, on how social marketing could be applied to improve the impact and effectiveness of health promotion at national and local levels.

One of the recommendations was the establishment of a National Social Marketing Centre

One of the recommendations was the establishment of a National Social Marketing Centre (the NSMC) to support the DH's National Health Improvement Social Marketing strategy, and deliver a work programme focused on building capacity and skills in social marketing. The NSMC was set up in 2006 as a strategic partnership between the DH and Consumer Focus (formally the NCC).

The review also confirmed the growing evidence that social marketing could help more people to live healthier lives. It highlighted gaps in capacity and skills in social marketing, and provided a range of practical recommendations for ways in which the government could build capacity and integrate social marketing into policy and practice. The review also showed where good practice could be built into future learning.

2.2 'Ambitions for Health'

In July 2008, the DH published its formal response to 'It's Our Health!', entitled 'Ambitions for Health: a strategic framework for maximising the potential of social marketing and health-related behaviour'. 'Ambitions for Health' sets out how the DH planned to:

- embed a social marketing approach to improve people's health and change behaviour
- work in partnership across government, and with industry and the voluntary sector, to support the changes people need to make to enjoy the best possible health
- take action on the key learnings from the Health Challenge England road shows and maintain the momentum by ensuring that social marketing is further embedded into public health systems

The new framework for social marketing is based on four key areas:

- **Health capacity:** increasing the skills and knowledge of public health professionals through a series of conferences, seminars and research materials
- **Health insight:** what motivates people to change their behaviour? A new 'Healthy Foundations Lifestage Segmentation Model', due to go live by winter 2009, will provide a 360-degree picture of the population and individual behaviour across issues including obesity, drug and alcohol misuse and smoking. A new 'one stop research shop' will also bring together a vast array of useful data in one place
- **Health innovations:** putting social marketing into action locally, regionally and nationally. Learning from the successes of programmes such as Health Trainers and Life Checks will inform future innovative ways to improve people's health
- **Health partnerships:** establishing a £1 million per annum capacity building fund to provide local and regional support for building partnerships

Social marketing has been moving steadily up the political agenda

Social marketing has been moving steadily up the political agenda. It is seen by both the Cabinet Office and the Prime Minister's Strategy Unit as an essential tool in the delivery of national strategy at a local level.

2.3 The National Social Marketing Centre

In 2006, the National Social Marketing Centre (NSMC) was established to support the DH's National Health Improvement Social Marketing strategy, and to deliver a work programme focused on building capacity and skills in social marketing and public health. It does this by working with others to increase understanding and practical use of strategic and operational social marketing at national and local levels.

The DH National Support Teams (NSTs) identified the growing demand for professional social marketing support to enable Primary Care Trusts (PCTs) to commission social marketing projects. With the NST input, the Health Improvement Directorate subsequently funded the NSMC to recruit, co-ordinate and professionally develop ten Social Marketing Regional Development and Support Managers (RDSMs), to provide local planning and project management support for the growing interest in social marketing initiatives and programmes at local level within each Strategic Health Authority (SHA) region.

2.4 The Role of the Social Marketing Regional Development and Support Managers

By January 2009, the NSMC had appointed ten RDSMs - one for each SHA. Their role is to provide guidance and support for social marketing projects and initiatives, tailored to the specific needs of each region.

Their initial task was to undertake a comprehensive social marketing review of their own region, gathering evidence about existing social marketing activity and identifying gaps in knowledge and skills. This report provides a summary of findings from those reviews and aims to give policy-makers, commissioners and health professionals a clear picture of levels of knowledge, understanding and practice in social marketing as at early 2009. It will provide a baseline for the RDSMs in building knowledge, skills and capability in social marketing within the regional settings.

Their second objective is to identify a potential or existing NHS social marketing project that has at least three partners and would benefit from strategic social marketing suppport. These projects will be given 'Beacon Partnership' status and specific support and funding from the regional budgets.

Their third and ongoing objective is to ensure that all PCT directors and commissioners of social marketing projects understand what social marketing is and are in a position to commission effective social marketing projects. Working from the evidence gathered

during the review, the RDSMs will identify local training and development needs, and then build regional capacity development plans, to be agreed with the Regional Directors of Public Health and linked to NSMC/DH national strategy for putting social marketing into action nationally, regionally and locally.

2.5 Linking national, regional and local policy

To ensure that the RDSMs are 'on message' and that DH policy and communications are consistent at regional and local levels, each RDSM has responsibility for a health-related topic, such as obesity or tobacco control. They work with the DH policy, communications, campaigns and NST leads responsible for the topics.

Purpose of this report

3.1 Aims

The aim of this report is to provide a snapshot in time (between November 2008 and January 2009) of how social marketing was being used within Primary Care Trusts (PCTs) in England.

It is intended to inform policy-makers, commissioners and health professionals about current levels of understanding, knowledge and practice of social marketing at different levels within PCTs and, in some cases, among their local strategic partners.

It also identifies current and future opportunities for Strategic Health Authorities (SHAs), the Regional Government Offices (RGOs) and the NSMC to support and develop knowledge, skills and capacity in social marketing and support programmes aimed at improving the delivery of services within public health.

3.2 Objectives

The report summarises findings under the following headings.

Defining and understanding social marketing

- How NHS professionals define social marketing
- How these definitions match the NSMC's benchmark criteria for social marketing

Current social marketing activity

- How, and to what extent, PCTs are using social marketing
- The extent to which these social marketing interventions reflect the NSMC benchmark criteria

Support for social marketing

- General levels of interest in and commitment to social marketing
- Whether and, if so, where social marketing is championed within PCTs
- Where responsibility for social marketing sits within PCTs
- Who has had social marketing training, and what impact this has had
- Priority future training needs

Resources

- Levels of human and financial resources available to support the development of social marketing

Barriers to social marketing

- Potential barriers to the development and implementation of effective social marketing interventions

It then provides a short summary of conclusions, before going on to consider how these barriers might be overcome and to set out some suggested next steps.

3.3 Methodology and approach

The content of this report has been informed by in-depth interviews with a range of staff in the ten Strategic Health Authority regions

The content of this report has been informed by in-depth interviews with a range of staff in the ten Strategic Health Authority regions. Some interviews were carried out face-to-face, while others were conducted by telephone. Interviews were semi-structured and lasted between 35 minutes and an hour. Most interviews were conducted individually. The interviews were carried out between November 2008 and January 2009. A standard questionnaire was used throughout, but interviews were not limited solely to the set questions. Wider issues arising were discussed and captured during the meetings. Interviewees included:

- Directors of Public Health or their deputies
- Public Health professionals (often with lead responsibility for PSA target areas)
- Health Promotion specialists
- Directors of Communication or equivalent
- Communication Managers
- Commissioning Managers

See Appendix 1 for a copy of the full questionnaire.

Key findings

4.1 Defining and understanding social marketing

How healthcare professionals define social marketing

In all the regions, awareness of the term 'social marketing' was high. Levels of understanding, though, varied significantly. Some respondents gave detailed, accurate definitions.

"It's a well-defined process which is about engaging with communities and individuals and understanding better how we can help them change whatever we want to work on."

"Applying the commercial marketing practices including planning and evaluating programmes which are about looking at the way people behave, focusing on target groups so we can improve the outcomes [health outcomes] for individuals and for everyone around them."

In one region, responses were measured against a widely-used academic definition of the term, 'the systematic application of marketing alongside other concepts and techniques to achieve specific behavioural goals for a social good' (French and Blair-Stevens, 2006). Just over half the respondents gave a description of social marketing that at least part-matched this definition.

Across the regions, a significant minority of people confused social marketing with conventional marketing and advertising activities.

Across the regions, a significant minority of people confused social marketing with conventional marketing and advertising activities.

"It's sophisticated advertising."

"Advertising for the good of the nation; using advertising to bang home health messages."

In one region, researchers found evidence of confusion between social marketing and health promotion. In some areas, the health promotion workforce saw social marketing as a threat to their traditional way of working, fearing that it could shift the emphasis onto communication and marketing, at the expense of client engagement and redefining services to meet client needs. In others, though, health promotion colleagues welcomed social marketing as a more systematic way of achieving goals they felt they had been working towards for some time.

Understanding varied according to level of seniority and job role. In the case of seniority, there was no consistent correlation: in some regions, leaders were more knowledgeable about social marketing; in others, operational staff and middle managers were better informed. However, in the case of job role, the findings highlighted a very distinct trend, with staff in communications and public health tending to have a better understanding of social marketing than those working in commissioning directorates.

Attitudes to social marketing

A very significant majority of respondents in all regions felt enthusiastic and positive about the potential of social marketing to help them achieve their goals. In one region, 99 per cent of interviewees said they felt there was a clear need for social marketing within their organisation as a whole and/or in their specific work area. Another region had a negative experience of running a high profile social marketing initiative, but their willingness to be open about the experience and learn from it had kept levels of enthusiasm high, and minimised disenchantment about social marketing.

Respondents identified the ability of social marketing to provide meaningful insights into the needs of the target audience, as its key strength.

"…It's more than just knowing how old they [target groups] are and where they live – it is about finding out how they tick."

Many also cited the potential advantages which social marketing offered for segmented, tailored communications that meet the needs of tightly defined groups.

"[It] puts us in touch with client groups we most need to work with. We can design services that most fit their needs. [It's] not just one message fits all."

Social marketing was also seen as a way of bringing about lasting changes to people's behaviour.

"It forces us to…change our work rather than [just] giving people a leaflet. It helps [us] understand the difference between raising awareness and changing behaviour."

See Appendix 8 for more quotes highlighting attitudes to social marketing.

Sensitivities

Respondents cited a need for practical toolkits to support the application of social marketing principles

The most common negative perception of social marketing was that it was somehow 'difficult' — a complex academic concept rather than a practical tool. Respondents cited a need for practical toolkits to support the application of social marketing principles and for evidence-based case studies showing how principles have been put into practice. In at least one region, respondents expressed concern that social marketing could be seen as failing to deliver measurable results.

There was also a sense that, while social marketing was good at providing insights, it was less good at translating those insights into action.

"Social marketing is strong on analysis and weak on providing tools for delivery that we haven't already got."

There was also some scepticism. Some viewed social marketing as just another buzz word. Even among those who were generally enthusiastic about the concept, there was a feeling that social marketing was something health organisations had been doing for years.

"It's just a new language for things we're already doing. It's the Emperor's New Clothes."

See Appendix 8 for more quotes highlighting attitudes to social marketing.

Awareness of the National Social Marketing Centre

Awareness of the National Social Marketing Centre (NSMC) was very high, ranging from around 75 per cent all the way up to 100 per cent in some regions. Most respondents who were aware of the NSMC had also made use of its resources, most commonly the website. See Appendix 6 for a summary of findings.

Significant numbers had also taken part in NSMC training courses and asked NSMC staff for information and advice. While feedback about the Centre was generally very positive, some respondents felt that its resources tended to be academic rather than practical. In one region, awareness was noticeably lower among commissioners than among those working in communications and public health.

4.2 Current social marketing activity

How Primary Care Trusts are using social marketing

The extent and nature of social marketing activity varied significantly across the regions. In one region, which describes itself as an 'early adopter', all PCTs were running social marketing projects and had allocated dedicated social marketing budgets for the financial

year 2009/10 (see page 15 for more on financial resources). In most cases, these projects involved PCTs working with a range of partners including local authorities, community groups and, in some cases, private sector organisations (see page 15 for more detail).

Most social marketing initiatives were either still being scoped or were in the early stages of implementation

Even in the 'early adopter' region, only two projects out of a total of over 50 had reached the evaluation stage. Most social marketing initiatives were either still being scoped or were in the early stages of implementation. One region described some of its PCTs as 'just beginning to look at how social marketing can help in service redesign and tackling public health issues'. This could explain the apparent shortage of case studies and evidence reported by many respondents.

Projects aimed to tackle a range of individual Public Service Agreement (PSA) targets; none were trying to address more than one target at the same time. Across the regions, the highest priority target appeared to be smoking cessation. Significant numbers of projects also focused on alcohol consumption, reducing mortality across areas including heart disease and cancer, maintaining a healthy weight, sexual health and increasing MMR immunisation uptake. In one region, several projects cited the promotion of emotional and mental wellbeing as a key goal. In those regions with spearhead areas — where health inequalities are a particular challenge — there was evidence of social marketing being used to target tightly defined communities. See Appendix 7 for further details of PSA targets.

Social marketing projects and the NSMC benchmark criteria

The NSMC has developed a set of benchmark criteria, (French and Blair-Stevens (2006), adapted from original benchmark criteria developed by Andreasen (2002)), designed to help identify whether a project or initiative can accurately be defined as 'social marketing'. The criteria were developed following a comprehensive independent review of social marketing methods and approaches. They aim to provide a robust framework to help those planning and developing interventions to ensure they are consistent with the best evidence-based principle and practice in social marketing. The criteria define social marketing interventions as having the following characteristics:

1. CUSTOMER ORIENTATION: Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources
2. BEHAVIOUR: Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behavioural goals
3. THEORY: Is behavioural theory-based and informed. Drawing from an integrated theory framework
4. INSIGHT: Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'
5. EXCHANGE: Incorporates an 'exchange' analysis. Understands what the person has to give up to get the benefits proposed
6. COMPETITION: Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience
7. SEGMENTATION: Uses a developed segmentation approach (not just targeting). Avoids blanket approaches
8. METHODS MIX: Identifies an appropriate 'mix of methods'

Appendix 2 sets out the benchmark criteria in full, including guidance on how to identify whether they are being met.

The social marketing projects identified in the course of the review varied considerably in the extent to which they met these criteria. Overall, projects were most likely to satisfy the criteria for behaviour, customer orientation and segmentation, although research in at least one region suggested that there was some scope for a more sophisticated approach to both customer orientation and segmentation. There was significant variation in the areas of *methods mix* and *insight*, with some regions very strong and others very weak.

Projects were least likely to satisfy the criteria for *competition*, *theory* (although in one region 'most projects framed their work with academic theory') and *exchange*. In another region, levels of knowledge and awareness of the criteria as a whole was low, and there was little understanding of social marketing as a systematic process.

The NSMC has also developed a practical tool, the 'Total Process Planning Framework'

The NSMC has also developed a practical tool, the 'Total Process Planning Framework', designed to guide health professionals through the five stages of creating effective social marketing interventions:

1. Scope
2. Develop
3. Implement
4. Evaluate
5. Follow-up

In some regions, the model was being 'widely used'; in others, it had been adopted by a small minority of projects. See Appendix 3 for further details of the Total Process Planning Framework.

4.3 Support for social marketing

Support for social marketing within Primary Care Trusts

General commitment

Generally, researchers found a high level of commitment to social marketing, although one region pointed to a mismatch between levels of commitment and levels of capacity and funding. Commitment to social marketing is reflected in the fact that, in the majority of PCTs, social marketing was championed at either senior management or board level or both, and that a growing number of PCTs had already appointed or were planning to appoint people to dedicated social marketing posts. In one region, six social marketers were already in post, with plans in place to recruit a further six.

Several regions were taking a collaborative approach to social marketing, setting up frameworks, steering groups or units to review projects, ensuring consistency and reducing duplication. Findings from the review suggest that, in future, more and more regions will be putting frameworks in place and developing strategic plans with the aim of embedding social marketing within their work in a consistent and systematic way.

Champions

The vast majority of respondents in all ten regions agreed that social marketing was being championed at a senior level — often board level — within their organisations and levels of awareness were high. Often, those acting as champions were Directors of Public Health and Directors of Communication, but interviewees also cited the following roles:

- Directors of Engagement
- Senior managers working in public health or communications
- Individuals working in commissioning and patient and public involvement

Where social marketing was championed by more junior staff, they often found it very difficult to exert sufficient influence to push social marketing up the agenda. In some cases, their lack of seniority was compounded by a lack of knowledge and experience.

Sometimes, social marketing budgets and projects were led by someone other than the social marketing champion. Respondents in one region suggested that this could contribute to a situation where the champion was committed to the idea of social marketing, but lacked knowledge and understanding of how to use it effectively. In another, respondents expressed concern that, although they had a champion, social

marketing had yet to be 'institutionalised' into their organisation, and suggested that champions might be supporting public engagement, rather than social marketing.

Where social marketing sat in Primary Care Trusts
Social marketing sat in a number of different places. Most commonly, it was handled by either public health or communications directorates or, in a significant number of PCTs, by both. In one region, it sat within the patient and public involvement directorate. Several regions talked about social marketing being a shared responsibility; in one case, between the public health, communications, commissioning, engagement and strategy teams. While this could create useful opportunities to share expertise, respondents talked about the risk that, without an accepted home within the organisation, social marketing could end up being 'nobody's child'. One region pointed to a 'consensus' among interviewees that social marketing should sit within the commissioning team.

Training

The current picture
Most of the training provided to date had been delivered by the NSMC. This introductory training, consisting of two workshops, aimed to provide an overview of the general principles of social marketing. Most participants came from specific delivery teams, notably Stop Smoking Services, with the remainder mainly drawn from health improvement and communications teams. The programme was developed in the light of feedback from the National Support Teams (NSTs), who had identified a clear need for social marketing training based on PSA topics.

Across the regions, there was significant variation in levels of both awareness of and participation in social marketing

Across the regions, there was significant variation in levels of both awareness of and participation in social marketing. In one, all public health and communications staff had attended the NSMC workshops. In another, training was described as 'ad hoc' and respondents claimed that only a 'handful' of staff had been given introductory training. In another, staff had not had access to the NSMC workshops and their only development opportunities had been occasional sessions at events and conferences attended by small numbers of people.

Respondents provided some examples of training run by independent providers, including 'masterclasses' and optional sessions focusing on specific topics or audiences. Three regions had run introductory sessions tailored to meet the needs of staff working on smoking cessation, perhaps reflecting the fact that this was the PSA target most commonly addressed by social marketing interventions. One PCT had commissioned a provider to deliver an advanced session on scoping. Some had run their own informal training in-house. Respondents cited a range of providers including government offices of the regions, SHAs and public health networks.

National training was funded by the NSMC. Regional or PCT-specific training was funded by the SHA, regional government office or the PCT itself.

The impact of training
Attendees agreed that the main benefit of training was heightened awareness of social marketing. In one region, 52 per cent cited greater awareness and 40 per cent said they had been able to apply their learning to a social marketing project. This was unusual, though. Generally, respondents were much more likely to say that they had not been able to put their knowledge and skills into practice. Only a small minority had applied their training to developing a social marketing strategy or commissioning social marketing services. One PCT observed that training had helped to build relationships between their communications and public health departments; an unexpected but welcome side-effect.

...some respondents expressed a need for further training in all aspects of social marketing...

Future training needs

Demand for further training is very high. The highest priority appeared to be practical training: guidance on how to apply the principles of social marketing to specific topics and issues. Linked to this was demand for training that incorporated case studies demonstrating the impact of social marketing initiatives. Despite the reasonably high uptake of general introductory training, some respondents expressed a need for further training in all aspects of social marketing, from scoping and development to implementation, evaluation and follow-up.

Other specific training needs included:

- understanding social marketing in the context of world class commissioning
- using social marketing to address health inequalities
- commissioning social marketing
- project management
- confidence-building
- influencing people

National Support Teams

All regions had had visits from the DH National Support Teams (NSTs). Typically, visits covered the following topics:

- tobacco control
- childhood obesity
- teenage pregnancy
- infant mortality
- sexual health
- health inequalities

Following NST visits, some PCTs had been prompted to start looking at how social marketing could help them meet their goals and to source appropriate training.

Working with outside agencies

In all regions, PCTs had involved external agencies in their social marketing activities. Often, this was for one part of the process only — usually scoping or generating customer insights — typically through focus groups. In at least two regions, though, there was evidence of agencies being commissioned to handle entire projects. It was felt that this might be acting as a barrier to the development of skills in-house. By contrast, one region cited a project which was being managed in-house by the PCT, with an external agency acting as mentor.

Several regions also stated that working with outside agencies had served to highlight the urgent need for training in procurement and commissioning. Staff were confused as to what agencies offered, lacked experience in managing external suppliers and felt uncomfortable about spending money on social marketing with 'no guarantee that it would work'. These staff wanted practical support, for example to draft briefs and assess tender responses, as well as access to a list of approved suppliers.

One region reported that agencies were targeting staff with 'products and services incorrectly branded as social marketing', pointing out that this could both threaten the development of a good understanding of social marketing, and lead to opportunistic rather than planned commissioning and procurement. Training would help equip staff to respond appropriately to these unsolicited approaches.

Local networks and partnerships

In almost all cases, social marketing activities involved some form of partnership working. Most commonly, this was with the local authority, but PCTs were also working with a wide range of public, private and voluntary sector organisations including: football clubs, community groups, youth groups, GPs, health workers, Connexions, local schools, acute care providers and private sector employers. Levels of formality varied. In one region, around half of all projects were headed by a multi-agency steering group; in most, such arrangements were in a distinct minority and partnership working took place on a more informal basis.

Most regions also cited a range of existing networks, which generally represented either a sector (communications, public health) or a topic (tobacco control, sexual health, obesity). There was little evidence of these networks engaging in social marketing, although one region stated that its public health network had provided some introductory-level training. The consensus was that there was an urgent need for social marketing networks at regional and local level, and that this would be best met by existing networks expanding their remit to include social marketing.

4.4 Resources

Human resources

As already described, findings showed that social marketing was being led – and championed – by PCT staff working in a range of areas and at different levels of seniority. All regions had either already appointed, or were planning to appoint, dedicated social marketers.

Financial resources

In 2008/09, the vast majority of PCTs had used money from other budgets — typically public health or communications — to pay for social marketing activities. For 2009/10, a significant number, though not a convincing majority, were planning to either set up a dedicated social marketing budget or to allocate specific funds to social marketing projects. This varied considerably from region to region: in one, all PCTs had identified money for social marketing projects for 2009/10 and in three-quarters of cases, this was specifically labelled as a dedicated social marketing budget; in another, just one out of eight PCTs had allocated dedicated funds, despite high levels of awareness and support for social marketing. Others intended to carry on using under spend or 'borrowing' funds from public health or communication budgets.

Actual levels of funding for social marketing varied widely. In one region, four clusters were planning to spend around £250,000 each on social marketing projects. One cluster had put in a bid for twice this amount. In another region, a PCT was planning to spend £1.4 million on social marketing. In another, 19 PCTs were expected to spend £30 million on social marketing between them over the next three years. The remaining four PCTs in the same region did not have specific budgets for social marketing.

In general, it was difficult to develop a clear, consistent picture of overall funding for social marketing

In general, it was difficult to develop a clear, consistent picture of overall funding for social marketing. A significant number of respondents were unsure about arrangements in their own organisation. There are a number of possible explanations for this: that funding was coming from a variety of different sources; that the person commissioning social marketing was not necessarily the budget-holder; discrepancies in methods of calculation and what was included in costs; and responsibility for expenditure being split across a number of directorates.

4.5 Barriers to social marketing

Potential barriers

The following list provides a summary of the key barriers to developing and implementing social marketing, as cited by all or a significant proportion of the regions:

- **Lack of resources:** respondents were clear that effective social marketing required both time and money. Some public health staff described their frustration at not having discrete social marketing budgets and having other planned budgets diverted to pay for ad hoc social marketing projects. This ad hoc approach was also seen as increasing the likelihood of social marketing projects not being fully developed, implemented, completed and evaluated.
- **Lack of capacity:** at an individual level, respondents cited cases of social marketing being added to the workload of staff who were already at full capacity.
- **Lack of skills:** there was a clear unmet demand for further training. Even where staff had already received training, this was too often theoretical rather than practical, leaving them unsure as to how to apply their skills to real-world situations.
- **Lack of awareness and understanding:** misconceptions about social marketing remained. Respondents talked about the difficulty of working with colleagues who mistakenly believed that they were already 'doing social marketing'. One highlighted a possible correlation between lack of understanding and a lack of management engagement and support.
- **Yearly targets:** the need to meet yearly targets was seen as inconsistent with the generally longer timeframes needed to bring about lasting behaviour change. Respondents felt that the funding cycle made it difficult to plan long term and to take a strategic approach to social marketing.
- **Lack of robust evidence and case studies:** there was a strong call for evidence to show that social marketing could deliver results. Respondents also spoke about the difficulties in generating 'hard' evidence.
- **Structural problems:** respondents felt that structural issues, combined with the lack of a natural 'home' for social marketing, led to confusion and lack of ownership and created barriers to effective partnership working and sharing expertise and lessons learned.
- **Lack of support:** respondents wanted more support from senior managers and/or board members, and a proactive social marketing champion.
- **Cultural and ethical issues:** some respondents saw a conflict between the NHS' 'traditional top down approach' and social marketing, where the emphasis was very strongly on consumers. Some identified a mismatch between those commissioning services and their target audiences. Others were concerned that social marketing was 'too directional'.
- **External constraints:** these included an antipathy towards using agencies, and the difficulty of dealing with multiple stakeholders.

Other potential barriers cited by fewer respondents included:

- The cost of commissioning social marketing
- The tendency of local PCTs to see their own circumstances as unique and, therefore, not to share customer insights
- Relying too heavily on one or two 'enthusiasts' and outsourcing social marketing work to commercial agencies, so that skills are not being embedded within the organisation itself

See Appendix 4 for further details.

Conclusions

- Broadly, the findings from the reviews suggest that around a sixth of PCTs were fairly well advanced with social marketing activities and faced few barriers to its further development. Of the remainder, roughly equal numbers either had very low levels of experience and skills, or had some experience and skills but needed significant levels of targeted guidance and support if they were to derive maximum benefit from their social marketing initiatives.
- Across all regions, there was an encouraging level of enthusiasm and demand for social marketing. This was demonstrated in a number of ways:
  - through respondents' attitudes to social marketing
  - by the number of social marketing projects that were already under way
  - by the level at which social marketing was being championed within organisations
  - by the extent to which people were beginning to develop social marketing skills both through formal training and also from informal learning gleaned by working with colleagues, partner organisations and commercial agencies
- Commitment to social marketing was also underlined by the high number of PCTs that had already established — or were planning to establish — dedicated social marketing posts. It was further reinforced by the growing number that were allocating dedicated social marketing budgets for 2009/10.
- The reviews also showed that work was needed to embed social marketing more deeply within PCTs, in particular in directorates outside communications and public health.

There was a need for better communication about, and a greater understanding of, social marketing

- There was a need for better communication about, and a greater understanding of, social marketing. In particular, evidence of its impact and effectiveness.
- There was a need for senior board level commitment and proactive champions who could provide leadership and vision on social marketing.
- Among those responsible for planning, developing and implementing social marketing projects, there was a clear demand for practical support in the form of tools, resources and training.

Increasingly, PCTs were looking for guidance and support in all the above areas. The ten RDSMs will have a vitally important role to play over the next year in working with national, regional and local colleagues to build capacity, encourage best practice and help PCTs to ensure that their social marketing activities are as effective as possible.

Recommendations

6.1 Overcoming barriers to social marketing

Each region had its own ideas about how best to overcome the barriers listed on pages 20 and 21 but, as with the barriers themselves, there was a high level of consensus.

The following provides a summary of the recommendations put forward by all or a significant number of respondents:

Embedding social marketing within PCTs

- Embed social marketing in strategy and in local, regional and national activities
- Increase capacity, for example by creating a roster of preferred suppliers, promoting the NSMC Associates Scheme, providing project management support, and building social marketing into job descriptions and core competencies
- Increase budgets for social marketing within PCTs
- Allocate more time for social marketing to be undertaken at local level

Provision of training and support material

- Raise awareness and encourage better understanding by using effective internal communications to 'market social marketing'
- Provide tailored training for staff at different levels and in different roles. There was significant demand for practical, topic-based training and training in procurement and commissioning (integrating the principles of World Class Commissioning). Coaching and mentoring to support training was seen as vital to ensure training is put into practice and was sustainable at working level
- Develop practical tools and resources to help health professionals develop and manage social marketing projects
- Make evaluation a priority and develop a robust evidence base. There is a clear need for case studies and other evidence to show that social marketing works

Networks and events to support social marketing

- Establish a social marketing network (possibly a virtual network) where health professionals and social marketers can share knowledge and experiences and access resources
- Set up social marketing steering groups/regional hubs with champions from each PCT
- Organise events and conferences for communications, public health and commissioning staff on the relevance and effectiveness of social marketing to their roles and working together to ensure best practice at all working levels

See Appendix 5 and Appendix 9 for further details.

Engagement considerations

7.1 Looking ahead

Following the regional review, each RDSM has developed a plan for embedding social marketing at regional and local level. These plans have been discussed with Regional Directors of Public Health, Communication leads, relevant colleagues and steering groups or forums before being compiled into this report. Whilst each region's plan and timetable is different, reflecting its own individual circumstances, there is once again broad consensus as to the priority areas for development.

The first step will be to analyse training needs before developing a comprehensive training plan

Training and embedding skills on all aspects of social marketing is clearly the top priority across the regions. The first step will be to analyse training needs before developing a comprehensive training plan (to include coaching and mentoring as well as formal learning) and providing access to practical tools and resources (see Appendix 9).

Regions are keen to start increasing capacity for social marketing, for example by identifying and recruiting champions from within PCTs (where these are not already in place), and to establish agreed routes for sharing information and good practice.

Social Marketing Regional Development and Support Managers

The regional reviews which form the basis of this report will also provide a baseline for the work of the NSMC's ten Social Marketing Regional Development and Support Managers during 2009/10. The RDSMs' overall remit is to increase capacity for social marketing in their region by providing wide-ranging support tailored to local needs and priorities. That support is likely to include advice on training, identifying opportunities for joint working, providing practical help with commissioning and promoting good communication. The RDSMs will be responsible for reporting on progress to DH against these original plans in March 2010.

Appendix 1: Standard questionnaire

Below is the template questionnaire which was used with respondents for the Review of Social Marketing in Regional Public Health settings.

A. Interview information	
1. Region	
2. Regional Lead	
3. Interview undertaken by	
4. Date of interview	
5. Interview with (name)	
5.1 Job title	
5.2 Department	
5.3 Organisation	

5.4 Organisation type

- ☐ Primary Care Trusts
- ☐ Local Authority
- ☐ Secondary Care Trusts
- ☐ SHA
- ☐ 3rd Sector
- ☐ Other Public Sector
- ☐ Government Office
- ☐ Private Sector

5.5 Main area of work

- ☐ Commissioning
- ☐ Communications
- ☐ Health Promotion
- ☐ Public Health
- ☐ Topic Lead
- ☐ Other

Notes if applicable

B. Social marketing – Knowledge and application

6. What do you understand by the term "social marketing"?
If they don't understand the term or have never heard of it, write down their response then give them a definition.

7. Do you feel there are barriers within your organisation to applying social marketing?

- ☐ External constraints
- ☐ Lack of a champion
- ☐ Lack of awareness / education / training
- ☐ Lack of capacity
- ☐ Lack of internal support / commitment from the Board or management
- ☐ Lack of resources
- ☐ Lack of skills
- ☐ Project timeframe vs. yearly targets
- ☐ Structural problems within PCT
- ☐ Other (please specify below)

7.1 What could be done to overcome these barriers?

- ☐ Clear objectives that relate to targets
- ☐ Dedicated time
- ☐ Help to manage projects
- ☐ Management buy in
- ☐ Money
- ☐ Support within organisation
- ☐ Mechanisms to share & learn from best practice
- ☐ Training
- ☐ Other (please specify below)

8. In your opinion, what are the strengths and weaknesses of social marketing?
If they haven't heard of it or have not grasped the common sense definition you gave them earlier, then skip this question.

C. Social marketing support and training

9. At what levels do you feel social marketing is championed within your PCT?

- ☐ Board
- ☐ Senior management/director
- ☐ Operational management/ topic lead
- ☐ None

10. Prior to this interview / meeting, were you aware of the National Social Marketing Centre?

☐ Yes (Q11) ☐ No (Q12)

11. How have you made use of any NSMC products or services?

- ☐ Visited website
- ☐ Downloaded resources
- ☐ Called for advice
- ☐ Attended training
- ☐ Used an associate
- ☐ Not at all
- ☐ Wasn't aware of any

12. Who in your team has had training on social marketing? *Roles, department (if nobody go to Q13)*

12.1 What was the title of the training and / or what was it about? *Notes if applicable*

12.2 Who funded it?	12.2.1 Who funded it?
12.3 Who delivered it? ☐ NST ☐ Brilliant Futures ☐ Dr Forster ☐ Healthy Weight Loss ☐ Barkers ☐ Demo site ☐ Don't know	12.3.1 Who delivered it? ☐ NST ☐ Brilliant Futures ☐ Dr Forster ☐ Healthy Weight Loss ☐ Barkers ☐ Demo site ☐ Don't know
12.4 When did it take place? ☐ Last 6 months ☐ Within the last year ☐ 2 or more years ago	12.4.1 When did it take place? ☐ Last 6 months ☐ Within the last year ☐ 2 or more years ago
How long was it? ☐ ½ day ☐ One day ☐ 3 days ☐ 5 days ☐ > 5 days	How long was it? ☐ ½ day ☐ One day ☐ 3 days ☐ 5 days ☐ > 5 days

12.6 Did the training make a difference? ☐ Yes ☐ No	12.6.1 Did the training make a difference? ☐ Yes ☐ No
12.7 If yes, how? ☐ Increased awareness and understanding ☐ Applied to project ☐ Included in strategy and commissioning ☐ Other (please specify)	12.7.1 If yes, how? ☐ Increased awareness and understanding ☐ Applied to project ☐ Included in strategy and commissioning ☐ Other (please specify)
12.8. If no, why not? ☐ Not relevant to my work ☐ Poor training ☐ Couldn't see how to apply it ☐ Didn't understand it ☐ Other (please specify)	12.9. If no, why not? ☐ Not relevant to my work ☐ Poor training ☐ Couldn't see how to apply it ☐ Didn't understand it ☐ Other (please specify)
13. Do you think there is a need for social marketing training in your team or organisation? ☐ Yes ☐ No	
13.1 If yes, what training do you think is required? ☐ Introductory level ☐ Research/Insight/Scoping ☐ Linking to PSA targets ☐ Redesigning existing services using ☐ Social marketing techniques ☐ Using / applying in particular areas ☐ Commissioning social marketing ☐ Other (please specify) ☐ Evaluating campaigns and interventions *Notes if applicable*	
14. How would you like to share and learn from best practice? ☐ Online ☐ Forum ☐ Publications ☐ Other (please specify) ☐ Dedicated events ☐ Network ☐ Masterclass ☐ Not a priority for me *Notes if applicable*	
Have you had a visit from the DH National Support Team? ☐ Yes (Q15.1) ☐ No (Q16)	
Were you offered advice or training about social marketing by the National Support Team? ☐ Yes ☐ No	

D. Current social marketing approaches and activity

16. Has your PCT had any social marketing programmes or projects running since June 2006?
Expect 3-4 examples, note a maximum of 5.

☐ Yes (Q16.1) ☐ No

16.1 How many?

16.2 Project name and main aims *List all the projects they can remember*	16.3 What was the name (and organisation) of the project lead? *Ask if they know phone no or email.*
SM Project 1	
SM Project 2	
SM Project 3	
SM Project 4	
SM Project 5	

17. What other marketing or communications projects have you run since June 2006? Please include public education campaigns, mass media campaigns, health promotion campaigns and other marketing or education initiatives.
Expect 3-4 examples, note a maximum of 5.

17.1 Project name and main aims *List all the projects they can remember*	17.2 What was the name (and organisation) of the project lead? *Ask if they know phone no or email.*
Non SM Project 1	
Non SM Project 2	
Non SM Project 3	
Non SM Project 4	
Non SM Project 5	

18. What is your PCT's budgeted expenditure on social marketing projects next year?
Note. Financial year runs Apr-Apr

☐ Less than £15 000 ☐ £15 000 - £50 000
☐ £50 000 – £100 000 ☐ £100 000 - £150 000
☐ £150 000 - £200 000 ☐ > £200 000
☐ Don't know ☐ Not willing to disclose

19. Do you have any other comments you would like to make?

Appendix 2: National Social Marketing Centre benchmark criteria

[French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2002)]

1. CUSTOMER ORIENTATION

'Customer in the round'

Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources.

- A broad and robust understanding of the customer is developed, which focuses on understanding their lives in the round, avoiding the potential to only focus on a single aspect or features
- Formative consumer / market research is used to identify audience characteristics and needs, incorporating key stakeholder understanding
- Range of different research analysis, combining data (using synthesis and fusion approaches) and, where possible, drawing from public and commercial sector sources, to inform understanding of people's everyday lives

2. BEHAVIOUR

Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals.

- A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for both:
  - the 'problem' behaviour
  - the 'desired' behaviour
- Intervention clearly focused on specific behaviours, i.e. not just focused on information, knowledge, attitudes and beliefs
- Specific actionable and measurable behavioural goals and key indicators have been established in relation to a specific 'social good'
- Intervention seeks to consider and address four key behavioural domains:
  1: formation and establishment of behaviour
  2: maintenance and reinforcement of behaviour
  3: behaviour change
  4: behavioural controls (based on ethical principles)

3. THEORY

Is behavioural theory-based and informed, drawing from an integrated theory framework.

- Theory is used transparently to inform and guide development, and theoretical assumptions are tested as part of the process
- An open integrated theory framework is used that avoids the tendency to simply apply the same preferred theory to every given situation
- Takes into account behavioural theory across four primary domains:

  1: bio-physical *2: psychological*

  3: social *4: environmental / ecological*

4. INSIGHT

Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'.

- Focus is clearly on gaining a deep understanding and insight into what moves and motivates the customer
- Drills down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour
- Approach based on identifying and developing 'actionable insights' using considered judgement, rather than just generating data and intelligence

5. EXCHANGE

Incorporates an 'exchange' analysis, understanding what the person has to give in order to get the benefits proposed.

- Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc.)
- Analysis of the perceived / actual costs versus the perceived / actual benefits
- Incentives, recognition, reward and disincentives are considered and tailored according to specific audiences, based on what those audiences value

6. COMPETITION

Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience.

- Both internal & external competition considered and addressed:
  - *Internal* - e.g. psychological factors, pleasure, desire, risk taking, addiction etc
  - *External* - e.g. wider influences / influencers competing for audiences' attention and time, promoting or reinforcing alternative or counter behaviours
- Strategies aim to minimise potential impact of competition by considering positive and problematic external influences & influencers
- Factors competing for the time and attention of a given audience considered

7. SEGMENTATION

Uses a developed segmentation approach (not just targeting), avoiding blanket approaches.

- Traditional demographic or epidemiological targeting used, but not relied on exclusively
- Deeper segmented approaches that focus on what 'moves and motivates' the relevant audience, drawing on greater use of psycho-graphic data
- Interventions directly tailored to specific audience segments rather than reliance on 'blanket' approaches
- Future lifestyle trends considered and addressed

8. METHODS MIX

Identifies an appropriate 'mix of methods'

'Intervention mix' = strategic social marketing

'Marketing mix' = operational social marketing

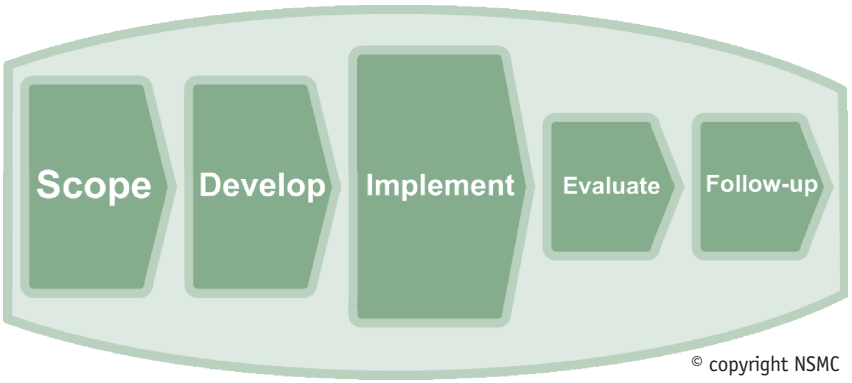
- Range of methods used to establish an appropriate mix of methods
- Avoids reliance on single methods or approaches used in isolation
- Methods and approaches developed, taking full account of any other interventions in order to achieve synergy and enhance the overall impact
- Four primary intervention domains considered:

1: informing / encouraging *2: servicing / supporting*

3: designing / adjusting environment *4: controlling / regulating*

Appendix 3: NSMC Total Planning Process Framework

A five stage process developed by the National Social Marketing Centre.



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Activities within each stage are rarely sequential and usually involve a much more organic and fluid process.

Scoping

Undertaking effective scoping is a critical success factor. Key aspects include:

- Examining and defining the presenting issue(s) with key stakeholders/partners involved
- Reviewing and assessing potential 'customer' or 'audience' focus and rationale
- Focusing attention on specific behaviours (and groups of behaviours) – establishing initial behavioural goals
- Developing a proposition (ideas and options) for how to move from current behaviours to the desired or target behaviours

Activities are likely to include:

- Engaging stakeholders and partners
- Reviewing relevant evidence and practice
- Clarifying aims and intentions
- Developing customer insights
- Resources review
- Relationship to other interventions
- Intervention mix
- Considering ethical issues
- Audience segmentation and focus
- Potential behavioural focus
- Influences/influencers
- Developing behavioural goals
- Developing an initial 'proposition' to take into next Development Stage

Development

Testing out the proposition and developing a specific social marketing intervention – key aspects include:

- Examining a range of social marketing activity and deciding what 'social marketing mix' to use
- Undertaking primary development work and ensuring that secondary development 'pre-tests' and refines work
- Determining appropriate indicators and how best to verify
- Effective stakeholder involvement and 'priming' are critical success factors to any subsequent implementation

Activities are likely to include:

Primary: Testing out 'the proposition'

- Social marketing options and mix
- Potential incentives and barriers
- Segmentation and targeting
- Further refining aims and objectives
- Indicators of success and verification (short, medium and long term)
- Evaluation research design
- Creative development and design
- Message(s) where relevant to approach

Secondary: Pre-testing/refining/adjusting

- Testing concepts, approaches, and related messages with relevant audience(s)
- Scheduling and phasing action
- Stakeholder supports

Implementation

The most immediately visible stage of social marketing – key aspects include:

- Handling a 'live' and dynamic process that needs to be actively managed to ensure both:
  - Potential new opportunities arising from the intervention are identified and rapidly capitalised on
  - Potential issues and problems anticipated, or rapidly identified and addressed
- Maintaining effective stakeholder engagement is critical – ensuring that "the potential sales-force" are fully informed and are able to actively input to developments as they occur

Activities are likely to include:

- Commence interventions/campaign
- Active live monitoring
- Spotting other potential opportunities
- Tackling possible issues or problems
- Live adjustment and refinement
- Maintaining stakeholder engagement

Complete current stage

- Recording and capturing
- Feeding back, acknowledging and thanking!
- Inputting into developing evidence base

Evaluation

Dedicated to examining and reviewing the intervention – key aspects include:

- Evaluating impact, outcome, process and cost-effectiveness
- Determining the actual impact on specific behavioural goals
- Ensuring relevant stakeholders and partner input – utilising effective participatory evaluation

Activities are likely to include:

Impact

- Assessing achievement of aims and objectives using short, medium and long term indicators
- Audience(s) knowledge, attitudes and particularly behavioural goals
- Opinions of others - parents, opinion leaders, stakeholders
- Wider societal reactions e.g.: media coverage
- Identifying any unintended impact - positive or negative

Process

- Learning from how the work was undertaken - efficiency, effectiveness, equity, quality, engagement, management process, etc

Cost assessment

- Potential cost-effectiveness/cost-benefit

Follow-up

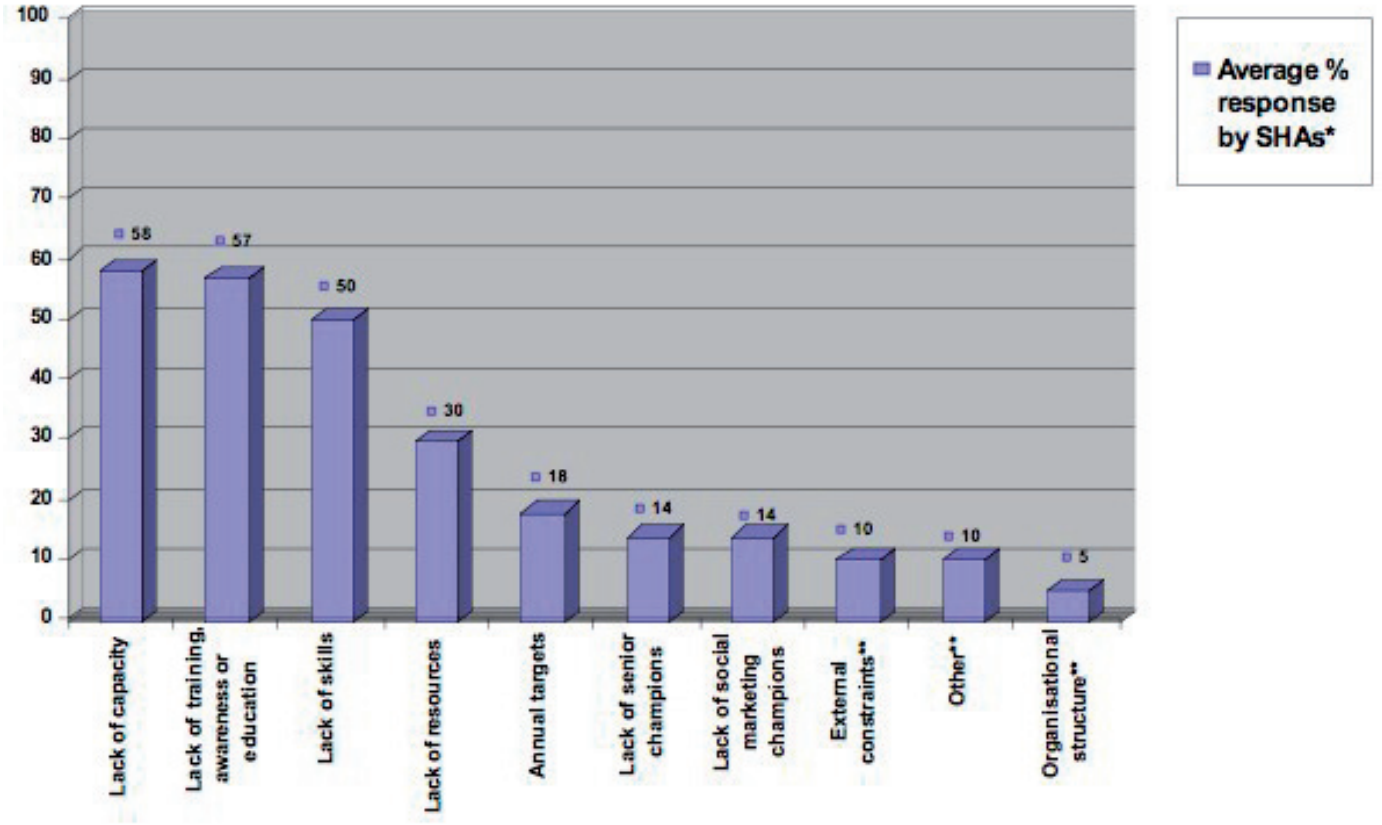
It is important to recognise this as a dedicated stage.

- Evaluation is often seen as the end stage of interventions. However, having a clear and dedicated follow-up stage is critical to ensuring short-term impact are built into on-going medium and longer term work
- The central purpose of this stage is to:
  - Actively consider the outcome from the evaluation stage (avoiding potential for findings to be left on the shelf)
  - To decide how best to capitalise on what has been achieved
  - To be clear about what remains to be achieved
  - To capture and record follow-on decisions to inform further scoping work for any follow-on activities
  - To directly inform further resource decisions for on-going work

Key activities are likely to include:

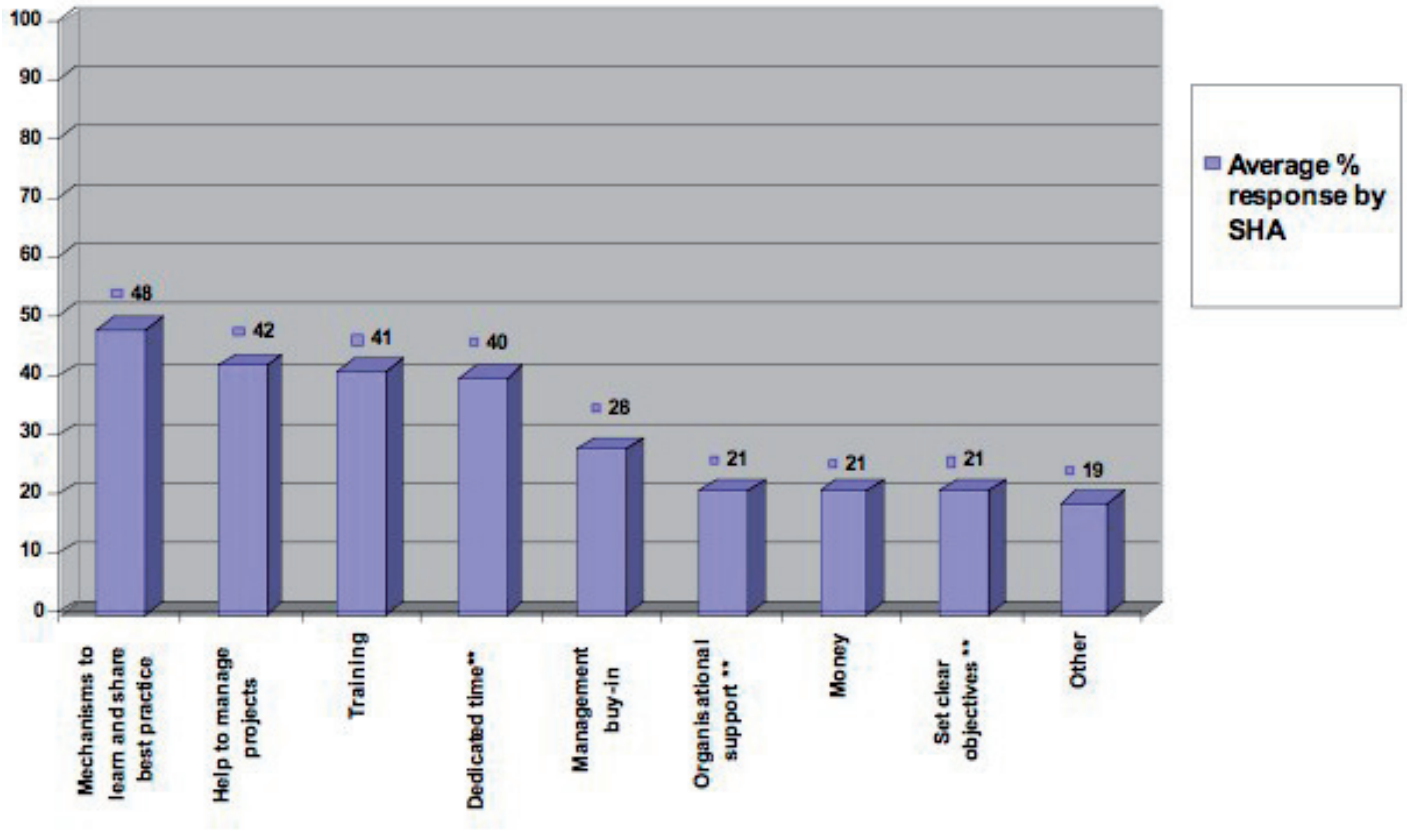
- Considering with stakeholders implications arising from evaluation
- Following up with relevant decision-makers and commissioners as relevant
- Capitalising on what achieved
- Following-up for medium and long term
- Reviewing in relation to other interventions (non-social marketing) outcomes
- Recording and capturing to inform any future scoping of work

Appendix 4: Barriers to adopting social marketing



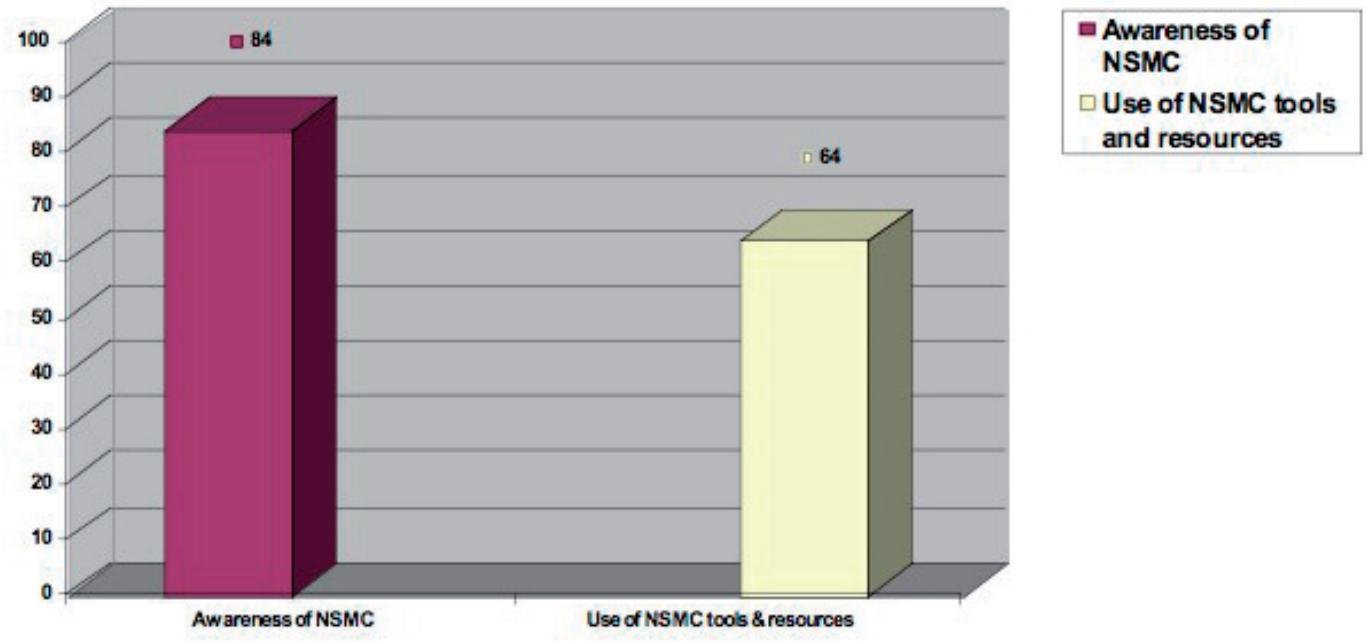
*All % based on average of responses of six SHAs (with exception of ** based on average of responses of five SHAs)*

Appendix 5: Overcoming barriers to adopting social marketing



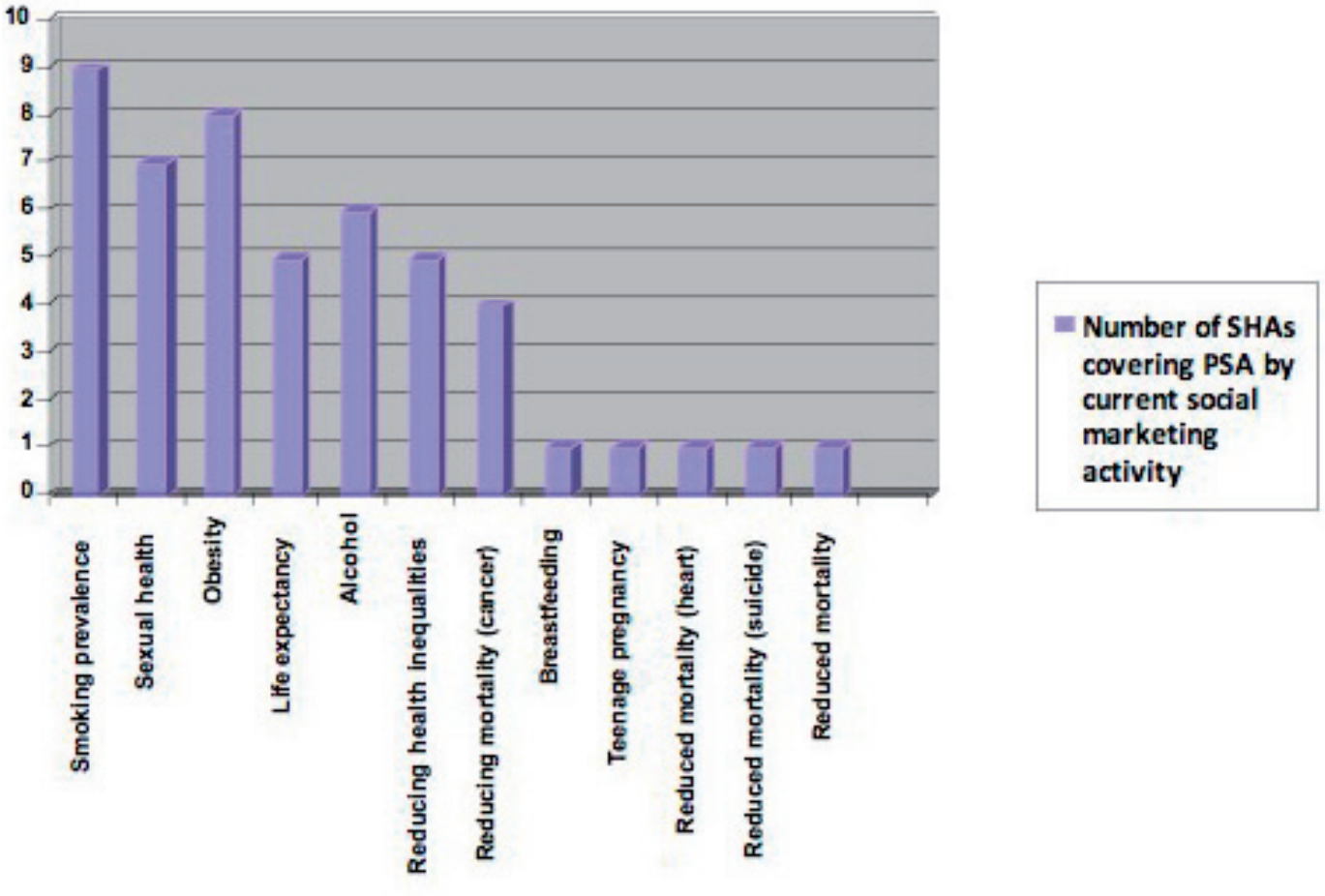
*All % based on average of responses of six SHAs (with exception of ** based on average of responses of five SHAs)*

Appendix 6: Levels of awareness of NSMC and use of NSMC resources



All % based on average of responses of seven SHAs

Appendix 7: Public Service Agreements (PSAs) covered by current social marketing activity



*Based on data provided by the Central Office of Information in a review of ten SHAs in England

Appendix 8: Attitudes to social marketing

This appendix provides a range of responses (which have been anonymised) to the following question in the standard questionnaire (Appendix 1):

Question 8: In your opinion, what are the strengths and weaknesses of social marketing?

The responses have been divided into two main sections: Strengths and Sensitivities. Each section has then been divided into groups with common themes.

Strengths of social marketing

Support for social marketing

"Social marketing has to be one of our key responses to the challenges of Wanless."

"There are no barriers. We have committed within the PCT and the council to using social marketing as a major part of our strategies. There is a high level of support and some good programmes running already."

"The national strategy legitimises and recognises work that people have already been doing."

"It's using traditional marketing techniques but for social good... in a sense, marketing better health."

Social marketing as a planned process

"Social marketing stops us from grabbing at a solution too early on the process: this is when we get it wrong, because we haven't had the time to fully explore the issue and frame the problem. When we have used social marketing in the past, often the behavioural goal is not what we thought it was, or that we have never really understood enough about competition and exchange."

"A key strength of social marketing is that it can be embedded into the business plan"

Using social marketing for insight, understanding and segmentation of target groups

"We can reach and engage with people in a way that is attractive to them – often the hardest to reach groups."

"It forces us to recognise our audiences, focus our work, change our work rather than giving people a leaflet. It helps understand the difference between raising awareness and changing behaviour."

"[Social marketing] Puts us in touch with client groups we most need to work with. We can design services that most fit their needs. Not just one message fits all."

"[Social marketing provides a] Better understanding of our local population. It's more than just knowing how old they are and where they live – it is about finding out how they tick."

"It helps us reach people we wouldn't normally reach and focuses on services, not just promotion."

"Insight and exchange are new concepts to us, and are very useful."

Producing targeted, customer-focused campaigns

"It [social marketing] gives our customers a voice."

"We can stop doing SOS communications (send out stuff)."

"[Social marketing provides an] Opportunity to develop customer-centric services."

"It's about putting the customer at the heart of everything, using insight to deliver behavioural change."

"[Social marketing means we can] ... start with the customer and work backwards."

Social marketing to reduce waste and drive efficiencies

"[Social marketing helps with] Really targeting the right people, getting good value for money…not wasting resources."

"[Social marketing] Encourages a joined up approach between departments in the NHS – an elimination of silo working and more matrix management."

"[Social marketing] Concentrates resources rather than using a scattergun approach, therefore using fewer resources and wasting less."

Social marketing to help address health inequalities

"Using the intelligence we have to greater effect [through social marketing]. Really targeting health improvement services. Looking at what people do and how they live their lives and how best to reach them - especially those we don't reach."

"Social marketing is a good tool for ensuring we are reaching our hardest to reach communities and tackling health inequalities. It means we smarten up our approach, set really clear behavioural goals and we use more effective means to touch people. It means we also look at wider community approaches and influences, such as policy and organisational change."

"Targeted interventions that will tackle high areas of deprivation."

"Social marketing helps address health inequalities and those 'hard-to-reach' areas that we traditionally have problems with."

World class commissioning

"The strengths of social marketing are its fit with World Class Commissioning and its positioning alongside partnership working activities, like producing the Joint Strategic Needs Assessment. Social marketing means we can begin to use all the intelligence we have more effectively, to target more effectively."

"It [social marketing] can contribute to strategic objectives around world class commissioning."

Service redesign

"Using social marketing has made us realise we need to redesign our services."

Sensitivities around social marketing

Confusion about/ resistance to the term, 'social marketing'

"'Marketing social marketing' within the PCT is a priority. We need to make sure frontline staff understand what it means. The term 'social marketing' itself is a negative. Health workers have very negative connotations with marketing. We need to present it very carefully."

"It's just a new language for things we're already doing. It's the Emperor's New Clothes."

"Social marketing is really public engagement. We have been doing this for a long time. Social marketing is not really new."

"Not sure it's different from research….we've been doing it for years – it's called public health!"

"We've always done social marketing – it's just now trendy – it's about needs assessment and identifying gaps."

"'Some people mistakenly belief it's a magic bullet."

"'It's still confused with social advertising."

"Social marketing has some negative connotations within public sector staff who perceive it as commercial marketing and sales. Patients could also perceive social marketing as 'marketing', therefore expensive, commercial and not necessary."

Stronger evidence base for success of social marketing

"Needs to be a strong evidence base that those [social marketing] tools are making a difference."

"There is a lack of robust case studies, evaluation and proof that it works."

"Lots of people in the NHS don't believe in health prevention messages. People need to see evidence that social marketing works."

Too academic

"Social marketing is perceived as academic and complicated."

"[Social marketing is] Seen as an entity in itself rather than integral approach."

"The language [used about social marketing] is off-putting and too academic"

Too focused on research/scoping and not on interventions/delivery

"Social marketing is strong on analysis and weak on providing tools for delivery that we haven't already got."

"The challenge for social marketing is moving from research stage into action. There is too much navel -gazing done already and yet more research could lead to inertia."

Pressure on resources

"Labour intensive to do social marketing."

"The costs of commissioning social marketing. Can we afford it?"

"Not always possible to deliver customer needs [through social marketing] in a limited resource environment."

"A weakness is that it's expensive and takes up lots of time."

Need for specialist training

"Not enough expertise to do social marketing. Lack of expert knowledge."

"People are frightened of it – they think it needs 'experts' to do it for them."

Long timescales to deliver/funding cycles

"If you do it properly, you don't get instant results."

"The [annual] funding cycle makes long-term planning difficult."

Ethics

"Do we end up selling things to people that they don't want to buy?"

Need for better commissioning of social marketing

"Things are getting better, but to be honest, when we started using social marketing we didn't really know what we were doing. And the agency we engaged to help us to do it didn't know what they were doing either."

Need to embed more widely within organisations

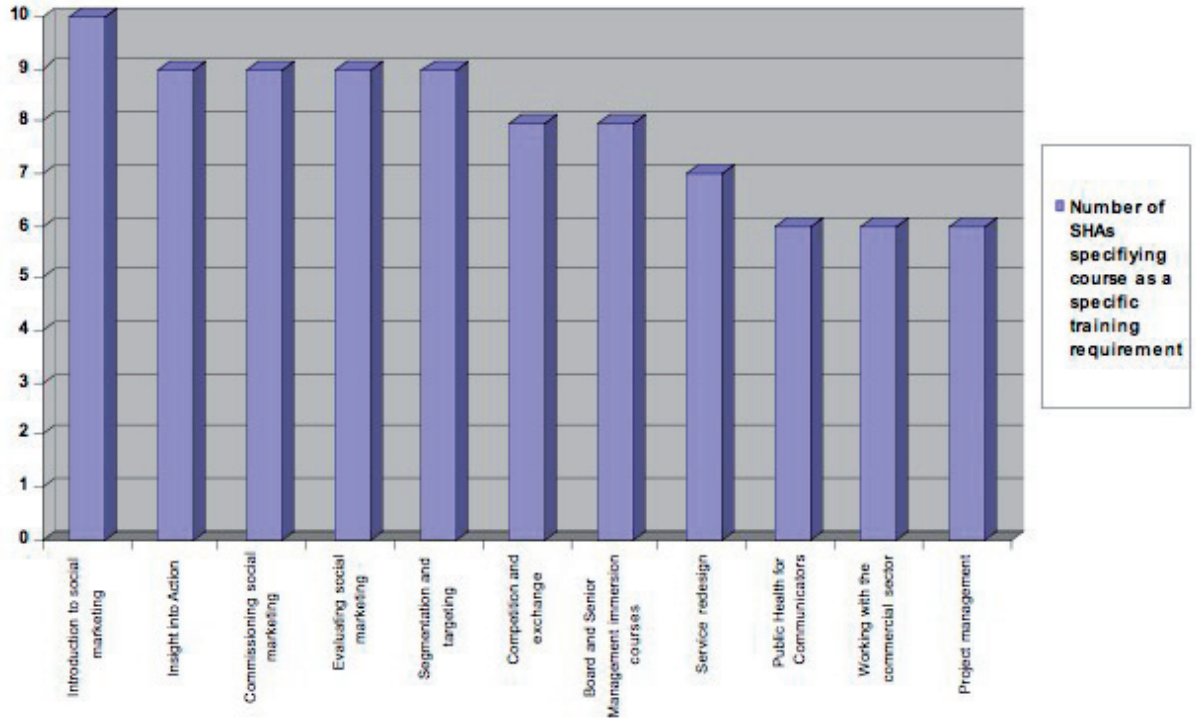
"Relationships between communications and public health not always well established – public health think it [social marketing] belongs to them."

"It has the potential to become 'ghetto-ised' just like communications, whereas everyone needs to be using it or have an understanding of the principles."

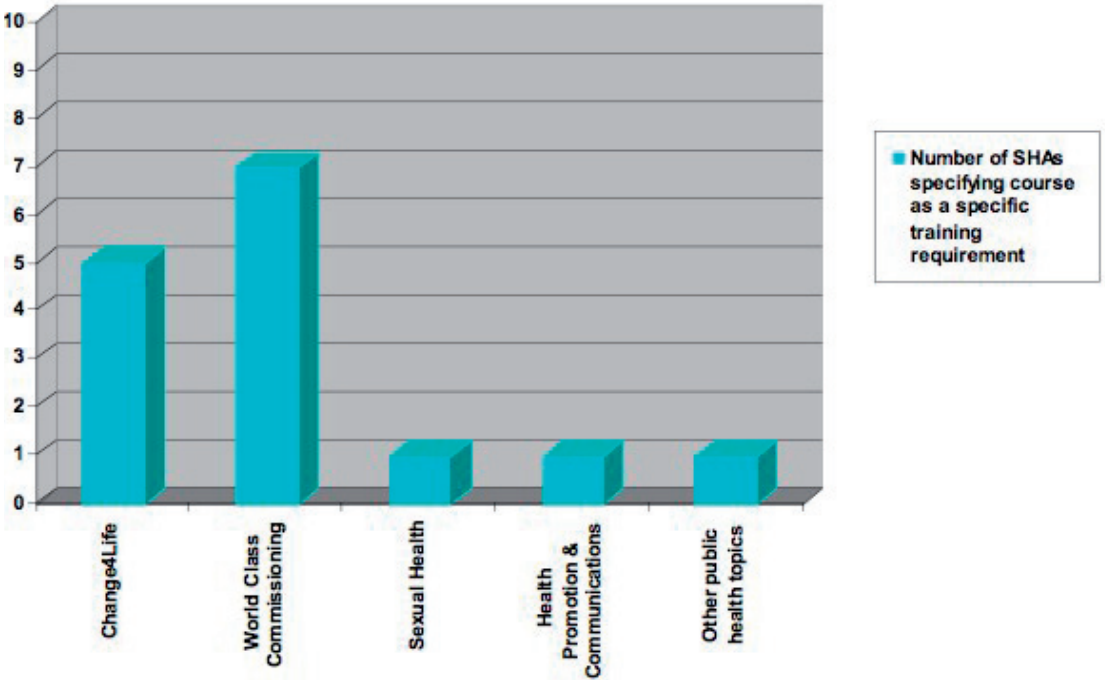
Appendix 9: Regional training and development requirements

These charts summarise specific training course and publication/toolkit requirements identified by respondents to the review.

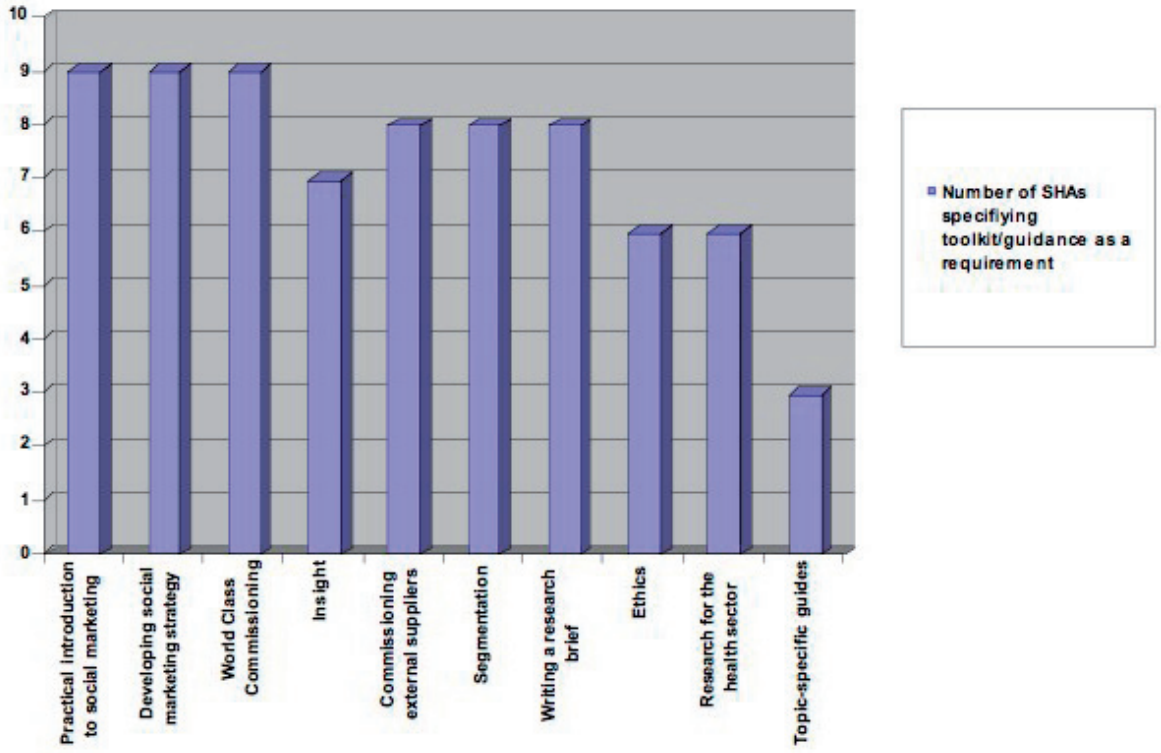
a) Regional training courses



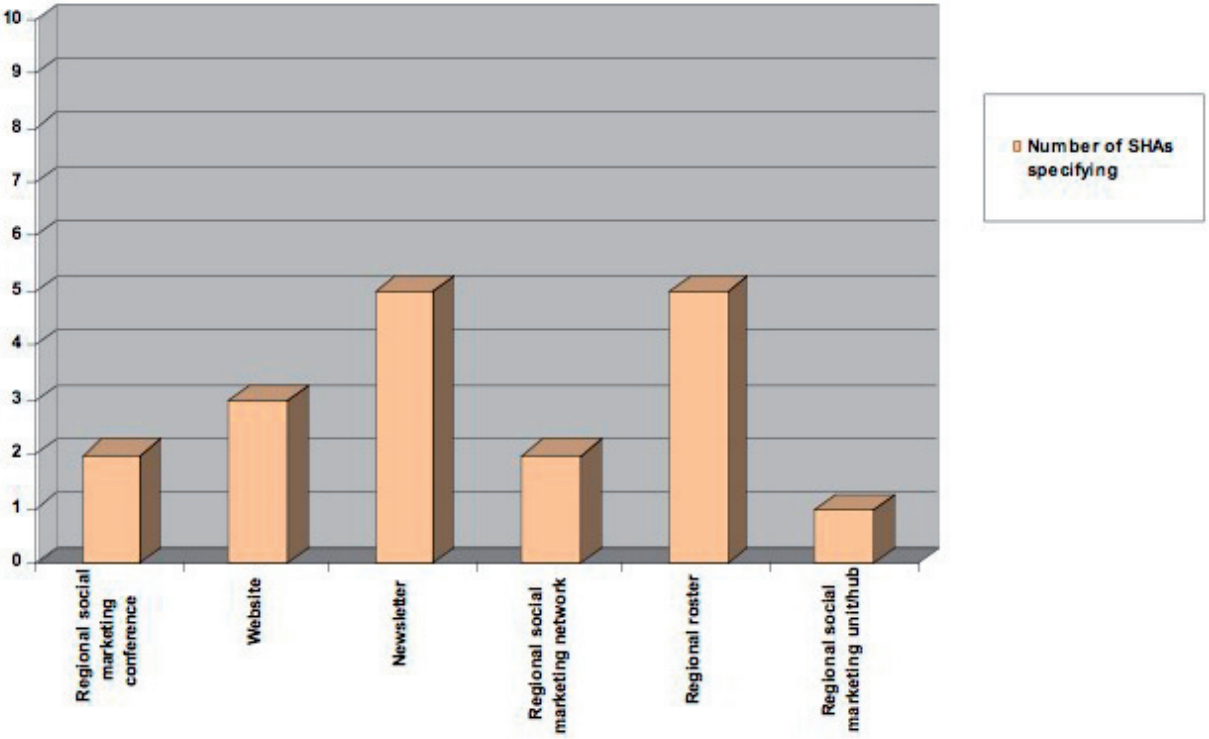
b) Topic-specific regional training courses



c) Toolkits and guides



d) Other resources and support



Acknowledgements

Social Marketing Regional Development & Support Managers

Sam Revill	East of England
Kelly Evans	East Midlands
Emmet Giltrap	London
Elaine Wilson	North East
Mike Hope	North West
Emma Wierzbicki	South Central
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NSMC is a strategic partnership between the Department of Health and Consumer Focus (previously National Consumer Council).

Consumer Focus
Campaigning for a fair deal

National
Social Marketing
Centre

June 2010

Regional Programme Final Review



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Foreword

The regional programme with the remit to increase knowledge, skills and capacity around social marketing at regional and local level, has been a valuable asset in terms of the growth of the National Social Marketing Centre (NSMC). At the time the programme started, in 2008, the NSMC had developed the concept of social marketing, established demonstration sites to test the model and raised awareness of social marketing in England and especially within the health arena.

By assigning a virtual team of ten Regional Development and Support Managers, aligned to the ten National Health Service (NHS) Strategic Health Authorities (SHAs) in England, but functioning centrally from the NSMC, it has allowed the Centre to understand the gaps in knowledge and skills around social marketing within the NHS, to plan and develop a specific training and capacity building programme for each region which has included mentoring and support to ensure that the new skills gained from the training were put into practice. This programme has certainly ensured that the NHS in England is aware of social marketing principles and the benefits offered in terms of behavioural change interventions.



As the programme closes, new opportunities are being explored by the NSMC, in terms of a Centre of Excellence, ensuring Quality Assurance for social marketing, bespoke strategy and development work for new Government bodies and other agencies, leading the NSMC into the next phase of development.

I would like to thank the Regional Team for their dedication and support for the NSMC, for successfully raising the bar for social marketing delivery in the NHS in England and wish the individuals every success for the future.

John Bromley
Director, National Social Marketing Centre

Executive Summary

Background and context

In 2006, the National Consumer Council (NCC) published the report, *It's Our Health*, which highlighted the links between social marketing approaches and positive health-related behaviour change. The report called for the establishment of a National Social Marketing Centre (NSMC) to help build social marketing capacity and skills in England. As a result, the NSMC was set up later in 2006 as a strategic partnership between the Department of Health (DH) and the National Consumer Council (now Consumer Focus).

The DH's formal response was published in *Ambitions for Health* (July 2008), setting out a strategic framework to maximise the potential of social marketing and health-related behaviour, focusing on four key areas:

i. **Health capacity:** working with public health professionals (such as those in the NHS, DH, local authorities and other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions
ii. **Health insight:** using public health consumer insight to inform local and national health improvement activities
iii. **Health innovations:** putting social marketing principles into action in local, regional and national settings, and creating a central resource for sharing knowledge on effective behavioural interventions
iv. **Health partnerships:** establishing effective local and national partnerships with the private and third sectors to promote good health

As social marketing continued to move up the health agenda, a need was identified for professional social marketing support for the NHS regionally and locally in England.

The Regional Programme

The NSMC was funded to set up a two year programme and appointed ten Regional Development and Support Managers (RDSMs) – one for each SHA region – managed by the NSMC Director of NHS Development, based at the NSMC headquarters in London. Each RDSM worked remotely, based in their region, working primarily in the field but with regular contact and updates. The full regional team met formally on a monthly basis to review regional progress, undertake planning and share expertise. The role of the RDSM was to provide guidance and support for social marketing projects and initiatives, tailored to the specific needs of each region.

Objectives for the Regional Programme

There were four main objectives set for the regional programme by NSMC and the Department of Health:

i. To undertake a review of social marketing in a public health context, in each region
ii. To establish a 'Beacon' social marketing partnership in each region, to showcase best practice in partnership working (or develop an existing example)
iii. To ensure that directors, commissioners and practitioners of social marketing in each region are trained, understand and can effectively commission social marketing
iv. To provide the link between national, regional and local social marketing programmes and policies, and provide support locally following National Support Team visits

Review of Social Marketing (2009)

The first key task for the regional team was to complete a comprehensive regional review of social marketing in a public health context. This included evidence about existing social marketing activity, barriers to social marketing uptake, and gaps in current knowledge and skills. The findings from the ten detailed regional reports were collated into the national report, *Review of Social Marketing within Public Health Regional Settings (*DH, 2009). The report provided a snapshot (November 2008 to January 2009) of how social marketing was being used within Primary Care Trusts (PCTs) in England.

The report outlines key findings, including:

- Defining social marketing
- Current social marketing activity
- Support for social marketing
- Resources available
- Barriers to uptake
- Recommendations

Each RDSM used the findings of their own regional review as the basis for a tailored regional social marketing development plan for the next 12 months and beyond.

Beacon partnership projects

One of the four core social marketing programmes set out by the Department of Health in *Ambitions for Health* (2008) was Health Partnerships. As part of this programme, the ten regional 'Beacon' partnership projects were established by the NSMC regional team in early 2009. The purpose of the 'Beacons' is



to demonstrate and showcase best practice in partnership working for social marketing, in order to improve public health outcomes. There is one 'Beacon' project in each SHA area in England, led by an RDSM. All projects have two or more key partners and address a public health priority within their region.

Training programme for England (2009-2010)

The *Review of Social Marketing* found that understanding and awareness of social marketing varied widely both between and within organisations. It also found that capacity and skills were significant barriers to the wider use of social marketing within most organisations. As a result, the *Review* made two key recommendations:

- To raise awareness and understanding of social marketing
- To develop and deliver a tailored training programme for staff at different levels

The main programme was grouped into four distinct levels, based on the level of pre-existing social marketing knowledge required for delegates:

- *Introductory:* overview of the key social marketing principles; for those likely to play a significant role in a social marketing project in the next six months
- *Applied:* for key stakeholders and managers who will be applying the principles of social marketing directly to their social marketing projects
- *Practitioner:* for those requiring more in-depth understanding of the technical aspects of social marketing and how to apply them
- *Executive:* for CEOs, directors and senior managers who require a strategic understanding of how social marketing principles can help them improve health outcomes for their local populations

Eight modules were then developed within these four levels:

- An introduction to the key principles of social marketing
- Overview of how to undertake a social marketing intervention
- Procuring social marketing services
- Getting started: scoping social marketing
- Turning insight into action: developing a social marketing intervention
- Understanding your audience: using research and customer insight
- Evaluating success
- Masterclass for directors and senior managers

The courses were developed by the RDSM team, working with the training team at the NSMC head office in London, in line with World Class Commissioning competencies and National Occupational Standards for social marketing. Alongside the main national training programme, a range of

bespoke training workshops were developed and delivered by all the RDSMs, in response to specific requests from public health leads within their regions (for example, bespoke courses on sexual health or alcohol social marketing). By March 2010, over 160 courses from the main programme had been delivered to over 3,000 delegates across the ten regions in England.

Working with Primary Care Trusts in England

A significant proportion of each RDSM's work was focused on supporting PCTs within their SHA area. This work was informed by the original social marketing review undertaken across the region, but also by ongoing requests from each PCT.

The PCT support work undertaken by RDSMs was wide-ranging and regularly included:

- Specialist social marketing advisory role
- Development of social marketing strategies
- Social marketing project set-up and development
- Membership of PCT project Steering Groups and Working Groups
- Assistance with funding applications and provision of funding assistance for social marketing projects
- Social marketing post recruitment
- Commissioning and procurement for social marketing projects
- Sourcing research data and case studies
- Provision of NSMC Associates to work on PCT social marketing projects
- Running social marketing workshops and training sessions

Supporting procurement and social marketing rosters

In the *Review of Social Marketing within Public Health Regional Settings*, the RDSMs noted a widespread need amongst PCTs for support in procuring social marketing services from outside agencies.

The RDSMs have addressed this need in three ways:

- Direct support by RDSMs, working with individual PCTs and regional teams from the beginning to the end of a particular procurement process
- Development of specific NSMC procurement tools for social marketing, including the Procurement Guide for Social Marketing Services (NSMC, 2009)
- Development of a specific course on social marketing procurement for the training programme

Networks

Networks are a long-standing way of communicating and sharing knowledge within the NHS. In the *Review of Social Marketing*, however, it was established that whilst most regions have a wide range of networks representing public health topics or a specialism such as communications, there was little evidence of these networks engaging in social marketing. As a result, in those regions where social marketing networks were wanted, the RDSMs worked quickly to establish them.

NSMC Associates

A key finding from the *Review of Social Marketing* highlighted insufficient in-house capacity as a barrier to using social marketing. In response to this, the NSMC developed an Associate framework. Social marketing professionals from across all regions were assessed and successful candidates were placed on a procurement framework. The framework was used by the RDSMs to procure additional support in response to need and also helped PCTs to build skills and knowledge in house through a transfer of skills from Associates to NHS professionals.

Supporting regional programmes

In addition to local PCTs, the RDSMs have also worked closely with the regional Government Offices and SHAs, providing social marketing expertise for priority work programmes.

Developing national social marketing resources

Alongside their regional work, RDSMs have collaborated with colleagues at the NSMC London office on the development of NSMC publications, reports, tools, web content and other resources. Three RDSMs sat on the Advisory Panel during the development of the NSMC's innovative new online Social Marketing Planning Guide and Toolbox, launched early in 2010. In addition, the RDSMs formed the core team which developed the 2009-2010 social marketing training programme for the NHS in England.

Conferences and events

Over the course of the regional programme, the RDSMs undertook a wide variety of speaking engagements at national, regional and local conferences and events. These engagements were in response to invitations from the Department of Health, NHS organisations including SHAs, PCTs and Mental Health Partnership Trusts; the Government Offices in the regions; Public Health Observatories, cancer and cardiac networks, partnership leaders, Local Authorities and many others.

Working with National Support Teams

An important deliverable for the regional programme was to establish links with National Support Teams (NSTs) to help build capacity and development in social marketing amongst PCTs across the country. The RDSMs worked with the recommendations of NSTs during their PCT visits. Additionally, the RDSMs each took responsibility for a health topic (e.g. obesity, cancer) and established links with the relevant NST and Department of Health Policy teams, to connect with local practice. The NSMC and RDSMs also worked with NSTs regarding specific social marketing training for NST teams.

DH policy and communications

To ensure a co-ordinated approach to public health topics — nationally, regionally and locally — the RDSMs were each assigned a policy area and established working relationships with policy leads and communications leads at the DH. The RDSMs attended key relevant policy and communications meetings with DH leads, to be briefed on current materials, programmes and future plans. This ensured that RDSMs were then able to brief NSMC colleagues on latest developments and also to ensure that local and regional teams were updated and could dovetail DH campaign schedules into their own planning.

The national-regional-local connection

An important role the RDSMs held was to ensure that a link was in place between national, regional and local social marketing projects, policies and initiatives. Using links established with National Support Teams and DH Policy and Communications leads, the RDSM programme was able to create a unique national-regional-local link for social marketing. RDSMs ensured that their local and regional teams had access to all available insight and research underpinning national behaviour change programmes, avoiding duplication and unnecessary local commissioning, and ensuring national resources were maximised and amplified. RDSMs were able to ensure consistency of branding, content and messages was maintained from national to regional to local campaigns. Finally, having one RDSM working across a region meant that they had a unique view of all work ongoing at regional and local level, provided a critical link to signpost PCTs to other similar projects in their region and to significantly reduce historic duplication of effort and commissioning.

Key learnings for the future

The regional programme has consistently met and delivered against the expectations and performance indicators agreed by the programme sponsors. A great deal of learning has taken place throughout the two year delivery of the programme, some of them are listed on page 50 and below is a short summary:

- **Longer lead-in time for the programme setup** – this would have allowed for better regional management engagement in terms of sharing the Key Performance Indicators and the 'virtual' team concept. It would also have meant more time to setup the internal infrastructure and support mechanisms to allow the RDSMs to work remotely.
- **Harnessing and directing expertise** – RDSMs were linked to a specific region which meant little time to share their particular expertise in other regions. Perhaps a 'central' virtual team, floating to meet the needs of the regions would have worked better and also allowed the RDSMs to be used collectively on a larger, national social marketing project.
- **Building on the positive** – working as a collective network of RDSMs there were some extremely positive gains from the programme:
    - Activity and learning from one region was quickly passed to other regions
    - Creating a national-regional-local link for social marketing has resulted in greater efficiencies and a stronger culture of collaboration between PCTs and regional teams for social marketing.
    - The ten regional 'Beacon' projects based on good social marketing principles and in particular partnership working have added to the NSMC 'Showcase' examples for reference of good practice in the future.
    - Delivery of the national/regional training programme on NSMC principles of social marketing means approximately 3,000 NHS employees are aware of good standards and principles for social marketing.
    - The development of an Associate framework to deliver training and support in the field has opened up another avenue for support from the NSMC.

Background and context

In 2006, the National Consumer Council — today, Consumer Focus — launched the report, *It's Our Health,* commissioned by the Department of Health (DH). The report presented the findings of the first national review of health-related campaigns and social marketing in England.

The review highlighted the need for a social marketing approach in order to effect positive behaviour change, setting out strategic and operational recommendations on how social marketing could be applied to improve the impact and effectiveness of health promotion at national and local levels.

One of the recommendations of *It's Our Health* was the establishment of a national centre for social marketing, to support the DH's strategy for national health improvement. The new centre would deliver a work programme focused on building capacity and skills in social marketing in defined population groups. The National Social Marketing Centre (NSMC) was duly established later in 2006 as a strategic partnership between the DH and the National Consumer Council (now Consumer Focus).

It's Our Health also underlined the growing evidence that, by effecting behavioural change through social marketing, more people could be helped to live healthier lives. In order to achieve this, the review identified the need to address gaps in current social marketing capacity and skills within the NHS, and the need to integrate social marketing into future NHS policy, planning, commissioning and practice.

In July 2008, the DH published its formal response in *Ambitions for Health.* It laid out, for the first time, a strategic framework and action plan, detailing how it would work with key leaders in the public health community to embed social marketing principles into health improvement programmes. This gave a clear steer on the next steps for social marketing, to build the increasing appetite for its wider adoption within public health.

The new social marketing framework in *Ambitions for Health* focuses on four key areas:

i. **Health capacity:** working with public health professionals (such as those in the NHS, DH, local authorities and other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions

ii. **Health insight:** using public health consumer insight to inform local and national health improvement activities

iii. **Health innovations:** putting social marketing principles into action in local, regional and national settings, and creating a central resource for sharing knowledge on effective behavioural interventions

iv. **Health partnerships:** establishing effective local and national partnerships with the private and third sectors to promote good health

In parallel to the publication of *Ambitions for Health,* the DH's National Support Teams (NSTs) identified a growing demand for professional social marketing support at local and regional level, to enable Primary Care Trusts (PCTs) to commission and deliver social marketing interventions.

As a result, the DH's Health Improvement Directorate funded a two year programme (until April 2010) for the NSMC to recruit, develop and manage a team of ten Regional Development and Support Managers (RDSMs). Their role would be to provide local and regional planning and project management support for social marketing initiatives and programmes within each of the ten Strategic Health Authority (SHA) regions in England. Their work would help to embed the four key areas outlined in the *Ambitions for Health* strategic framework and action plan.

The Regional Programme

Overview of the programme

By January 2009, all ten Regional Development and Support Managers (RDSMs) – were in post, one in each SHA region in England.

The ten RDSMs were managed by the NSMC Director of NHS Development, based at the NSMC headquarters in London. Each RDSM worked from their region, operating primarily in the field with regional and local teams, with regular contact and updates with colleagues via telephone and e-mail. The full regional team met formally on a monthly basis to review regional progress, to undertake planning and to share expertise. These monthly meetings were also attended, by invitation, by policy, programme and communications leads from the DH, and senior NHS directors, to review, discuss and agree key areas where social marketing expertise and support was required.

The role of each RDSM was to provide guidance and support for social marketing projects and initiatives, tailored to the specific needs of their region. Each RDSM had a regional budget of £100,000, of which £20,000 was ring-fenced for a regional 'Beacon' project focusing on best practice in partnership working. The remainder was allocated according to the needs of the region, such as support for particular social marketing projects or training.

Four primary objectives were set for the two year Regional Programme:

1. **To undertake a Review of Social Marketing in each region, with the purpose of:**
    - Establishing a data baseline, from which to develop a measurable regional action plan to develop social marketing knowledge and capacity at a PCT level
    - Introducing the role of the RDSM to regional and local stakeholders as a nationally-funded resource to support social marketing programmes at PCT and regional level
    - Mapping existing social marketing projects against the recommendations made by NSTs after visits to PCTs, to ensure co-ordination
    - Contributing to a national benchmark of social marketing projects

2. **To establish (or further develop) a 'Beacon' social marketing partnership project for each of the ten regions in England, by:**
   - Using the findings of the *Review of Social Marketing* to identify a NHS social marketing project — involving one or more external partner organisations — which had the potential to become a 'Beacon' example of best practice for partnership working in social marketing. The successful 'Beacon' project in each region would be awarded £20,000 additional funding from the RDSM's budget and tracked for evaluation
   - Agreeing the selected 'Beacon' project with the Regional Director of Public Health for each region and their team
   - Developing a business case for DH sign-off, to draw down the £20,000 funding allocation
   - Taking an active part in steering and delivering the project, including sitting on the project's Steering Committee, and providing social marketing consultancy and project management support

3. **Ensure PCT directors and commissioners of social marketing projects know, understand and can effectively commission social marketing, by:**
   - Using the *Review of Social Marketing* as a baseline from which to develop a measurable regional action plan
   - Developing good working relationships with regional directors and programme leaders, to support existing regional networks and development programmes
   - Developing and delivering tailored social marketing seminars and workshops for specific public health topic areas, organisations and networks
   - Contributing to the development of a national NSMC social marketing training programme, materials and resources for the NHS in England
   - Tracking delivery and progress by recording all training, materials, resources and events in order to evaluate outcomes and impact on social marketing skills and practice
   - Providing the DH and NSMC senior management with an evaluation report showing progress from the baseline *Review of Social Marketing* to the end of the programme

4. **Act as a national-regional-local link for NHS social marketing and provide PCT support following National Support Team (NST) visits, through:**
   - Establishing links with NSTs, to ensure RDSMs are briefed ahead of planned NST visits and on the subsequent NST recommendations for social marketing, following this up locally and reporting outcomes
   - Establishing links with DH policy and communications leads for regular team briefings on national programmes and planned campaigns, to ensure co-messages when RDSMs brief regional and local teams
   - Assigning each RDSM to a specific public health topic area (e.g. obesity, tobacco control, sexual health), to link specifically with the relevant NST and DH leads for detailed briefings, which are then relayed regionally and locally
   - Liaising with NST leads regarding specific social marketing training requirements from NSMC for their teams, to ensure good practice

Review of Social Marketing

The first key deliverable for the regional programme and the RDSMs was to undertake a comprehensive review of social marketing in each region, gathering evidence about existing social marketing activity and identifying gaps in current knowledge and skills.

The research phase was completed by January 2009 and the findings from the ten regions were collated into one national report, *Review of Social Marketing within Public Health Regional Settings* (DH, July 2009). The report provides a snapshot in time (between November 2008 and January 2009) of how social marketing was being used within PCTs in England. It highlights a number of key findings, outlined below.

Defining and understanding social marketing

Across all ten regions, *awareness* of the term 'social marketing' was high, but levels of *understanding* varied. Some respondents confused social marketing with advertising, public relations or health promotion. Most respondents saw social marketing as a valuable way of gaining valuable insights into customer needs. There were some negative perceptions of social marketing as too academic, too difficult or an empty buzz word.

Current social marketing activity

Involvement in social marketing activity varied from region to region. Even in those areas with the highest levels of activity, almost all projects were still in their infancy. Projects focused on a range of Public Service Agreement (PSA) targets. The most common target was smoking cessation, but significant numbers of projects also focused on alcohol consumption, reducing mortality, maintaining healthy weight, sexual health and MMR vaccination uptake.

Support for social marketing

Commitment to social marketing was high. In many PCTs, social marketing was championed at a very senior level — typically by Directors of Public Health or Communication — and a significant proportion had either appointed or were planning to appoint people to dedicated social marketing posts. Several regions were in the process of setting up frameworks, steering groups or units to manage social marketing projects. Responsibility for social marketing was most likely to sit within public health or communications directorates. Most, if not all, projects involved partnership working, most commonly with the Local Authority.

All regions had received visits from NSTs. As a result of these visits, some PCTs had been prompted to look at how social marketing could help them meet their goals and to source appropriate social marketing training and support. In all regions, PCTs had worked with external commercial agencies to deliver all

or part of their social marketing activity. There was some concern that this could act as a barrier to the development of social marketing skills in-house.

Financial resources

At the time of the review, only a minority of PCTs were planning either to establish a dedicated social marketing budget or to allocate specific funds to social marketing projects. There was considerable variation on this point between regions.

Barriers to social marketing

The following were cited as the main barriers to developing and implementing social marketing projects:

- Lack of resources
- Lack of capacity
- Lack of awareness and understanding
- Annual targets (preventing a longer term approach)
- Lack of robust evidence and case studies for effective social marketing
- Organisational structure problems
- Lack of internal support
- Cultural and ethical issues
- External constraints

Recommendations for developing social marketing at PCT level

The main recommendations included:

- Embedding social marketing within PCTs at strategic level
- Increasing capacity to deliver social marketing
- Provision of tailored training, and practical tools and resources
- Networks and events to support social marketing

Support and development plans

Each RDSM used the findings of their regional review to produce a detailed development action plan for their region. The plans were developed in partnership with regional and local stakeholders in social marketing.

CASE STUDIES

Development planning for the South East Coast region

In the South East Coast region, the RDSM used the insight and knowledge derived from the *Review of Social Marketing* to create a single regional vision, three key objectives and seven key strategic work programmes.

Social marketing vision
To improve the health and well-being of every citizen, and reduce health inequalities in the South East Coast using social marketing, alongside other tools and techniques.

Objectives

- To build capacity and develop social marketing in the region, linking at local level to NST visits
- To ensure all PCT directors and commissioners of social marketing have a good understanding of social marketing, and are in a position to commission effective social marketing
- To support PCT directors to integrate social marketing into normal workstreams and strategies

Seven strategic work programmes for social marketing

i. PCT support and capacity development
ii. National, regional and local integration
iii. Training and development
iv. Integration of social marketing and World Class Commissioning
v. Sharing best practice and resources
vi. Communications and stakeholder engagement
vii. Sustainability and evaluation

Beacon partnership projects

The second of the four key objectives for the regional programme was to establish and develop one 'Beacon' partnership project for social marketing in each of the ten SHAs in England. The purpose of the 'Beacons' (as also outlined in the *Ambitions for Health* Action Plan) was to showcase best practice in social marketing partnership working, for improved health outcomes. The selected project was required to include the NHS, working with at least one other public or private sector partner. It was also required to focus on a stated regional public health priority or Public Service Agreement (PSA) target. The ten 'Beacon' partnerships were selected by a process run by each RDSM, working with regional and local stakeholders. The chosen projects were then set-up by the RDSMs in spring 2009.

CASE STUDIES

Lighting the Beacon in Newcastle, the East Midlands and the West Midlands

Newcastle

In Newcastle, the 'Beacon' partnership project aims to engage men from target communities, who are most likely to have health problems due to lack of exercise, poor diet and smoking. Its partners included Newcastle United Football Club, building on its popularity within the community as the key motivational factor for men to become involved in community football. A specialist health trainer was recruited by the project to work with men in West Newcastle, encouraging them to take up community football to improve their fitness.

Over 100 men have now joined the programme, improving their fitness levels and learning about healthier diets, the impact of smoking and alcohol, and how to detect early symptoms of cancer. Incentives such as free match tickets, trips around the Newcastle United dressing rooms and signed footballs have proved so popular that the programme has held 100% retention.

To raise awareness of the success and methodology of this Beacon project, the former Government's Chief Medical Officer, Sir Liam Donaldson, joined twenty five senior NHS and Local Authority staff at the Newcastle versus Scunthorpe match in March 2010. Sir Liam described the project as 'a winning formula' and stressed the importance of sustaining the work and its clear benefits.

East Midlands

The 'Beacon' project in the East Midlands is an excellent example of partnership working, bringing together NHS Lincolnshire, the Food Standards Agency, Lincolnshire County Council, Consumer Direct, Government Office East Midlands and the Food Liaison Group. The project tackles a difficult behavioural challenge – changing behaviour in the takeaway food industry, such as reformulation and marketing of healthier alternatives to increase consumer uptake of healthier food. The team involved have, so far, dedicated time and resources to ensure the research and scoping stage of the programme is robust. From this, proposals are being developed on changes which the takeaway sector can make, to help change habits and behaviours. The project has already attracted national attention and is seen by professionals in health and local government as a promising and innovative project.

> "This project is innovative because it is trying to change the behaviour of those who supply the food rather than directly targeting consumers to ask them to cut down or cut out. If we can work with the industry to help them to produce healthier products for consumers we are one step closer to tackling the impact of a diet high in salt and saturated fat".
>
> **Director of Public Health & Partnerships, PCT in the East Midlands**

West Midlands

The West Midlands 'Beacon' project team is working with partners at the University of Kent to use Tesco Clubcard data to explore the drivers for 'unhealthy' food purchasing behaviour amongst specific (vulnerable) consumer segments. The project is also examining attitudes within these consumer segments towards different potential interventions designed to change their food purchasing behaviour.

Using the Tesco Clubcard data, the project team is analysing consumer behaviour to understand attitudes towards diet and health. An indicative list of 'unhealthy' foods has been formulated, in consultation with regional public health topic leads and the Food Standards Agency. The analysis of shopping basket data and the penetration of 'unhealthy' food into the baskets of vulnerable consumer group segments has started. Focus groups have been undertaken in line with the segments used nationally for Change4Life.[1]

The next stage of the project will build on previous research by identifying differences between the food purchasing behaviour of each of these groups, highlighting the most vulnerable groups and the most appropriate interventions for each, in order to effect positive behaviour change.

1 Change4Life is a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more. Visit http://www.nhs.uk/change4life

Training programme for England (2009–2010)

Background

The *Review of Social Marketing* highlighted a wide variation in understanding and awareness of social marketing between and within NHS organisations. The *Review* also found that lack of capacity and skills were a significant barrier to the adoption of social marketing within organisations. As a result, the *Review* made two key recommendations related to training:

- To raise awareness and understanding of social marketing
- To develop and deliver a tailored training programme for staff at different levels and in different roles

Some areas and organisations in England had already received social marketing training, either through the NSMC or National Support Teams, or commissioned directly from commercial suppliers. The NSMC regional training programme, therefore, needed to take account of this and create a tiered portfolio of courses, which enabled those with some foundation in the key concepts and principles, to progress to more advanced training.

The main programme

The main training programme for England was grouped into four distinct levels, based on the level of pre-existing social marketing knowledge required for delegates. It also took account of the extent to which delegates would be directly involved in the commissioning or management of social marketing projects. The four levels were:

- *Introductory:* for those requiring an overview of the key social marketing principles; for those likely to play a significant role in a social marketing project in the next six months
- *Applied:* for key stakeholders and managers who will be applying the principles of social marketing directly to their social marketing projects
- *Practitioner:* for those requiring more in-depth understanding of the technical aspects of social marketing and how to apply them
- *Executive:* for CEOs, directors and senior managers who require a strategic understanding of how social marketing principles can help them improve health outcomes for their local populations

Eight modules were then developed within these four levels:

- An introduction to the key principles of social marketing
- Overview of how to undertake a social marketing intervention
- Procuring social marketing services
- Getting started: scoping social marketing
- Turning insight into action: developing a social marketing intervention
- Understanding your audience: using research and customer insight
- Evaluating success
- Masterclass for directors and senior managers

The first seven courses were designed to run over a single day, with an emphasis on practical learning that could be used immediately in the workplace.



The training and development journey

The courses were developed by the RDSM team, working with the training team at the NSMC head office in London. The content was cross-referenced to ensure it was in line with the World Class Commissioning competencies and National Occupational Standards for Social Marketing. Sources for the training content including existing NSMC material and other respected sources, with additional material commissioned directly from experts in the field. A rigorous internal quality assurance process ensured that all the material came together to create a coherent and consistent modular training programme.

For the training delivery, a twofold approach was taken:

- Delivery of around one third of the courses was commissioned by the NSMC from experienced training providers, with a proven background in social marketing
- The remainder of the courses were delivered by NSMC Associates, who were identified and quality assured as trainers, and then trained to deliver the content (with a number of courses also delivered by the RDSMs themselves)

By March 2010, over 160 courses from the main programme had been delivered to over 3,000 delegates across the ten regions in England.

Masterclasses for directors and senior managers

For the *Executive* level of the training programme, it was critical to test the course content in the field, to ensure it was pitched at the appropriate level and the right messages were being conveyed. As part of this testing process, senior directors were used to provide feedback on the content during its development. This helped to shape the material before it was rolled out widely across the regions.

Bespoke training and workshops

Alongside the main national training programme, a range of bespoke training workshops were developed and delivered by all the RDSMs, in response to specific requests from public health leads within their regions (for example, bespoke courses on sexual health or alcohol social marketing).

In the South East Coast and South Central regions, the RDSMs worked with the chances4change (BIG Lottery) team to develop a bespoke *Introduction to Social Marketing* training package, which was delivered over two days. This was then followed up by a social marketing networking session for the 60 BIG Lottery-funded health and wellbeing projects across the South East.

> "Thank you... for the support and capacity you have provided to chances4change, I know from speaking to project teams that they have greatly benefitted from this training, educating them about the impact that social marketing can have on their work."
>
> **Regional Networks & Learning Manager, *chances4change* Programme**

In the North East, the RDSM developed a series of bespoke training workshops. Most of these started with an *Introduction to Social Marketing* where it was needed, then moved on to focus on specific public health topics and case studies, identifying target audiences, segmentation and finally developing an intervention. Examples of the topics covered included teenage pregnancy and contraception choices, cancer and alcohol. Other bespoke workshops focused on *Social Marketing and Stakeholder Management*, *Social Marketing for Organisational Change within the NHS*, and *Social Marketing for Partnerships with the Third Sector and Local Authorities*.

In the West Midlands region, the RDSM developed a number of bespoke social marketing training days at the request of regional leads in the Government Office and SHA, for delegates including specialist commissioners of sexual health services, PCT teenage pregnancy leads and heath trainers. The bespoke workshops proved to be very successful, resulting in a request for the RDSM to run additional sessions at regional conference events on each of the topic areas.

> "Thank you so much for your help in organising the social marketing training session for the Health Trainer Service Coordinators. I think that the co-ordinators enjoyed the session and took away practical ideas to support their work locally."
>
> **Consultant in Public Health, West Midlands Government Office**

Prior to the arrival of the RDSM in the North West, social marketing capacity and skills were being developed by the Strategic Health Authority and sub-regional Public Health Networks. It was, therefore, important for the RDSM to work collaboratively with these organisations.

CASE STUDIES

One example of this was the development of social marketing workshops with Greater Manchester Public Health Network, where a training programme had already been commissioned with a social marketing agency. The North West RDSM, therefore, worked alongside the team to develop content and provided financial support for a series of four workshops on social marketing strategy, analytics, research and creative development. Over 100 delegates attended these workshops during August and September 2009.

In the South Central region, the RDSM was asked to provide a bespoke workshop for the Health Improvement and Development Service at Portsmouth City Council. There are a large number of posts at the City Council which are joined with NHS Portsmouth, so this was an ideal opportunity to reach a wide audience and train them on the key principles of social marketing and projects underway in Portsmouth. The session was well attended and positively evaluated by delegates, particularly on the use of 'live' project examples.

> "The RDSM's course delivery was excellent and the workshop was very well presented - succinct, informative and relevant. It was delivered at just the right level and left the participants wanting to know more about how they could apply social marketing directly to their work.'
>
> **Head of the Health Improvement and Development Service, Portsmouth City Council**

In the East of England, the RDSM worked with the Eastern Deanery and members of the Eastern Region Trainees Action Group to create a bespoke, one day *Introduction to Social Marketing* for the region's Public Health Trainees. In early 2010, the RDSM also developed two bespoke social marketing workshops — in partnership with the region's social care leads — to support the East of England Transformation of Adult Social Care training programme. The sessions introduced social marketing to an audience of social care and NHS commissioners of adult services. It focused on the application of social marketing to develop the provider market, and how to segment and target audiences for more effective uptake of assistive technologies.

> "Our RDSM developed a brand new training module for the Regional Development Programme in Market Shaping and Market Facilitation. This is designed for Local Authority commissioners (and some PCT commissioners) and transformation leads, as one of our priority areas for development. The one day module focused in detail on the role of social marketing in the transformation agenda and how commissioners can use this approach to inform and influence their changing role and functions."
>
> **Regional Programme Director for Transformation and Personalisation, East of England**

Programme evaluation

The NSMC developed an evaluation framework for the complete training programme, based on the Kirkpatrick Model. This model sets out four levels for measuring the effectiveness of training:

1. The reaction of the learner
2. The increase (or otherwise) in knowledge
3. The impact on behaviour and performance in workplace
4. The organisational outcomes

The NSMC training evaluation draws on a number of sources, including:

- Online pre-questionnaires (before attending training)
- Feedback sheets (completed on the day of training)
- Follow up interviews with a sample of delegates from each region and course
- Online post-course questionnaire

The initial results of the evaluation are very encouraging, with all delegates consistently scoring all courses over 80% in feedback collected on the day. A complete evaluation report on the NSMC training programme will be completed by end of June 2010.

> “Since attending the training, I have spent more time on scoping and targeting the right audience for an awareness raising campaign for end of life care. I have now really thought about whether that is the best approach and if it will work.”
>
> **PCT Commissioner, London**

> “The information from the courses always jogs my memory and gives me ideas, when dealing with daily issues.”
>
> **PCT Teenage Pregnancy Co-ordinator, London**

> “The training gave me lots to think about. Social marketing isn’t what I thought it was, so it helped develop my understanding. The tutor was excellent and really demonstrated a passion for the subject, and explained the principles, theory and application with great care and understanding.”
>
> **PCT Health Improvement Manager, London**

"Being new to the NHS, I have found the training and support offered to be invaluable in developing into my new role. It is a fairly unique role in that the workload is split equally between corporate communications and public health. The help, support and advice from the NSMC programme has enabled me to develop a number of campaigns which have been based on what the service users want. It has been an invaluable learning experience which has given me many skills to embed social marketing into our PCT."

PCT Communications Specialist, East Midlands

"The NHS has a diverse and dedicated workforce, and certainly this was my experience when corresponding with the many delegates from the NSMC social marketing courses. From consultants in public health to comms managers and physiotherapists, the delegates have valued and benefitted from the courses and materials. I was even able to see this in practice, whilst attending four of the courses myself. The courses were extremely worthwhile and provided delegates with the inspiration, knowledge and support to apply social marketing to their role, whilst also providing them with a forum for discussion, networking, and sharing their learnings and experiences."

Training and Development Project Officer, National Social Marketing Centre

Supporting Primary Care Trusts in England

A significant proportion of the resources of the regional programme was directed at support for PCTs. From the perspective of the RDSMs, this involved working primarily in the field with PCTs, to develop and implement social marketing strategies and projects at a local level. This work was informed by the development needs identified in the *Review of Social Marketing* undertaken by each RDSM across their region, alongside local and regional public health priorities.

The PCT support work undertaken by the RDSM team was wide-ranging and typically included:

- Specialist social marketing advisory role
- Development of social marketing strategies
- Social marketing project set-up and development
- Membership of PCT project Steering Groups and Working Groups
- Assistance with funding applications and provision of funding assistance for social marketing projects
- Social marketing post recruitment
- Commissioning and procurement for social marketing projects
- Sourcing research data, policy reports and case studies
- Provision of NSMC Associates to work on PCT social marketing projects
- Running social marketing workshops and training sessions

CASE STUDIES

PCT recruitment for social marketing posts has been an area where RDSM support has frequently been requested. RDSMs have worked with PCTs to develop job descriptions tailored to specific local requirements, as well as sitting on interview panels. In the East Midlands region, for instance, there are now seven new dedicated social marketing posts within PCTs. In the South Central region, the RDSM worked closely with one PCT to interview and recruit a new social marketing manager, and subsequently took on a mentoring role with the new manager to provide support over their first year in post. This has enabled the post holder to develop within the organisation and become the sole lead for social marketing.

PCTs have also benefitted from the independence and impartiality of RDSMs, who have been able to work across multiple topic areas to support social marketing whenever required. As an illustration, in the East Midlands, PCT support by the RDSM included assisting NHS Derby with its alcohol agenda, Nottinghamshire County with tobacco control in Newark, engaging lorry

CASE STUDIES

drivers and ex-miners in smoking cessation in Bassetlaw, tackling obesity in Lincolnshire and teenage pregnancy in Leicestershire. The support of the RDSM has ranged from acting as advisors to PCT teams, facilitating meetings and workshops, drafting commissioning briefs, sitting on agency pitch panels, development of strategic and implementation documents, and working with teams on service redesign.

In the East of England region, the RDSM worked closely with one PCT on the procurement of a social marketing insight project, to inform a number of behaviour change interventions across a range of target audiences. The RDSM supported PCT staff in writing a specification for customer insight, then in the tender process for the project including assessment of proposals and sitting on the panel for agency pitches. Once the project was completed, the RDSM continued to provide support to the PCT by placing an NSMC Associate social marketer within the organisation to gather formal responses from multiple stakeholders to the insight findings, and to draw together common themes. This will enable the Executive team to incorporate genuine insight into the local population as part of their World Class Commissioning process and competencies.

> “Our PCT have benefitted immensely from the social marketing programme over the past 18 months. We commissioned 10 insight reports in a variety of areas and this enabled us to work with the commercial sector, engage with stakeholders and community groups that finally matured into a showcase workshop in October 2009. This event was attended by the leading social marketing organisations who presented their findings and recommendations to an audience of over 100 delegates. The insight from the workshop and insight reports are now being used to influence and inform the 5 year strategic plan as well as providing the Executive Board members with an overview of how social marketing could be embedded in to the organisations culture. The support and expertise received from our RDSM was instrumental in helping us achieving this.”
>
> **PCT Director of Public Health Improvement, East of England**

Supporting procurement and social marketing rosters

Procurement

The *Review of Social Marketing* highlighted a widespread need amongst PCTs for support in procuring social marketing services from a variety of public and private sector agencies.

The RDSMs agreed to address this need in three ways:

1. Providing direct support to PCTs and regional teams from the beginning to the end of a particular procurement process
2. Developing specific NSMC procurement tools for social marketing
3. Training for PCTs and regional teams in social marketing procurement

As a result, RDSMs have worked with PCTs and regional teams on procurement, from identifying specific requirements and writing a tender brief, through to managing the pitch process and contract agreements. The RDSMs also worked with the NSMC team in London to produce the *Procurement Guide for Social Marketing Services*, which was published by the NSMC in print and online in summer 2009. Procurement training was rolled out as part of the wider training programme.

CASE STUDIES

In summer 2009, the Peninsula Cancer Network in the South West region secured funding from the National Cancer Action Network for social marketing. The team approached the RDSM for the South West to guide them through the commissioning process to procure agency support.

The funding covered two distinct projects. The first project was focused on skin cancer prevention. The South West of England has the highest rates of skin cancer in the UK and the SHA had identified skin cancer prevention as a public health priority. This project was focused on embedding social marketing techniques into the way that the four PCTs across the Peninsula commissioned and delivered services. The second project involved a study of improving cancer awareness in the most deprived communities, particularly how best to raise lung cancer awareness and improve rates of early diagnosis.

The RDSM for the South West worked with the Peninsula Cancer Network from the outset of the commissioning process, leading them through the development of detailing project briefs, Invitation To Tenders (ITTs), agency shortlisting, pitching and selection.

CASE STUDIES

"The Peninsula Cancer Network has led two major projects funded by the National Cancer Action Team – a project on the role of a cancer network in raising awareness and prevention of skin cancer...and another to establish a Local Awareness and Early Diagnosis Initiative focused on lung cancer. Both of these projects were based around the procurement of a social marketing company to carry out an extensive programme of work in support of the projects. The RDSM from the National Social Marketing Centre played a pivotal role in providing guidance and support to the commissioning and procurement of the social marketing company. As project lead for both projects, I relied extensively on this expert advice to shape the tender document and to ensure that the process ... led us to the most appropriate company. With the RDSM's advice to me and my procurement team, the process went very well with 17 of the top social marketing companies vying for the tender. We made a very successful appointment of the social marketing company ....The support, advice and expertise of the RDSM manager was invaluable and directly led to the successful outcome of this work".

Consultant in Public Health, Peninsula Cancer Network

Social marketing rosters (supplier frameworks)

In spring 2009, The Central Office of Information (COI) developed and published an extensive national roster of marketing communications agencies, which included a list of agencies providing social marketing services[2]. In addition, a number of NHS commissioners were keen to develop the marketplace for social marketing services as part of World Class Commissioning programmes, and therefore supplementary regional rosters were explored by several regions.

2 http://coi.gov.uk/suppliers.php?page=37

North West

The *Review of Social Marketing* undertaken by the RDSM in the North West identified some uncertainty about how to procure social marketing services, including who to buy them from and how to get good value for money. In response to this, a roster was proposed, which would offer a provider framework of agencies offering social marketing services for the region. The benefit of this framework was that it would give PCTs and regional teams a list of providers which had already demonstrated breadth and depth of skills and experience in specific social marketing services.

The North West team undertook a rigorous process to appoint agencies onto the framework. The North West Collaborative Commercial Agency (NWCCA) facilitated a robust procurement process that met Official Journal of the European Union procurement rules. The evaluation criteria were developed by a multi-agency team including social marketing representatives from NHS North West, the National Social Marketing Centre, ChaMPs, Cumbria & Lancashire and Greater Manchester Public Health Networks.

121 agencies submitted a Pre-Qualification Questionnaire (PQQ), of which 45 agencies were successful in being given an Invitation to Tender (ITT). Of these, 38 agencies submitted a completed ITT, 27 agencies attended the final pitch (presentation/questions) and 19 agencies were appointed onto the framework.

> "One of the most important findings of the North West review was that even where there was enthusiasm for social marketing, organisations – especially public health and communications departments – often had little experience, little in-house capacity and were unsure how to commission social marketing services or where to commission them from. Establishing the framework means that NHS organisations can be confident they are commissioning from pre-vetted approved agencies and can do so with much of the procurement red tape already dealt with."
>
> **Associate Director for Social Marketing, NHS North West**

Yorkshire and Humber

In the Yorkshire and Humber Region, the RDSM worked with the commercial procurement network to produce a guide to informed options for buying social marketing products and services. This guide includes a range of options from the COI, access to other existing rosters and how to run procurement tenders through the region's own procurement network. The network successfully negotiated with the COI to produce a range of clear options for PCTs which now includes a £250 'one off' payment to access the roster. The COI option has since been extended on a national basis.

Networks

Networks are a commonly-used medium for communicating and sharing knowledge within the NHS.

In the *Review of Social Marketing*, it was established that whilst most regions already had a wide range of networks representing various public health topics (smoking, sexual health etc) and specialisms such as communications. There was, however, limited evidence of these networks engaging in social marketing.

Feedback from PCTs also underlined a need for social marketing networks to be established, as an efficient route to sharing new policy and best practice, addressing issues and organising training within regions. As a result, in those regions where social marketing networks were wanted, the RDSMs worked quickly to establish them.

CASE STUDIES

South Central Social Marketing Network

The *Review of Social Marketing* in the South Central region highlighted the need for a network mechanism to share best practice within the region and also to link together work underway, as many PCTs had similar priorities. All PCTs have representation at the network, whether that is the PCT's social marketing lead, or champions from public health or communications teams. The network meets face-to-face quarterly and has an email group and a shared site on the South Central Access Network. Provision has been made to ensure that the network will continue in the future and to enable the network to develop to include local authority and police colleagues.

East Midlands Social Marketing Network

The East Midlands Social Marketing Network has brought together over 100 professionals working in health and social care across different agencies to explore how the principles of social marketing can be used to facilitate behaviour change and put people at the centre of healthcare delivery. The network met twice in 2009 and there are plans to hold another event in 2010. Members can stay in touch online and link up with people in other organisations who are also undertaking social marketing projects. A number of speakers have attended the network to present new ideas, inform members of the latest developments and provide practical advice.

> “The network has made it possible to informally discuss, debate and test ideas and concepts, and begin to share our experiences and learning. Because the network had public health, communications and commissioning members, there was a wealth of experience but also an opportunity to think differently.”
>
> **PCT member of East Midlands Social Marketing Network**

The South West Social Marketing Network (virtual and ‘green’)

One of the development priorities for the South West was the establishment of a social marketing network. The network in the South West is a practical working group, serving the following objectives:

- **Social marketing developments -** to share information regarding current and planned social marketing activity nationally, regionally and locally, as well as public health and other relevant policy developments
- **Support -** to provide a practical support network for regional and local social marketing projects (discussing barriers and challenges; identifying capacity and resource issues; providing support and advice)
- **Learning** - to share learnings and examples of best practice between teams
- **Efficiency** - to identify projects where collaboration could maximise resources/ budgets and reduce duplication across the South West

Due to the large geographic area of the South West (the largest Strategic Health Authority in England) and also in line with the carbon reduction objectives of the region, the group meets monthly via conference call. Membership is comprised of one social marketing ‘lead’ from each of the 14 Primary Care Trusts in the region, who collectively represent their PCTs at the meetings and cascade information back to colleagues.

NSMC Associates

A key finding from the *Review of Social Marketing* highlighted insufficient in-house capacity as a barrier to using social marketing. In response to this, the NSMC developed an Associate framework to provide access to freelance resource with the right expertise to fill capacity gaps within PCTs and regional teams.

Adverts were placed nationally to recruit social marketing professionals from across all regions and candidates were put through an assessment process. Those who were successful were then placed on an NSMC procurement roster so they could be easily commissioned via RDSMs to provide additional support in the regions. This also helped PCTs to build expertise in-house, through a transfer of skills from NSMC Associates to NHS professionals.

CASE STUDIES

South East Coast

At the start of the regional programme, capacity and skills for social marketing in the South East Coast region were limited, as there were no specific social marketing roles within PCTs or at SHA level. The RDSM used the NSMC Associate framework to recruit a permanent Associate for the region, to support a variety of PCT projects including dentistry, cancer prevention and alcohol reduction. The extra capacity and support has been invaluable to PCTs, especially those new to social marketing and keen to build in-house skills through coaching from the Associate.

South Central

NSMC Associates were used in South Central to work with specific PCTs on a project management basis, and also to help embed social marketing within their organisations through the development of social marketing strategies. NSMC Associates were also used to handle additional social marketing training sessions, due to high demand. This brought an added benefit as the extra sessions enabled a number of Local Authority staff and other NHS partners to attend training, to help with partnership approaches across the region.

Yorkshire and Humber

The use of an NSMC Associate has been crucial to the success of a number of nationally acclaimed social marketing programmes in the Yorkshire and Humber region. The NSMC Associate managed a number of projects, resulting in two ***Health Service Journal*** award nominations for projects in Hull; one tackling domestic violence and another to address male obesity, NHS Hull's 'Fit Fans'. The domestic violence project is seen by the Home Office as groundbreaking, as it has a focus on the perpetrator and not the victim, and early evaluations are showing excellent results.

South West

The South West RDSM worked with the South West Health Weight Healthy Lives team to make a successful application for Department of Health funding for the region — in competition with other SHAs — to fund public relations and marketing activity to support the regional roll-out of Change4Life. Once funding was secured, a NSMC Associate was brought in to manage the planning and delivery of the additional programme funding for the region.

> “Over the last 18 months, the Department of Health South West and NHS South West have been working closely together to really bring the Change4Life regional programme into action. Our region is fully committed to creating a lifestyle revolution for the population, and where best to begin this journey than under the Change4Life Banner.
>
> “The recent additional financial support for the Change4Life programme has allowed some of the main strategic organisations to really see what is actually required to support a social movement of this size. Working with our NSMC Associate, it has also allowed us to make the right connections to drive the work, and has resulted in excellent progress in making Change4Life a locally owned movement that can really have an impact on the most disadvantaged communities in the South West.”
>
> **Healthy Weight, Healthy Lives Regional Manager**
> **Department of Health South West**

East of England

In the East of England region, the RDSM arranged for NSMC Associate support for a PCT Public Health Away Day, enabling the team to explore the place of social marketing in forward planning for the Directorate. Another NSMC Associate was also used to provide advice to regional stakeholders on the potential application of social marketing in behaviour change and removing barriers, in the context of end of life care.

East Midlands

The Associate appointed to the East Midlands in the final months of the programme has provided ‘booster support’ to five PCTs to help them progress their social marketing plans. This includes supporting them to write a three year strategy that will put social marketing principles at the heart of commissioning, a protocol which can be used internally to ensure projects are assessed against national standards and an assessment of project plans and how they can demonstrate a return on investment for the future.

Supporting regional programmes

In addition to local PCTs, the RDSMs have also worked closely with the regional Government Offices and Strategic Health Authorities (SHAs), providing social marketing expertise for priority work programmes.

CASE STUDIES

Yorkshire and Humber

In 2008, an agreement was reached between the regional SHA, Government Office and the PCT Chief Executives, to develop a collective approach to social marketing in the Yorkshire and Humber region. Work was already underway to establish a Marketing Collaborative ('The Collaborative') for Yorkshire and Humber PCTs, so it was decided to develop this further to create a social marketing 'Forum' for partnerships.

The Forum has representation from all 14 PCTs in the region, as well as the regional Government Office, SHA and Public Health Observatory. It oversees and makes strategic decisions about regional social marketing work streams and informs other social marketing work in the region. The Forum has become a central hub within the region for collecting learning from social marketing pilot projects and case studies. It also serves as a channel to disseminate information and knowledge out to the PCTs, as well as training and coaching.

This work is supported by **Health Intelligence Yorkshire and the Humber**, run by the Yorkshire and Humber Public Health Observatory to create and maintain a 'hub' of insight and data for the region, for commissioning and social marketing.

> "The Public Health Observatory is establishing itself as a key contributor to social marketing in the region, not only through support for the scoping and evaluation stages of pan-regional projects, but also as a central repository for key social marketing learnings and tools - an Insight Hub."
>
> **Assistant Director & Senior Analyst, Yorkshire & Humber Public Health Observatory**

The Yorkshire and Humber social marketing programme has three main workstreams:

1. **Learning and Development Programme:** a comprehensive programme of training and events including modules ranging from a basic introduction to social marketing through to in-depth sessions on the different aspects of the social marketing process. These are complemented by a number of topic-specific events and workshops on subjects such as alcohol, breastfeeding and sexual health.

2. **Delivering Healthy Ambitions**: there are a number of ongoing public health projects in the region which are overseen by The Forum and delivered by The Collaborative. The projects inform service delivery, commissioning, communications and strategic planning for the region, and provide vital insight that can also be applied at a local level. These projects include end of life, stroke, primary care access, mental health, tobacco control and cervical cancer screening.
3. **Marketing Services - a regional approach**: collectively within the region, considerable investment has been made in commissioning a range of marketing services, including social marketing. Given the potential for efficiency savings, this led to a review of the commissioning options open to PCTs. The findings were presented as a guide to the options for procuring marketing services, including COI offerings, access to existing rosters in other regions and how to run procurement through the Yorkshire and Humber procurement network.

> "The Yorkshire and Humber RDSM has been an integral part of a team that has shifted social marketing from the outskirts of NHS activities, to the central ground of how we commission services - placing consumer insight at the heart on this activity. The RDSM's work has helped to ... unify the approach we have toward behavioural change. Specifically the work done to bring together [social marketing] training and development, has left a lasting impression on the way the NHS does business here."
>
> **Director of Communication, NHS Yorkshire and Humber**

North East

In the North East region, the RDSM worked alongside regional teams to create and implement the North East Social Marketing strategy for Long Acting Reversible Contraception (LARC). The strategy was implemented from September 2009 onwards and had three phases:

Phase I: began in September 2009, with sexual health teams visiting all regional university and college Freshers' Weeks and student fairs, to raise awareness of LARC as an effective and reliable contraceptive. The sexual health teams also carried out surveys with young people at the events, finding low awareness of LARC and how to access it.

Phase 2: focused on supporting PCTs to effectively implement the national campaign '*Sex – Worth Talking About'*.

CASE STUDIES

Phase 3: the final phase focused on the development and launch of a pilot social marketing project by the NHS North East sexual health team, which targeted young women at the highest risk of pregnancy and the least likely to access sexual health services. It began with a series of bespoke social marketing workshops for local teenage pregnancy coordinators and the teenage pregnancy network. The training focused on identifying and understanding the target audience.

This was followed by a series of focus groups with young women to explore the barriers and benefits of trying LARC for the first time, and to identify incentives for them to do so. Key insights from the focus groups revealed that young women wanted emotional and practical support in sexual health services, which was ongoing and allowed for a rapport with the service provider to evolve, not just being given information and a LARC fitting.

> "We have been working with our RDSM, for over a year now developing a range of social marketing initiatives aimed at increasing access to and uptake of longer acting methods of contraception. The RDSM has been able to give us both a theoretical underpinning and, even more valuably, practical support in developing approaches and interventions. Thanks to this input, the SHA was the first to deliver a social marketing campaign on this topic".
>
> **Project Manager Sexual Health, Public Health North East**

The North East team are now taking the strategy forward with a particular focus on young people who are not in education, employment or training, and looked-after young people.

> "The RDSM was invited to run a training session for the teenage pregnancy team to introduce them to the concept of social marketing. It was a very informative and positive session. The team identified a particularly difficult group of young people to engage with and, from this, we developed work to try and engage with that audience. This will be carried out with support from the local FE college and is going to be an exciting project."
>
> **Teenage Pregnancy Programme Manager, Teenage Pregnancy Team North East**

Developing national social marketing resources

Alongside the regional programme, the RDSMs have collaborated with colleagues at the NSMC London office on the development of NSMC publications, reports, tools, web content and other resources. In addition, the RDSMs formed the core team which developed the 2009-2010 social marketing training programme for the NHS in England.

Developing the Social Marketing Planning Guide and Toolbox

The launch in early 2010 of NSMC's online Social Marketing Planning Guide and Toolbox marked the delivery of a much-anticipated resource for social marketing practitioners. The guide is designed to develop and deliver effective social marketing, by providing a resource that draws on the very best and most up-to-date ideas in social marketing planning and practice.

The Guide and Toolbox was developed in response to practitioners in the field who have called for more practical help and resources to enable them to apply a social marketing approach to their work. As RDSMs provided the key link between the NSMC and NHS practitioners locally and regionally, it was therefore vital that they had significant input into the content and design of the new Guide. Three regional managers sat on the Advisory Panel in 2009-2010 during the development of the site and in the lead-up to its launch.

> "The RDSMs provided valuable and welcome input to the Social Marketing Gateway's work on the development of the NSMC's Social Marketing Planning Guide and Toolbox. The Gateway developers were grateful for the chance to present an early version of the resource at a regional programme meeting in November 2009 and for the constructive feedback received. A small team of RDSMs also worked closely with the Gateway team, providing further advice and help over the project period. The Planning Guide and Toolbox provides an important resource to support social marketing practitioners. Feedback received from users has been very positive."
>
> **Managing Director, Social Marketing Gateway**

Developing the NSMC *Procurement Guide for Social Marketing Services*

The RDSMs were able to inform the development of the *Procurement Guide for Social Marketing Services* (NSMC, 2009) through observation and understanding of existing procurement practice in PCTs. In the *Review of Social Marketing* undertaken by the RDSMs in early 2009, many PCTs highlighted the need for support and guidance in buying social marketing services from a range of providers. In addition, RDSMs used their PCT contacts to review the draft *Guide*, collating comments and feedback back to the central NSMC team

to inform development. This was particularly important in the context of World Class Commissioning, work underway to develop regional rosters of social marketing suppliers, and regional market development programmes.

Lighting the Beacon

To promote the ten 'Beacon' partnership projects across England, a short booklet, *Lighting the Beacon* (NSMC, 2009) was produced by the regional team detailing the background to the programme and profiling each of the ten projects.

Conferences and events

Over the course of the regional programme, RDSMs undertook a wide variety of speaking engagements at national, regional and local conferences and events.

These engagements were in response to invitations from wide-ranging organisations including:

- Department of Health
- Strategic Health Authorities
- Primary Care Trusts
- Mental Health Partnership Trusts
- Government Offices in the regions
- Public Health Observatories
- Cancer and Cardiac networks
- Partnership leaders
- Local Authorities

CASE STUDIES

Yorkshire and Humber

In November 2009, the Yorkshire and Humber RDSM made a presentation to the national conference, *Tackling Obesity: Healthy Weight, Healthy Lives,* on the use of social marketing as a tool to combat obesity. The objective of the presentation was to increase stakeholder confidence in using social marketing as an effective campaign tool and extending its reach through communication technology. The conference audience included representatives from Local Authorities, SHAs, PCTs, universities and schools, trade unions and the third sector.

North East

As the topic lead for alcohol within the NSMC regional programme, the North East RDSM was invited to speak on social marketing principles and best practice at the National Alcohol Conference, *Turning Data into Intelligence and Harnessing Social Marketing,* held in London in June 2009. Independent delegate feedback indicated that this session was rated amongst the most informative and inspiring components of the conference.

CASE STUDIES

East of England

In the East of England, the RDSM gave a presentation on *'Competition Analysis in Social Marketing'* to the region's Public Health Conference organised by the Eastern Region Public Health Observatory. The RDSM also supported a regional social care seminar on '*Universal Services, Advice and Information*' as part of the Putting People First Agenda.

West Midlands

The West Midlands RDSM, at the behest of a number of regional programme leads, developed and delivered a range of tailored, parallel sessions on social marketing for regional conferences for stakeholders in physical activity, mental health and teenage pregnancy.

Working with National Support Teams

An important deliverable for the regional programme was to establish links with National Support Teams (NSTs), working with PCTs to help build capacity and development in social marketing, based on recommendations made by NST teams during their visits.

In addition, each RDSM established direct links with NST leads for an agreed health topic (e.g. obesity, cancer), providing a second channel of engagement.

Thirdly, the NSMC and RDSMs worked with NST leads on specific social marketing training requirements for NST teams.

CASE STUDIES

Health Inequalities National Support Team (HINST)
Two RDSMs worked with the Health Inequalities NST, following a request from the NST, to help them understand if PCTs were taking a social marketing approach to addressing health inequalities. The RDSMs, in conjunction with the NST, developed a set of social marketing indicators which could be used on visits to establish if work undertaken by the PCT was social marketing and if it had been used appropriately. These indicators went through a peer review process with the remaining RDSMs and were also tested by the alcohol team before being sent out to all NSTs.

> “The HINST made very useful links with two RDSMs from the NSMC Regional Programme. They were particularly helpful in working with our team to identify key issues that we could usefully explore with senior managers within PCTs and Local Authorities. They developed a useful framework of questions for us, which were helpful for developing feedback recommendations to the spearhead areas, suggesting ways in which a focus on social marketing approaches could be used effectively in tackling inequalities in health.”’

Associate Delivery Manager, HINST

CASE STUDIES

HINST developed a series of masterclasses for 13 spearhead PCTs across the country to help support their efforts to reach the 2010 health inequalities targets. Two RDSMs worked with the HINST on the masterclass around customer access strategies, attending the event and providing information and additional support on the day.

> “The two RDSMs provided a very useful handout and on-the-spot advice to the spearhead areas attending the HINST *‘Customer Access Strategies Masterclass’*. It gave practical examples of social marketing and links to addressing health inequalities that the spearheads could follow up afterwards. The handout has also been incorporated into the HINST Resource Guide which is available via the HINST web page on the Department of Health website, for a wider audience to download.”
>
> **Associate Delivery Manager, HINST**

Linking to Department of Health policy and communications teams

To ensure a co-ordinated approach to public health topics nationally, regionally and locally, NSMC RDSMs were each assigned a policy area and established working relationships with policy leads and communications leads at the DH.

The RDSMs attended key relevant policy and communications meetings with DH leads, to be briefed on current materials, programmes and future plans. This ensured that they were then able to brief NSMC colleagues on latest developments, and also to ensure that local and regional teams were updated and could dovetail Department of Health programmes into their own planning in a timely manner. The RDSMs linked to the policy and programme areas of tobacco control, sexual health, teenage pregnancy, mental health, alcohol, obesity, cancer, children and young people and health inequalities.

Alcohol policy lead

The RDSM for the North East took the lead for alcohol policy, liaising with the DH team and feeding back national policy developments to the other RDSMs and colleagues in the North East. The RDSM provided the DH team with regional feedback on communications campaigns and new social marketing initiatives such as new segmentation models. The RDSM also liaised with the new regional alcohol office, Balance North East, on alcohol strategy. In June 2008, the RDSM was invited to speak at the National Alcohol conference on social marketing and behaviour change, and how this relates to the alcohol field.

Tobacco control lead

The RDSM for the East Midlands was the NSMC tobacco control lead in 2009 and, during this time, ensured messages and feedback were flowing between local, regional and national teams. The RDSM established links with agencies also working on the tobacco agenda – such as EMO – and had input into regional plans, looking at how social marketing can make an impact and help achieve targets.

The RDSM for the West Midlands also contributed to the tobacco control advocacy pack which will be disseminated through the UK's tobacco control and NHS Stop Smoking Services, which highlights the importance of social marketing approaches, and embedding social marketing in regional alcohol and tobacco control QIPP plans.

The national-regional-local connection

The RDSM programme has delivered benefits for a range of DH, regional and local teams by creating a unique national-regional-local link for social marketing.

RDSMs ensured that their local and regional teams had access to all available insight and research underpinning national behaviour change programmes, avoiding duplication and unnecessary local commissioning, and ensuring national resources were maximised and amplified. RDSMs were able to ensure consistency of branding, content and messages was maintained from national to regional to local campaigns. Having one RDSM working across a region also meant that they had a unique view of all work ongoing at regional and local level, provided a critical link to signpost PCTs to other similar projects in their region and to significantly reduce historic duplication of effort and commissioning.

The importance of the RDSM role in connecting national, regional and local teams can be well demonstrated through the work undertaken around the Change4Life programme.

CASE STUDIES

South East Coast

In the South East Coast region, a pilot programme for the Change4Life programme was set up, with the aim of supporting the understanding and effective implementation of the national Change4Life campaign at PCT and Local Authority level. The pilot included six full-day *Introduction to Change4Life* workshops which took place across the South East Coast region. A unique resource pack (toolkit) was developed with the regional Healthy Weight Healthy Lives Lead, the RDSM and the DH Change4Life Healthy Weight Healthy Lives Social Marketing Regional Manager.

> “The RDSM team helped create good links into the regions for Change4Life, creating awareness of the campaign at a local level. In particular there was excellent input into the development of a Change4Life Social Marketing toolkit, which is being tested in three pilot projects in the South East Coast region. The NSMC regional training programme has also helped increase the capacity and understanding of social marketing in the regions and this will support interventions using Change4Life at a local level.”
>
> **Healthy Weight Healthy Lives Social Marketing Regional Manager, Department of Health Change4Life Partnerships**

For the second stage of the pilot, a robust and competitive selection process was managed by the South East Coast RDSM, which resulted in four projects from the region being chosen. These project teams received 100 day of social marketing consultancy, a series of tailored workshops and unique access to the Resource Pack.



"Resonant Media designed and created a bespoke resource pack for the NSMC regional training programme, working creatively within the Change4Life branding. The pack was made from recyclable polyproplene and comprised a branded USB stick, and a slipcase which held two folders. Resonant Media created durable colour coded dividers to enable end users to navigate through the document and colour coded each section."

Johnny Meredith, Resonant Media

East of England and South West

In the East of England and South West regions, the respective RDSMs worked with their Healthy Weight Healthy Lives teams and SHA Communications Directorates to develop successful applications for DH funding - securing £150,000 respectively - for the implementation of Change4Life activities in those regions.

South Central

The RDSM for South Central supported the national Change4Life initiative at a regional and local level. The South Central region has a 'Healthy Town'[3] with initiatives funded by the national Change4Life programme. The RDSM worked closely with the 'Healthy Pompey' social marketing project team, helping to procure a social marketing agency to undertake work in the city and provided advice and support. The RDSM ensured that learning from the 'Healthy Town' work was shared at a regional level through the Regional Healthy Weight Healthy Lives meetings.

"Our RDSM not only provided support for the Healthy Town project, but also provided us with the skills, knowledge and resources to be able to do similar work by ourselves in the future. The RDSM has built up a network with other NHS organisations and local authorities to share [social marketing] best practice, to learn from the experience of others and discuss opportunities. Having RDSM support has allowed the teams to adopt the approach of the National Social Marketing Centre for a variety of projects. In summary, our RDSM has built understanding of social marketing, the benefits of effecting long term behaviour change with a social marketing approach, built knowledge and expertise within the team and guidance to build capacity internally."

Head of Health Improvement and Development, Portsmouth City Council

3 For more information about 'Healthy Towns' visit http://www.dh.gov.uk

Key learnings for the future

The regional programme has consistently met and delivered against the expectations and performance indicators agreed by the programme sponsors. A great deal of learning has taken place throughout the two year delivery of the programme, a few of the key learnings are noted below:

- **Regional management engagement** – a lead-in period of two to three months, prior to the actual start of the two year programme, to allow for a longer period of engagement with regional stakeholders. This would have given time to talk through the 'virtual' team concept and central NSMC management, as well as engage regional colleagues with the programme prior to contacting staff at Primary Care Trust level.
- **Sharing Key Performance Indicators** – the Key Performance Indicators for the programme were set by Department of Health sponsors and presented in a 'Questions and Answers' format to Regional Directors of Public Health and Communications. Again, given some 'start up time' these Key Performance Indicators could have been more clearly agreed and defined at regional and local levels, to ensure absolute clarity on delivery by the RDSMs.
- **Harnessing and directing expertise** – whilst there were clear strategic reasons for linking an RDSM to a specific region, the downside to this meant that if there was a strong need for their expertise in another region, or PCT, there was little opportunity to second them due to demand for support in their 'home' region. With hindsight perhaps a central virtual team, floating to meet the needs of the regions would have worked better, although it would not have given the regional responsibility and ownership that resulted in RDSMs being assigned per region.
- **Working collaboratively at national level** – the RDSMs worked well with DH/NSMC national colleagues as well as regional and local colleagues and as each had a 'health topic lead', e.g. Obesity, which meant they were able to ensure that the national campaigns were delivered 'on message' at local level. However, given the range of expertise and talent within the RDSM team, it was perhaps a missed opportunity not to have used the RDSMs collectively on a larger, national social marketing project.
- **Infrastructure to support a virtual team** – ideally with more start-up time, it would have been good to ensure a better infrastructure for a virtual team, given that this was not the experience of the NSMC when the team started. Securing a better I.T. setup and response time, liaising with Human Resources and Finance staff, to ensure they understood the needs of a virtual team in the field would have meant better support functions for the programme and quicker solutions to practical issues.

- **Building on the positive** – working as a collective network of RDSMs, there were positive gains from the programme:
    - ***Activity and learning from one region was quickly passed to others***. RDSMs were able to facilitate information sharing between PCTs and regional stakeholders, thereby avoiding duplication of effort and securing significant cost-savings.
    - ***Delivery of excellent benefits for teams, by creating a unique national-regional-local link for social marketing***, sharing insight and research, avoiding unnecessary local commissioning and ensuring national resources were maximised and amplified. RDSMs had a unique view of all social marketing activity ongoing at region and local level and provided a critical link to signpost PCTs to other similar projects in their region. At the end of the two year programme, this has resulted in greater efficiencies, cost-savings and has contributed to a stronger culture of collaboration between PCTs and regional teams for social marketing.
    - ***Adding to the NSMC 'ShowCase' examples.*** The regional Beacon projects, based on good social marketing principles and in particular partnership working, have added another layer of good examples of social marketing projects in action.
    - ***Delivery of a national/regional training programme on the NSMC principles for social marketing.*** The volume and scale of the training programme based on the regional insight and knowledge, coupled with mentoring support and various on-line tools and resources, means that the NSMC have trained and advised approximately 3,000 NHS employees on social marketing – ensuring that good standards and principles are demonstrated.
    - ***An Associate framework for delivery in the field.*** This was another new method of working for the NSMC and one that needed careful consideration in terms of assessment of candidates, compliance and contract negotiations, as well as communication networks. The Regional Programme helped define the need, the clarification for using Associates in the field to deliver core NSMC training and social marketing project support. This will stand the NSMC in good stead for taking forward such programmes of delivery in the future.

Final Remarks

The regional programme had an ambitious aim in terms of increasing knowledge, skills and capacity in social marketing at regional and local level, within a very short time frame of two years (including the actual recruitment of ten new staff to act as the Regional Development and Support Managers). The RDSMs have also acted as Ambassadors for social marketing at national, regional and local level and worked alongside the Department of Health National Support Teams to ensure social marketing is understood at local level for service design and delivery.

The initial scoping as highlighted in the 'Review of Social Marketing in Public Health Regional Settings', set the baseline for the development of the regional training programmes, mentoring and resource tools to support frontline practitioners. It also allowed the RDSMs to liaise with the majority of the Primary Care Trusts and regional practitioners to develop social marketing networks and regional forums, as well as contribute to setting up numerous social marketing programmes and projects in the NHS across England.

The Beacon Projects as described in 'Lighting the Beacon' have added to the case studies for demonstrating good systematic planning, stakeholder engagement and partnership working and will add to NSMC's 'ShowCase' for demonstrating the effectiveness of social marketing in behaviour change.

Overall this has been a highly successful programme in terms of delivering key performance indicators and supporting regional and local stakeholders in considering and using social marketing for the delivery of services to meet client expectations/needs and deliver on behavioural change targets. Now the Regional Programme team hands over to DH, the NHS and the NSMC to continue the development of social marketing techniques to deliver services to meet client needs.

Thanks go to the Department of Health for the funding, to the NSMC for hosting the team and support from the central staff with initial training, research information and guidance, as well as the very crucial administration. Finally thanks go to the RDSMs who made this programme work in a very short timeframe, by grasping the urgency and the need to deliver within a virtual environment, combining professionalism and friendship within the team – well done to all.

Marie Meredith
Interim Director – Regional Programme

Acknowledgements

Interim Director of NHS Development

Marie Meredith

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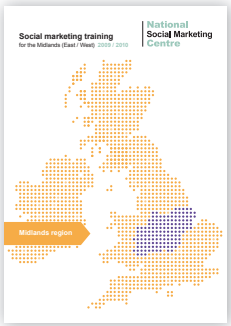
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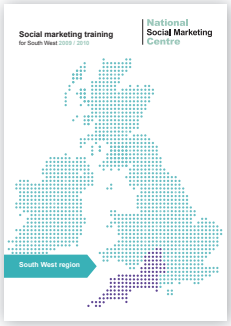
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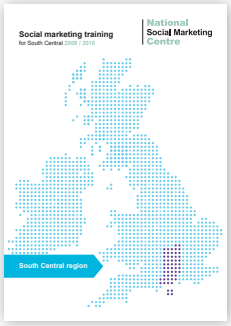








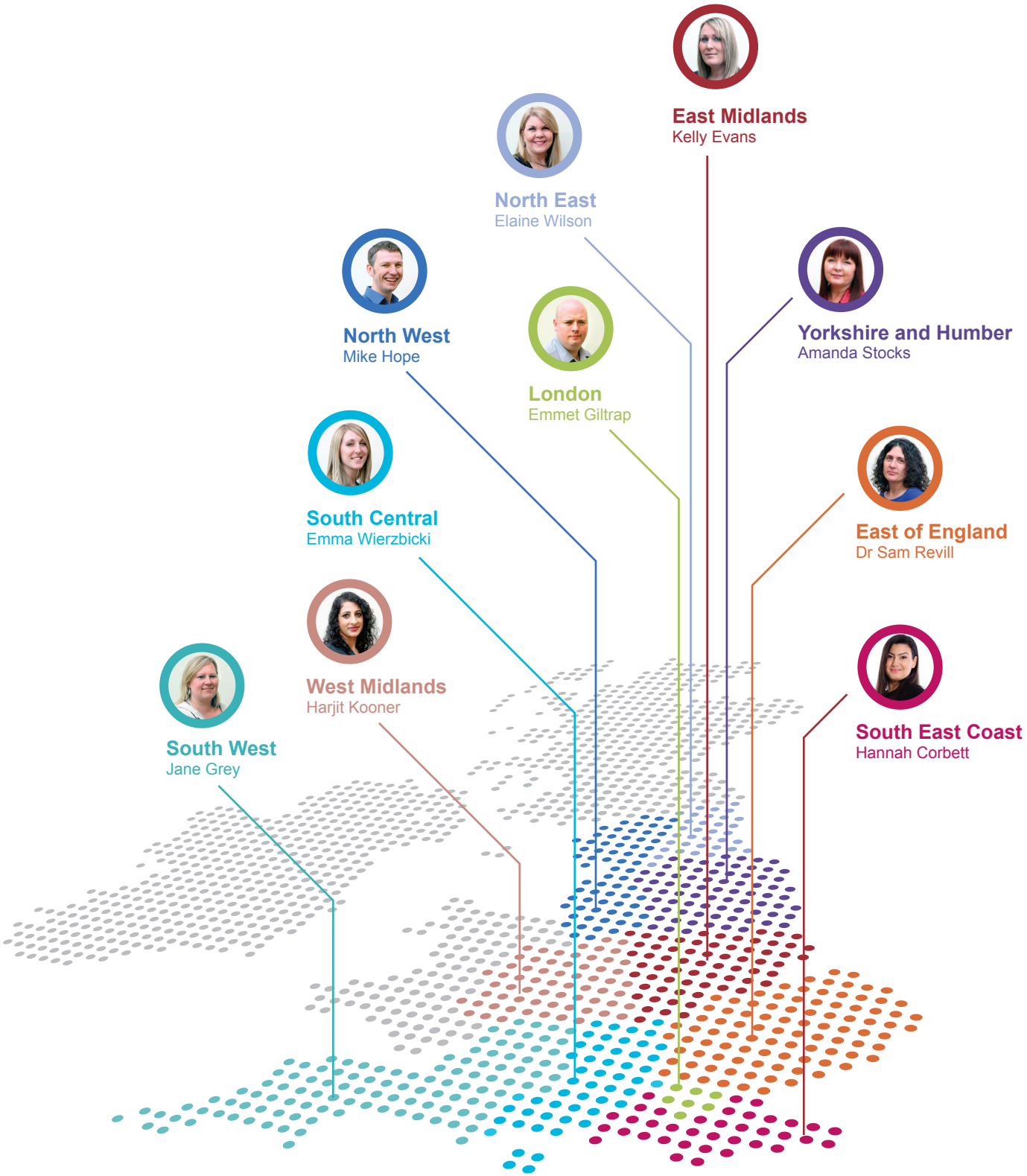






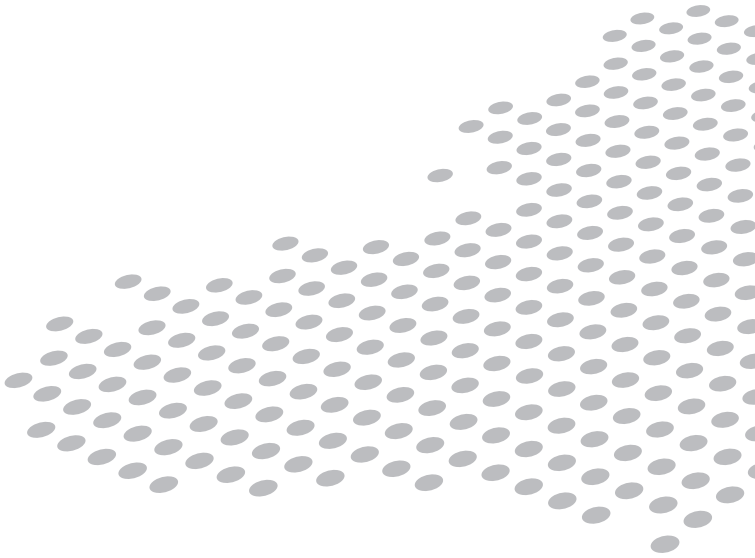


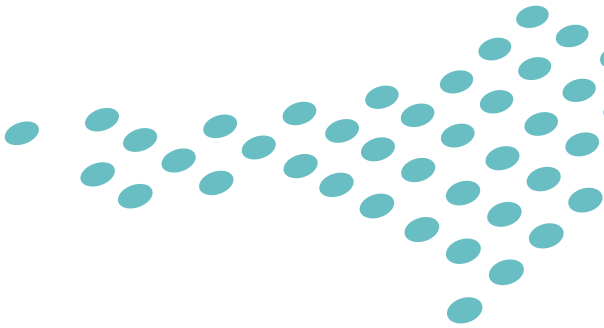
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19 March 2008

Dear Carlos

This is just a short letter to express our support for your case study research about our National Social Marketing Centre.

This research that you are undertaking is extremely important and will help us and others who are interested in how to set up such organisations to develop their plans. We have been happy to collaborate with you on this work and would like to thank you for the opportunity to be involved.

I would also like to thank you for the considerate and charming way that you have engaged with us. We hope that the work progresses well and we look forward to the final report.

Yours sincerely

Dr Jeff French
Director
National Social Marketing Centre

National
Social Marketing
Centre

NSMC Organisational Change Options

October 2008



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Introduction

1. The National Social Marketing Centre (NSMC) has been scoping options for the next five years:
   - the likely trends in demand for its services and products
   - the related income streams
   - the form of organisation best suited to operate in that environment

   This paper sets out the main conclusions from that work and proposes that the NSMC should move to become a free standing social enterprise (see the NSMC Five Year Business Plan).

2. The SMPB is invited to consider the options for change and to agree in principle to the way forward, following which the Consumer Focus Board will also be invited to make a decision in principle. Subsequent work will be needed to give practical effect to that change for which the NSMC is developing a full project plan. But it cannot proceed further without obtaining the views of the Department of Health (DH) as its corporate sponsor and formal agreement by Consumer Focus as its corporate host.

3. The NSMC was set up as a strategic partnership operating within the National Consumer Council (NCC). Consumer Focus has now been established (as of 1 October 2008) absorbing the NCC, energywatch and Postwatch. The NSMC is now part of this new organisation.



Background

4. When the NSMC was originally set up in 2006, it was a small organisation (with five staff) within the NCC. The NCC report *It's Our Health* highlighted the need for a social marketing approach to encourage positive behaviour change and recommended the establishment of the NSMC (also see agenda item *Ambitions for Health*). In March 2007, DH (Health Improvement and Protection Directorate) set up a three year core grant agreement to provide the NSMC with approximately £3.9m pa to fund its activities with an associated programme. Since then, DH has made a number of variations to the grant agreement increasing this amount to approximately £5m in 2008/09.

The NSMC Vision

5. The NSMC's vision is to work with others to strengthen efforts to improve people's lives – based on strong customer understanding and insights-driven approaches.
   - We work to ensure people – the public and service users – can be given a stronger voice in developing, delivering and evaluating interventions to bring about social good.
   - We work to embed a consumer driven approach to social issues, through setting standards and developing understanding and skills in effective customer-focused behavioural intervention and social marketing across the public, third and private sectors.



6. The NSMC is culturally from, and for, the public sector and shares its values. The public sector also forms its main customer base. A further key objective of the NSMC is to create strong links between sectors to deliver more effective programmes aimed at achieving social justice and improving people's lives.

7. The NSMC aims to be the recognised brand of, and a leader in, the field of social marketing, both nationally and internationally. It has a mix of funding sources totalling £7.4m for 2008/9 and the indications are that this level of funding can be maintained and supplemented by additional revenue streams into the medium term.

The NSMC Mission

8. To accomplish its vision, the NSMC will build a networked organisation with the capacity to work alongside others in delivering services to support the public, private and third sectors, focused on:
   - Ensuring that understanding and insight into citizen or consumer needs drives public sector, private sector and third sector policy, programmes and related interventions to promote social good.
   - Capturing learning and building understanding of what constitutes effective behavioural interventions and how a 'people-focused social marketing approach' can enhance public sector policy, strategy and operational delivery.
   - Helping ensure people get a greater voice and organisations better mobilise their contribution to more effective development, delivery and review of interventions designed to achieve 'social good'.
   - Developing and exploiting stronger links between sectors to deliver more effective programmes aimed at improving people's lives.

The NSMC's vision is that people can be given a bigger voice in developing, delivering and evaluating interventions to bring about social good.

The potential for the NSMC to outgrow the new organisation is real and could place a disproportionate number of demands on the corporate management and capacity of Consumer Focus.

The Need for Change

Organisational Change in the Corporate Host – Consumer Focus

9. The merger of the NCC with Postwatch and energywatch into the new 'Consumer Focus' (on 1 October 2008) raises issues in relation to a growing divergence between the NSMC's goals and those of Consumer Focus. While this divergence began when the NSMC was part of the NCC, it only increased when Consumer Focus began operating as its statutory body.

10. In the short term, there are also immediate issues in relation to the structure and internal functionality. The current and potential growth of the NSMC is placing a disproportionate number of demands on the corporate management and capacity of Consumer Focus at a critical stage in their own formation and development.

Potential NSMC Organisational Options

11. There are five realistic options for organisational change:

    A to remain as a division or arm of Consumer Focus
    B to become a free standing body
    C to be established as a discrete DH body, or as part of DH
    D to move to a new host body, possibly via a procurement exercise
    E to close down the NSMC from a forward date, such as April 2010.

    These options are examined in Annex A.

12. No fundamental barriers exist in pursuing any of the following courses of action if they were to be agreed:

- Option A involves the least change and potentially the least risk to the NSMC.
- Option B transfers the risk from Consumer Focus and DH to the NSMC while at the same time offering greater freedom the to NSMC.
- Options C and E would need the agreement of DH ministers
- Option D is only material if none of Options A, B or C are feasible.

However, Option C has been ruled out because it is very unlikely to command support within DH.

The Drivers for Change

Scale and Reach of NSMC Activity

13. Since the launch and grant agreement, the scale and reach of the NSMC has expanded tenfold and is forecast to grow well beyond the original parameters envisaged for the organisation. This is expected to continue as new funding streams become available (see NSMC Five Year Business Plan).

14. It is estimated that by the end of 2009, the NSMC could have 60 directly employed or contracted staff (including at least ten based in the regions) and 60 associates with an annual revenue income of approximately £8m; over the next five years, it could grow to 60 staff and 100 associates with an annual turnover of £6-8m. These trends reflect both a considerable and growing demand for support, advice and consultancy, and other services with social marketing expertise, as well as the relative lack of appropriate providers.



NCC / Consumer Focus Context and Constraints

15. While the NSMC remained as a small operation with a single customer (the DH), its support needs were modest and readily provided for by NCC. However, the expanding business needs of the NSMC created additional demands on the responsiveness and capacity of NCC's systems. Some of this pressure may be resolved through Consumer Focus' new arrangements. However, it is reasonable to assume that Consumer Focus will design or shape systems and internal governance and processes around the business needs of Consumer Focus rather than the needs of the NSMC.

16. The NSMC is increasingly acting as a trading organisation working to support its clients and has to be able to respond swiftly to these needs (for example, in the procurement of consultants from the market place, event and training organisers and short term risks and flexibilities). It needs to be able to respond to invitations to tender and bid for work swiftly and commence projects for customers as soon as a contract is placed. It can do this more efficiently and effectively if it has systems and functions designed to meet its needs and which it owns and manages.

DH Context



17. Increasingly, DH is moving away from the use of grant mechanisms to fund organisations and third sector bodies. It is currently anticipated that from April 2010, it will move to a contractual method for commissioning social marketing work from the NSMC (and other social marketing providers) or begin to taper the grant. Increasingly, DH and other government departments are looking at ways to commission work via third sector or social enterprise bodies, as this can allow greater flexibility and freedoms to deliver against policy goals.

    Current relationships act to constrain options for delivery and limit the ability of DH to benefit from contracting a third sector or social enterprise.

The NSMC needs to be able to respond to that change. And if it is to respond to a wider market and a more diverse range of customers, it needs to be in line with similar external provider organisations, to be able to operate in a flexible and responsive environment and not be unnecessarily limited or constrained. Increasingly, it operates in line with DH and government public service goals while not being constrained by having to operate within a statutory or formal government framework (that is limited in relation to options for accommodation, staff pay and conditions, annuality restrictions and carry forwards).

The NSMC is a trading organisation working to support its clients and needs to be able to respond swiftly to these needs.

18. The conclusions of Annex A are that the NSMC should remain with Consumer Focus or become a self-standing body, probably a form of social enterprise. The case for the NSMC as a social enterprise can be summarised as follows:

Policy and Market Drivers

- DH and government's desire for an expansion of the social enterprise sector and direct support and encouragement for this.
- Expected growth in the market for behavioural change consultancy and capacity development across government and internationally.
- Consumer Focus has a critical job over the next few years to bring itself together to form an effective organisation and has already indicated that it recognises the danger of the NSMC's development and expansion as being a distraction to this core purpose.
- Consumer Focus will seek to act as a critical advocate for consumer rights, while the NSMC will seek to provide supportive services to change organisational and personal behaviour.

Rapid expansion of the NSMC operations will make the NSMC bigger than the old NCC and potentially as big as or bigger than Consumer Focus.

Practical Drivers

- Rapid expansion of the NSMC's operations will make it bigger than the old NCC and potentially as big as, or bigger than, Consumer Focus.
- Accommodation, IT, finance, HR and general management servicing of the NSMC will grow and may have different requirements than those of Consumer Focus.
- The need for the NSMC to be able to operate in a competitive market environment in terms of both keeping costs down (for example, being able to source accommodation at lower rates from the commercial sector rather than the Crown estate) and the need to be able to source staff by paying market rates, including the payment of performance-related bonuses and the imposition of penalty clauses into contracts.
- The NSMC and DH desire for the NSMC to maintain a close working partnership with Consumer Focus.

Functional Drivers

- The ability to change focus and react quickly to a rapidly developing and changing business environment.
- Being able to receive and carry forward contract and grant income over several financial years, and to build up an operating surplus from year to year which can be re-invested for further social marketing activity and pro-bono work.
- The need for back office functions such as HR, finance, IT and procurement with different specifications to that required by Consumer Focus.
- The NSMC's need to work actively with the commercial sector may conflict with Consumer Focus' need to limit such partnerships given its standing as an independent consumer champion.

Timing of Change

19. The formal process for establishing a social enterprise, including the agreed sub form selected, need not be especially complex, nor very lengthy, once embarked upon.

20. There are a number of issues that would need resolving, particularly around HR and pensions of staff who may wish to transfer from Consumer Focus, and other employing organisations' contracts, to the new organisation; and the need for formal consultation, and the ownership and transfer of operating cash balances and other assets and liabilities accrued by the NSMC up to the time of incorporation.

21. It is the view of the NSMC that no change should happen before April 2009 but that the aim should be to position the NSMC so it could complete any change by the end of 2009.

Questions for the SMPB

22. The SMPB is invited to respond to the following questions, taking into account the NSMC's vision as set out in its Five Year Business Plan:
    a. Is organisational change necessary and desirable?
    b. Is a stand alone social enterprise the logical and best option?

Next Steps

23. These issues, along with DH's views, will be put to the Consumer Focus Board at its November meeting. If both bodies are agreed in principle to the direction of travel, more detailed plans will be prepared in consultation and agreed with the DH sponsor branch, Consumer Focus and the NSMC staff, to bring about the change by the end of 2009.

24. A formal process for determining that it is safe to proceed with the change will be put in place from April 2009 and formal consultation with the Consumer Focus staff affected by the change will need to be built into the timetable when structures and individual jobs are identified. The NSMC, with DH support, will also seek support from the DH Social Enterprise Unit, and will bid for social enterprise funding to establish the new organisation, if this direction of travel is supported.

Potential NSMC Organisational Form Options

1. Analysis

2. Risks

3. Conclusions

1. Analysis

1. This options appraisal is designed to compare the main organisational options available for the NSMC. It rests on the NSMC Five Year Business Plan and the assumptions that:
   a. there is sufficient potential and real business and associated revenue streams over the next five years to support the NSMC in one of these forms;
   b. the DH, as the key government sponsor for the NSMC, and as a policy decision, wishes to ensure that the NSMC continues in some form over that period;
   c. no change is not a realistic option given the new Consumer Focus remit and organisational form;
   d. Consumer Focus and BERR have no strong corporate or policy drivers that argue overwhelmingly for its retention within Consumer Focus; and,
   e. the NSMC will continue to be of, and from, the public sector in its core business with a strong health-related component whatever form is chosen.



2. It is not an exhaustive analysis (not all sub-forms of a social enterprise have been compared such as a company limited by share (CLS) or a PLC).

3. There is no objective scientific method for making such an assessment and the appraisal represents an informed judgment. The main options are:
   - **A. to remain as a division or arm of Consumer Focus**
   - **B. to become a free standing body**
   - **C. to be established as a discrete DH body, or as part of DH**
   - **D. to move to new host body, possibly via a procurement exercise**
   - **E. to close down the NSMC from a forward date such as April 2010.**

4. Several of these have sub-options, but in practical terms, A and B are the main alternatives, with C and D only coming into play if A and B are ruled out. Option C would infer a change of policy agreed by health ministers.

5. The criteria used for assessing these options are:
   1. Fit with policy
   2. Impact on key business and delivery
   3. Key Stakeholder views
   4. Value for Money
   5. Accountability
   6. Opportunities created

There is sufficient potential and real business and associated revenue streams over the next five years to support the NSMC.

The NSMC increasingly feels the need to be able to set its own strategic direction without needing overarching approval from Consumer Focus.

A. To Remain as a Division or Arm of Consumer Focus

Remaining as part of Consumer Focus involves the least change. It would be feasible within that to explore alternative organisational forms and governance that might obtain some of the benefits of other options.

Fit with Policy

This option would not be in conflict with broader policy, either in BERR or DH or with the role of Consumer Focus. However, it is possible that some future NSMC partnerships (such as with private sector bodies) might be perceived as conflicting with, or undermining, the independent role of Consumer Focus. There is a potential question mark over whether developing overseas and EU activities are within the Consumer Focus remit.

Impact on key business and delivery

One of the drivers of organisational change is the need for the NSMC to be free to operate as a business with rapid turnaround of customers' requests, which requires the ability to operate outside some of the Whitehall constraints, such as OJEC and HR rules. It also needs the freedom, as its business expands, to design, own and operate its own core functions. Both of these would argue, under this option, for an arms length relationship between the NSMC and Consumer Focus, perhaps even as a social enterprise (such as a company limited by guarantee) nested within Consumer Focus. But it would need to be clear whether such an arrangement would actually free the NSMC from any of these business constraints.

More profoundly, the NSMC increasingly feels the need to be able to set its own strategic direction without needing overarching approval from Consumer Focus, for whom the NSMC's activities may come to be seen as a subsidiary rather than core activity.

On the other hand, remaining within Consumer Focus involves no significant risk of business interruption or business and market failure for the NSMC. It provides a safety net.

Key Stakeholder views

Thus far, no significant corporate stakeholders have expressed strong views about the retention of the NSMC within Consumer Focus. Early indications from the new Consumer Focus Board suggests some scepticism about the value and need for its retention, but no formal view has yet been given.

The DH sponsors do not regard the present arrangements as originated from the old NCC as immutable, and have said they anticipate proposals for the NSMC to become a social enterprise moving away from a grant-in-aid funded mechanism to a more contractually-based one from 2010.

Staff in the NSMC, particularly those with some history of direct employment by the NCC, and now Consumer Focus, are however wary of change, and the retention of the NSMC within Consumer Focus would be more likely to find favour with some of them.

Value for Money

Broadly speaking, retention within Consumer Focus would limit the NSMC to operating within the systems and facilities available and which understandably have not been designed primarily with the NSMC's current and future business needs in mind. This was not material in the NCC when the NSMC was a small operation, and does not give the NSMC the freedom to test the market (for example, for accommodation). It also means the NSMC may sometimes be constrained from being able to offer the market rate for scarce skills in the marketing sphere which can be at the expense of quality and impact.

The NCC hosting arrangement was good value for money for DH as the hosting costs were modest (£150k pa). This will rise significantly under Consumer Focus (up to a factor of four) although the increase in the NSMC's size and business would also have driven up these costs.



Accountability

Formal accountability for the NSMC as part of Consumer Focus is through the board and the strategic partnership with the old NCC to DH, where the NSMC had its origins in *It's Our Health*. Consumer Focus has yet to establish or renew the DH partnership. This will be necessary even if the NSMC does not remain within Consumer Focus.

Increasingly, the NSMC's key stakeholders and accountability relationships are with a range of public bodies as customers – government departments and agencies, NHS bodies and local authorities – who are, in turn, accountable to their constituencies. The extent to which Consumer Focus yet feels, or is likely to develop, a matching sense of accountability is unclear, as is whether that would in any sense conflict with its independence as a voice for consumers and the wider public.

Opportunities created

It is unclear whether there might be some new or different opportunities for the NSMC arising from remaining as part of Consumer Focus. However, there might be opportunities for Consumer Focus arising from the connection.

B. To Become a Free Standing Body

This is the principal alternative to remaining as part of Consumer Focus. There are two main variants: a statutory body or a social enterprise. A trading fund or a public corporation are also possibilities, but they require Parliamentary approval and/or Treasury engagement and would have to overcome some of the same barriers that would be involved in setting up a new statutory body. There are also issues of scale to consider.



A social enterprise is a more appropriate form than a trading fund or public corporation given the relatively modest size, in financial terms, of the NSMC compared with some other public corporations and trading funds (such as COI).

This appraisal does not examine in detail the many sub-variants of social enterprise that could be adopted, but in general terms the most likely, given its business, is a company limited by guarantee – community interest company, and probably neither a charity nor a company limited by share. If a decision in principle is taken to move to a social enterprise then a more detailed appraisal of the precise form to adopt will be part of the change programme, in consultation with stakeholders.

A social enterprise is a more appropriate form than a trading fund or public corporation given the relatively modest size, in financial terms, of the NSMC.

Social enterprises take a number of different forms but the current options for the new NSMC are:

- **Limited liability company - a company limited by guarantee**
  Where there are no shareholders and the members give a 'guarantee' to cover the company's liability. In these companies, profits are generally reinvested back into the company.

- **Community interest company (CIC)**
  A new type of company, designed for social enterprises that use their profits and assets for the public good. CICs have all the flexibility and certainty of the company form, but with some special features to ensure they are working for the benefit of the community. Becoming a co-operative community interest company enables CICs to operate under co-operative principles.

- **Co-operative society**
  Run for the mutual benefit of their members, with any surplus usually being ploughed back into the organisation to provide better services and facilities.

For the NSMC, as a DH-funded and sponsored piece of capacity, to become a social enterprise would have a good fit with its policy generically, not just with public health policy.

Whatever form chosen, the governance arrangements will need to have the following attributes:

a. provision for participation and ownership by directly employed staff
b. provision for participation by key national partners and stakeholders (such as Consumer Focus and DH)
c. some form of independent external participation in governance (Chair NEDs etc) and to oversee audit and remuneration functions
d. strong stakeholder management arrangements

Fit with policy

There is currently no appetite or policy driver in government, particularly in DH, for creating new statutory bodies – mergers and amalgamations and the downsizing of existing arms length bodies are more common. Therefore, such a proposal for the NSMC is unlikely to find favour and officials would be unlikely to recommend such a course to ministers. **For these reasons, this sub-option has not been explored further.**

By contrast, in DH, there is a policy driver for the creation of new social enterprises aimed at delivering core health services to the public. The DH has set up a significant support fund and is adopting flexible approaches such as pension matters to encourage their establishment. For the NSMC, as a DH-funded and sponsored piece of capacity, to become a social enterprise would have a good fit with its policy generically, not just with public health policy. More widely, government is also supportive of such a trend.

Impact on key business and delivery

A key factor for the NSMC is the freedom to run and maintain its own business in an expanding, and thus far unsatisfied, market without being constrained by central government regimes which are not designed to support such business expansion.

To that extent, continued hosting by Consumer Focus (or any other body) would limit the ability of the NSMC to respond to the needs of customers and forming a social enterprise would be a way of side-

stepping those operational limitations. It fits with the expectations of its principal sponsor, DH, which wishes to move away from a grant-in-aid arrangement to a more mature commissioning-based and contractual one. The NSMC's main business and associated income streams are more likely to be derived from operating in that fashion with the ability to respond swiftly to tender and get new work underway as quickly as customers require.

Key Stakeholder views

DH is unlikely to support moving to a new DH arms length body and is anticipating proposals for the NSMC to become a social enterprise to be put forward.

Consumer Focus has yet to express a formal view but initial discussions suggest that it will not have any objections in principle to a separation. Its approval is essential as it is the body with the legal power to make such a decision or put it into effect.

Both DH and Consumer Focus will need to be involved instrumentally in the change on matters such as HR and TUPE, transfer of assets and liabilities and finance, including cash balances.

Staff in the NSMC, particularly those with some history of being directly employed by the NCC, and now Consumer Focus, are however wary of such a change and want to know what the implications are for them. Formal consultation, once structures and posts are identified to support TUPE in the lead up to change, will be necessary (as it would be for options C and D).

Value for Money

In operating in a market and trading environment, the NSMC will wish to be able to offer competitive rates to public sector customers, working on a not-for-profit basis, with surpluses being reinvested or used to support pro-bono work. As the Five Year Business Plan indicates, the fixed costs and staffing levels of the NSMC will continue to be small in comparison to the customer and project specific costs, which will be recovered from the income streams generated by those programmes.



Accountability

It is the strong wish of the NSMC for its governance arrangements to include all staff as well as key stakeholders. The precise form that would take will depend on the form of social enterprise adopted. For example, a governing board could include Consumer Focus and DH as well as staff representatives.

Opportunities created

One of the aspirations and objectives of the DH with regard to the NSMC is that it will become, among other things, a standard setter and quality assurance body for the practice of social marketing in the public sector, especially in health (but not a regulatory body). This will be better facilitated if the NSMC is an independent body free of a formal government sponsorship. It needs to be able to act as a critical friend in much the same was as the Faculty of Public Health and the Institute of Marketing.

Even within the present arrangements with DH and NCC, there have been occasions when some care has had to be taken over the presentation of views by the NSMC, such as to the Heath Select Committee, to ensure that it is not assumed to be speaking on behalf of DH or to avoid the appearance of one piece of DH machinery saying something slightly differently to DH itself. These problems have not been insuperable but a complete break would make the position much clearer and free of risk.



C. To be Established as Discrete DH Body or as Part of DH

For completeness, this option has been included, but in practice this is the least likely of the main options for consideration. The arguments against setting up the NSMC as a DH arms-length body are the same as in option B so will not be repeated here. The option of moving the NSMC to an existing one is explored in Option D.

To relocate the NSMC within DH itself would mean turning the NSMC into a branch or part of a branch of the DH, such as as part of the Social Marketing and Health-Related Behaviour Team in Health Improvement and Protection, or as part of the Insight Unit in Policy and Strategy. While there is precedent for doing this kind of thing, and DH has the power to take this action, there is no appetite for it and no headcount cover. Had the DH wished to set up the NSMC this way in the first instance as the response to *It's Our Health,* it could have done so in 2006. It did not then and does not wish to now, and officials would be unlikely to recommend such a course to health ministers who have supported the creation and funding of the NSMC as a body outside DH.

This option has therefore not been explored further.

D. To Move to New Host Body Possibly via a Procurement Exercise

Pursuing this option would rest on the premise that the NSMC ought not to be, or cannot be, retained within Consumer Focus and should not or could not, be set up as an independent or free standing body. A change of host is not otherwise necessary to consider except as a way of testing the market.

An assessment of the benefits of finding a new host depends heavily on the specific host organisation, which in turn is contingent on the method of selection and the specification. There are a great many unknowns to be resolved before this could become a definitive solution. For example, hosting the NSMC within an existing

One of the aspirations and objectives of the DH with regard to the NSMC is that it will become, among other things, a standard setter and quality assurance body for the practice of social marketing.

An assessment of the benefits of finding a new host depends heavily on the specific host organisation which in turn is contingent on the method of selection and the specification.

government body, as opposed to undertaking a procurement exercise, involves different considerations than a private or third sector option, although even then some form of expressions of interest exercise would be highly desirable.

Fit with policy

There are no overriding policy reasons why this could not be done. But if another government body were selected, the work of the NSMC would need to be reasonably consistent with the core functions and purpose of that body. The government sponsors of that body would need to be content that it did so and that it fell within the core purpose set out in its originating legislation, whether primary or secondary, and more importantly support the importation of this function.

Impact on key business and delivery

The impact on delivery would depend on the nature of the host organisation selected but many of the issues relating to the NSMC within Consumer Focus could as easily apply, and the management of transition would be no less complex and risky than forming a stand alone body. As the recent history of government bodies shows, locating a function within a government body is not a secure solution. Frequent mergers and dissolutions in the health field do not make this a safer course than option A and is not therefore a guarantee against future business interruption. Many of the restrictions on NSMC operations through being part of Consumer Focus would be equally likely to apply.

The process of change would be more protracted and uncertain in outcome than the other options, except possibly that statutory route.

Key Stakeholder views

To accomplish this change would require the active engagement and support of Consumer Focus and of DH, especially if a DH body were the new host. The NSMC could not lead this change for itself. NSMC customers would need to understand the changing position of the NSMC at a time when it is still building its relationships. So far the NCC hosting relationship, in these terms, has been generally helpful or at least neutral in effect. A private sector host would assume a contractual relationship with DH.

Value for Money

A procurement exercise would be based on getting best value, but compared with Options A or D, and it is not evident in advance of that whether value for money would be better than either of those options. University overheads and markups are high, as indeed are those of some trading funds such as COI, and private sector hosts would expect a reasonable return on investment and thus would be more likely to charge higher fees than a not-for-profit body. The tender or expressions of interest specification would need to be tightly drawn to ensure that operating costs were no higher than either Options A or B.

A government body would naturally wish to avoid cross subsidy but at the same time, as part of a larger structure, some economies of scale might be expected.

Accountability

This option would need to be broadly neutral compared with Option A, but depending on the host, selected accountability might best be exercised through contractual mechanisms or SLAs.

A private sector host could not be guaranteed to sustain and support the public sector ethos and orientation that the NSMC sees for itself, nor could staff aspirations be as easily secured. A public sector or third sector host would be more likely to satisfy these.

Opportunities created

This is difficult to asses without a specific body in mind, however a body operating in a similar field such as COI might well offer better access to markets and resources.



E. To Close Down the NSMC from a Forward Date, such as April 2010

This option has been included for completeness although there are no pressures to do this. Such a course would need to rest on a number of conclusions or assumptions. It could assume that the NSMC will have succeeded in its primary mission and was no longer needed as piece of capacity. It could conversely assume that the NSMC was not proving, nor will be likely to prove, a success. Or that the NSMC was not best value for money.

Fit with policy

DH still needs a quality assurance and standards setting institution for social marketing in the health field and the NSMC remains its preferred organisation, albeit that there are issues about pace and priority. Presently, no other body is likely to provide this function which is a unique selling point for the NSMC. Direct provision of training and other marketing delivery services for DH, the NHS and other public sector bodies can be sourced elsewhere and DH will wish to test the market at the national level for such centrally-funded commissions. *Ambitions for Health* – the DH response to *It's Our Health* – is explicit in describing the establishment of the NSMC as a key element in the strategic framework for social marketing and Health Ministers, as launched by the NSMC less than two years ago.

Impact on key business and delivery

The NSMC mission has not yet been delivered for DH and it is unlikely it will have been in full even by April 2010, nor is it likely that the demand for the kinds of services it can offer will have been exhausted. Early closure would not contribute to delivery.



Key Stakeholder views

DH has no fundamental objections to the NSMC being a player in the market provided that the NSMC delivers on its core purpose, as DH sees it, and that DH does not have to underwrite such market-based activity. It will not therefore be likely to support such a move in the short term. NSMC staff will not welcome such a move and early leavers will undermine completion of current work-streams, such as regional work.

Value for Money
There would be redundancy and other costs and liabilities for Consumer Focus and DH to meet if closure were to take place. The annual revenue cost to the DH would be saved. NSMC customers would need to go elsewhere in the market.

Accountability
Ministers would need to agree to the closure as they had originally approved NSMC's establishment, and have also endorsed it in *Ambitions for Health*. They would need to be convinced that, in such a short time since formal launch (less than two years), it had run its course and was not viable.

Opportunities created
There would be some, mainly through the release of recurrent revenue streams.

The DH still needs a quality assurance and standards setting institution for social marketing in the health field and the NSMC remains its preferred organisation.

2. Risks

Consideration of risk needs to be predicated with the question 'whose risk?' Is it to Consumer Focus, DH or the NSMC?

If the NSMC were to become a social enterprise, that would shift risk away from Consumer Focus and DH and towards the NSMC, setting aside the risks associated with transition itself which will be covered in the project planning documentation if it is agreed to proceed with any change.

Presently, Consumer Focus, *de jure* and *de facto*, underwrites the NSMC, and DH mainly *de facto*. If the NSMC were to fail, these two bodies would presently have to manage the consequences in HR, finance and other terms.

As an independent social enterprise, any continued support (such as through facilities management contracts and shared back office services or arrangements for more modest revenue support from DH) would be for those two bodies to agree but with much more limited exposure for Consumer Focus.

The transfer of the NSMC to a new host body would involve transfer of risk, especially from Consumer Focus, but the nature and extent of such risk would depend on the nature of the host.

And if, on becoming a social enterprise, at some stage in the future the NSMC were to cease trading, there would be no residual legal liabilities other than those of a contractual kind or relating to staff who might have been seconded to it.

There is policy and reputational risk for DH, in that ministers could be criticised for having set up a piece of machinery at public expense only for it to fail, with an inference that there had been fruitless expenditure and investment or that policy had been badly implemented. In that sense, and in the sense that DH policy is to want the NSMC to be successful in building capacity and raising standards in social marketing, DH will retain a considerable policy stake in the NSMC whatever the operational and organisational form adopted. These arguments also apply in respect of DH to Option E.

The transfer of the NSMC to a new host body would necessarily involve transfer of risk especially from Consumer Focus, but the nature and extent of such risk would depend on the nature of the host.

By remaining within Consumer Focus or within an alternative public sector host, the NSMC might be perceived as being more secure institutionally. However, it might be argued that recent history of government-created statutory bodies, especially in the health sector (and not least the NCC, Postwatch and energywatch), does not offer a particularly strong basis for that view. Many recently created institutions have lasted no more than five years and some even less.

3. Conclusion

Option A would need to be considered alongside other Consumer Focus issues around the management of trading activities and other specific but non-core and externally funded projects. Option A involves the least change and potentially the least risk to the NSMC.

Option B offers much greater freedom to the NSMC and transfers risk from Consumer Focus and DH to the NSMC.

Option C is not regarded as achievable in the current climate nor in the foreseeable future.

Option D is only material if neither Options A, B or C are feasible or desirable but is more uncertain of outcome.

Option E - has been included for completeness, although there are drivers supporting this and it is not recommended.

This analysis suggests that the realistic options for organisational change essentially come down to three:

1. **Retain the NSMC within Consumer Focus** but with the maximum delegation and freedom that it is permitted to grant

2. **Move the NSMC to become a free standing body** most probably a social enterprise

3 **If neither of those are favored, through a competitive process,** seek an alternative host

No fundamental barriers exist to pursuing any of these three courses of action.



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National Occupational Standards for Social Marketing:

A Short Guide

By Allison Thorpe and Aiden Truss

Acknowledgements:

We would particularly like to thank Trevor Boutall of The Management Standards Consultancy Ltd for his case study. Also, Paul White of The Social Marketing Practice, Sue Peattie of Cardiff Business School and Toby Hopwood of the NSMC for their contribution to the development of this guide.

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Foreword from John Bromley,

Director of the National Social Marketing Centre.

The National Occupational Standards for Social Marketing are an important part of the work which is being undertaken by the NSMC to assure the quality of social marketing within the UK. They are a key part of the strategy to ensure that social marketing is both used effectively and that the workforce is properly trained in order to maximise its huge potential for effecting positive and lasting behaviour change.

By promoting and supporting these standards the NSMC is working to ensure that behavourial interventions are employed to the greatest effectiveness and to the highest standards across professions and sectors. Along with our development of our 'Social Marketing Planning Guide and Toolbox' and work with the British Standards Institute (BSI) to investigate possible methods to improve the quality of social marketing, the NSMC has been delighted to support the development of this work on the National Occupational Standards.



Executive summary

The NOS for social marketing are a valuable resource. Used properly, they can provide a structured way of linking job roles, employees, employers, and educational providers in a productive working relationship.

Key Facts

- Each set of NOS is both a stand alone resource for a field of practice, and a part of broader library of nationally accredited standards upon which employers and employees can draw.
- When using NOS to describe roles and functions, it is not necessary to focus solely on one suite of NOS as a source. The social marketing NOS can be used in combination with other suites of NOS, such as those in public health or marketing, so that the chosen combination accurately describes your function and role.
- NOS can be used by a range of different people: Employers may wish to use them for workforce planning; Human Resources for recruitment and retention; employees for CPD mapping; and educational providers for developing new course materials.
- NOS can be used for three distinct purposes:
  - To describe the skills sets required of the employee in order to perform their role effectively
  - To describe good practice in a role
  - To describe the coverage and focus of job roles
- Each individual standard defines a key function in a job role. A suite of NOS covers a range of functions within a field of practice. They are concerned with what people can do, not just what they know.
- NOS are not related to the context or the setting within which the function is carried out, but focus on the critical aspects of the role, demonstrating competence at work.
- By describing competent performance in terms of outcomes, NOS facilitate a clear assessment of required standards of performance across a range of workplace circumstances. They can help establish a link between the aims and objectives of the organisation and the skills of the workforce required to achieve these.
- Nobody is expected to meet the competence standards of all the units in a suite of NOS – only those that relate to the specific role in which they are employed.
- Units are not meant to be read in isolation. The liaison between the functional areas is a key competence requirement. Equally, the liaison between suites of NOS can be key to mapping roles accurately.

Nobody is expected to meet the competence standards of all the units in a suite of NOS – only those that relate to the specific role for which they are employed.

Introduction

National Occupational Standards (NOS) were first introduced in the 1980s. The vision was to ensure 'explicit, agreed, widely accessible, flexible, progressive and testable' standards of practice for the workforce[1] to improve efficiency and effectiveness. Representative bodies, such as the Marketing, Sales and Standard Setting Body (MSSSB), were established to set effective standards appropriate to the marketing, communications and sales sector and relevant to the current and future needs of the competent practitioner. Successive governments have continued to support the policy and by the end of 2009, there were 25 licensed sector skills councils, and eight standard setting bodies, covering 90 per cent of the workforce across the UK. At the time of writing, this is in the process of change. From 31 March 2010, the standard setting bodies will be replaced by standard setting organisations.

The MSSSB, which produced the NOS for social marketing, was established in September 2001. Its function was to develop world class standards of best practice for marketing, marketing communications, sales and telesales sector, working with employers, professional, academic and regulatory bodies to develop a national educational/training framework that supports people within these professions. It produced five suites of NOS (marketing, marketing communication, sales, telesales, and social marketing). MSSSB ceased to exist on the 31st March 2010. At the time of writing, it seems likely that the ownership of the NOS it produced will move to the Chartered Institute of Marketing.

The impetus to produce NOS for social marketing came from multiple sources. Stakeholders of the MSSSB, and the work of the NSMC on producing benchmark criteria[2] which defined best practice for social marketing, were critical to their development. Their activities supported and informed the work of the MSSSB and were influential in their decision to produce the NOS for social marketing.

The NOS were developed through the analysis of existing competency bases, drawing particularly from marketing, and were supported by wide scale development and consultation work involving UK and overseas representatives from across marketing, social, environmental, lifelong learning and health sectors[3]. This ensured that the NOS covered not only the technical aspects of social marketing, but also the breadth of practice[3].

The NOS for social marketing were published in April 2009[4]. They are the first NOS for social marketing in the world. Ensuring that they are embedded into delivery is essential if their full impact is to be achieved.

This document has been produced at the request of the Department of Health and with the help and support of numerous stakeholders. It provides an introduction to the NOS for social marketing and how they can be used to support professional development by employers, employees and academic bodies. It also provides an insight into the links between these NOS and other related workstreams.

National Occupational Standards (NOS) were first introduced in the 1980s. The vision was to ensure 'explicit, agreed, widely accessible, flexible, progressive and testable' standards of practice...

What Are National Occupational Standards?

National Occupational Standards 'specify the standard of performance an individual must achieve when carrying out a function in the workplace, together with the relevant underpinning knowledge and understanding. Essentially NOS are benchmarks of good practice'[5].

In general terms, each individual standard defines a key function in a job role. A suite of NOS covers a range of functions within a field of practice. They are concerned with what people can do, not just what they know, and address:

- Technical requirements, including the occupational skills and knowledge required to perform the function
- Managerial requirements of effective practice
- Communications and working relationships
- Environmental requirements, such as health and safety and ethics[6]

NOS are not related to the context or the setting within which the function is carried out, but focus on the critical aspects of the role, demonstrating competence at work. By describing competent performance in terms of outcomes, they facilitate a clear assessment of required standards of performance across a range of workplace circumstances. They can help establish a link between the aims and objectives of the organisation and the skills of the workforce required to achieve them.

This means they can be used for three distinct purposes:

- To describe the skills sets required of the employee in order to do their role effectively
- To describe good practice in a role
- To describe the coverage and focus of job roles

NOS also recognise that competent practice requires possession of knowledge and skills beyond the technical functions of that discipline – such as personal skills of communication, negotiation, management, and so on. These do not need to be developed separately for every discipline, but can be imported from other existing sets of standards, recognising that they may be core or generic, rather than discipline-specific.

The ability of NOS to refer across discipline and practice boundaries is important. Each set of NOS is both a stand-alone resource for a field of practice and a part of a broader library of nationally accredited standards upon which employers and employees can draw. This reflects and supports the flexible nature of practices because recognising comparable skills sets, and ensuring a common terminology is in use, supports the development of a more flexible workforce. This is important for four reasons:

- Most occupations will include functions which are pan-sector – such as management and leadership
- With multidisciplinary teams, which are common in fields such as public health, it is unlikely that a single set of NOS would describe all the functions of a team
- Some occupational groupings may fall between two sets of NOS. Their domain of practice may draw from the NOS developed by Skills for Health, and their occupational group, e.g. social marketing, may draw from a different standard setting organisation [MSSSB/CIM].[5]

The robust processes of development, which have been followed for each and every NOS, ensure they relate to practice within the field.

- It supports transferability of skills across sectoral and disciplinary boundaries, sustaining a flexible approach to workforce development.

This flexibility reinforces the overall purpose of the NOS suites, in that the focus remains on the critical functions, rather than the sector within which the functions are practiced. The robust processes of development, which have been followed for each NOS, ensure they relate to practice within the field. This means that each NOS individually is already recognised as a national standard, and is therefore a robust baseline to draw upon, when considering job roles and functions.

The NOS for Social Marketing

Purpose, functions and key areas of activity

The key purpose of social marketing, as defined by the NOS, is 'to apply marketing alongside other concepts and techniques in order to influence individuals, organisations, policy-makers and decision makers to adopt and sustain behaviour which improves people's lives[7]'.

The functional map (figure A) identifies the functions and key areas of activity undertaken in order to deliver the key purpose of social marketing.

It divides social marketing into five key areas (figure A). They are not proposed to be of equal size or complexity, as they reflect activities undertaken by individuals of varying levels of experience, responsibility and seniority.

Format

Suites of NOS follow a standard format. Each suite is divided into a series of key areas (for social marketing, there are five – see Figure A). Within the key areas, there are further divisions, known as 'Areas of Competence', which provide a high level descriptor of a critical activities of the workforce within this key area. These Areas of Competence are then sub-divided into a series of 'standards' or 'NOS', which describe a core part of someone's role. For example. The first area of competence of Key Area A of the social marketing NOS, A1 Carry out social marketing research, has six NOS. (see table 1 on next page)



Figure A: Functional Map for Social Marketing © MSSSB 2009

TABLE 1: Key Area A: taken from MSSSB NOS for Social Marketing

Area of Competence	Standards
A1 Carry out social marketing research	SMA 1.1 Plan, manage and evaluate social marketing research programmes SMA 1.2 collect data on the knowledge, attitudes and behaviours of the target groups SMA 1.3 Develop understanding of theories and evidence about what might influence the behaviour of target groups SMA 1.4 Analyse, interpret and synthesise data and research findings to inform social marketing strategy SMA 1.5 develop and define segments within target groups to inform social marketing strategies SMA 1.6 Develop social marketing propositions and test their potential to influence the behaviour of target groups

Each unit is then further sub-divided to provide:

- A description of the purpose of the unit, and its links to other units
- The target audience of the unit, e.g. people in managerial roles
- Performance criteria describing the outcomes of effective performance within the target role
- The behaviours which underpin effective performance
- The knowledge and understanding (general, industry and sector specific, and context specific) which underpins effective performance.

NOS units are not meant to be read in isolation. By grouping together units of NOS, into the key areas, you can specify the range of knowledge, understanding, skills and performance attributes required for a specific critical function or role. These attributes are often described as the 'knows how' and 'shows how' elements of a role, as they articulate both the background knowledge and the abilities which are required in order to perform the role to the specified standard. Nobody is expected to meet all the units in a suite of NOS – only those that relate to the specific role they are carrying out.

What do the NOS for Social Marketing Cover?

The NOS for social marketing provide a comprehensive functional map of the discipline. They describe the outcomes required from the functions, but do not restrict the ways in which the functions are carried out. (see above Table 1 for an outline. Full details can be found online at http://www.nsmcentre.org.uk

The standards within the functional map are levelled, so can be used to map activity at operational, managerial and strategic levels.

Functions which are carried out within social marketing may also be common in other disciplines, for example health promotion, or communications activity, management and leadership. For this reason, when using NOS, it is not necessary to focus solely on one set of NOS as a source. As described earlier, you are able to draw from across the entire library of NOS, looking for both specific specialised functions within a sector, as well as generic standards, for areas such as management, and leadership, which may be imported or tailored from another sector into your social marketing purposes.

Nobody is expected to meet all the units in a suite of NOS – only those that relate to the specific role they are carrying out.

Using the NOS for social marketing

Who are NOS for?

As explained above, the NOS describe:

- Criteria that define what you must be able to do in order to achieve the required outcome
- Indicators of the generic behaviours that you are expected to show
- Statements that define what you need to know and understand in order to achieve the required outcome

This means that they could be used by a wide range of people. They are useful for everyone who, in the course of their duties, may need to have an understanding of social marketing and how it can be applied within their specific sector. The next section considers how various stakeholders can use the NOS for social marketing, making links to other sets of NOS where appropriate.

Employers and Managers

The NOS provide a framework of tried and tested good practice, based on work with employees and within the organisational sector to identity what it takes to perform different roles effectively within social marketing. Because they were developed by, and with, the workforce, they are very much grounded in the reality of work[3]. The NOS structure enables easy identification of the relevant strands of each role, describing what needs to be achieved and the outcome required, rather than telling your workforce how to achieve the goal.

This means that NOS can be a useful tool to assist in developing a workforce, because they focus on critical skills. They can therefore be used as a platform for other management products. In particular, employers may find them useful for:

- Describing the functions required from the workforce to deliver the organisation's overall objectives
- Identifying and describing the skills and competencies needed in the workforce to perform the required functions
- Assessing the skills and competencies already in the workforce
- Identifying gaps in skills and competency sets
- Identifying where external sourcing of skills and competencies may be required
- Appraising existing workforce members
- Assisting with setting objectives and evaluating performance

Box 2 gives an overview of how the NOS could be built into a structured approach to workforce planning and development

Box 2: NOS and Workforce Development

Develop a common baseline workforce plan through:

- Identifying key functions of your organisation, and requirements of employees
- Mapping NOS against organisational objectives as well as individual objectives
- Identifying standards relevant to the job, including generic standards like IT, leadership and management, etc
- Enable job holders to demonstrate performance against objective measures/statements within standards
- Using NOS as a checklist, select only those relevant to role, to inform job descriptions
- Set SMART objectives to enable comparison of performance to clear goals*
- Ensure performance reviews are consistent and fair, using NOS as a diagnostic tool for any improvements

Plan for the future

- Update map of NOS against organisational and individual objectives
- Identify training and development needs for the organisation
- Feed into HR processes to develop training and recruitment plans to fill identified gaps and shortages
- Feed into procurement processes for outsourcing where required
- Ensure business plan for organisation is achievable, with existing capacity, or to identify areas for action to address shortfalls

*SMART objectives are specific, measurable, achievable, realistic, timebound

Because NOS provide a firm baseline which can be mapped against other organisations and groups, they can become a benchmark against which employers and managers can measure progress and identify areas for improvement within their workforce. This could be achieved in-house through staff development, however, the analysis may identify that alternative arrangements – such as recruitment of new staff or outsourcing arrangements - may be more appropriate. The use of NOS within Human Resources activity is considered within the next section.

Human Resources

NOS can play a key role in human resources processes. In particular, they can be used for:

- Recruitment and selection
- Job design and evaluation
- Training needs analysis
- Commissioning and designing learning programmes
- Performance appraisal

Box 3 provides a structured example of how an HR team could use NOS in the recruitment process.

Box 3: Using NOS in the recruitment process: a staged approach

1. Working with existing post holder and managerial team, identify the key purpose of the role
2. Using NOS as a checklist, identify relevant standards and use them as basis of job description
3. List the tasks and responsibilities of the role, using NOS as a baseline, with input from current job holder and managerial team
4. Develop a person specification, using NOS to identify knowledge and skills requirements
5. Complete the job description
6. Use the job description as the basis for the recruitment advert, using the job role identified in the original mapping
7. Use NOS as reflected in the job description to develop short-listing criteria
8. Use NOS as reflected in the job description to develop competence-based interview questions

The NSMC successfully used the NOS for social marketing in the recruitment of its regional associates. See box 4 (overleaf) for a case study.

...they can become a benchmark against which employers and managers can map progress, and identify areas for improvement within their workforce/team.

Box 4: – Case Study
Recruitment of Associates for the National Social Marketing Centre

The situation

In 2008, the National Social Marketing Centre (NSMC) recognised it needed to build its capacity to respond to increasing demand from Primary Care Trusts and other potential clients for expertise in social marketing. Rather than taking on additional core staff, the preferred solution was to develop a group of 'Associates' – freelance consultants with wide and varied experience and expertise, each of whom could be deployed with confidence to assignments which demanded their particular competence set.

Three generic roles were identified:

- Project Managers – to work side-by-side with clients to deliver social marketing programmes whilst developing the client's expertise
- Trainers – to develop and deliver training programmes in social marketing
- Researchers – to carry out research and develop insight into social marketing issues

The Management Standards Consultancy Ltd, which had worked closely with NSMC throughout 2008 to develop the Social Marketing National Occupational Standards (NOS), was appointed, together with HR consultancy, Linda Burke Associates, to design and implement a programme to recruit up to 100 Associates for NSMC.

The action

The Social Marketing NOS were used to create 'Role Profiles', identifying the functions Associates in the three roles would need to carry out, the standards of performance expected of them and the knowledge and skills they would require. These Role Profiles underpinned the recruitment and development processes and it is intended they will provide the basis for future accreditation of the Associates and other social marketing professionals (See Appendix).

Recruitment was carried out in three phases:

1. On line questionnaire

Potential candidates were directed to an in-depth questionnaire on the NSMC website which took between 30 and 120 minutes to complete. As well as collecting basic details, it asked candidates to upload their CVs and to provide two case studies of relevant projects they had managed or had been involved in.

Importantly, the questionnaire asked candidates to study the relevant Social Marketing NOS and assess themselves as 'Partially Competent', 'Fully Competent' or 'Expert' in each function described. They were also asked to provide evidence from their case studies or other experiences to justify their assessment.

Out of more than 200 candidates who started the questionnaire, around 150 completed it, of whom 125 were considered suitable to attend an Assessment Centre.

2. Assessment Centre

15 Assessment Centres were held in London and other major cities throughout England, attended by just over 100 candidates. The structure of the Assessment Centre for each candidate was as follows:

- A short written piece about their understanding of social marketing and the challenges it will be asked to address in the next few years
- The presentation of a case study of a project they had managed or been involved in and how this demonstrated they were competent in key Social Marketing NOS
- An in-depth interview to test assertions made by the candidate and explore areas which had not already been covered
- Self-reflection by the candidate on the competences they felt they had demonstrated well and any competences they felt they did not have the opportunity to show to the full

Each Assessment Centre had two pairs of assessors working with two streams of four candidates each day.

Decision and feedback

Throughout the Assessment Centre, the assessors used standardised forms to record their comments and to make judgements about the candidate's competence in respect of each of the relevant social marketing NOS. From these, an overall judgement of the suitability of the candidate for each of the three roles and their level (Consultant, Senior Consultant, Expert) could be made.

On the conclusion of each interview, the pair of assessors would arrive at a consensus judgement and draft some feedback to the candidate on their strengths and development areas. At the end of the day the two pairs of assessors would meet to compare their judgements on all the candidates seen during the day and moderate these against candidates seen at previous Assessment Centres. Candidates were informed of the assessment decision, and, where they were unsuccessful, provided with appropriate feedback.

The benefits

Although this was a resource-intensive recruitment process, both for the assessors and for the candidates, it proved to be both effective and efficient with little attrition at any stage. 200 candidates started the on-line questionnaire, 150 completed it,

125 were invited to an Assessment Centre, 100 attended and 80 were selected to be Associates.

The use of the social marketing NOS provided both credibility and rigour to the on line questionnaire. Feedback from candidates indicated that the NOS provided a clear picture of NSMC's requirements. Further, that the candidate's efforts in relating their experience and expertise to the NOS was helpful in identifying their competences and preparing for the Assessment Centre.

The NOS also provided a robust structure for the Assessment Centre. Based on the information derived from the various activities, assessors were able to make judgements as to whether or not candidates provided evidence of their competence in each of the functions described by the NOS.

Thanks to the NOS, it was relatively straightforward to give direct and specific feedback to candidates on their strengths and development needs, particularly important when giving feedback to unsuccessful candidates.

A by-product of the recruitment process was a detailed training needs analysis, based on the NOS, for each candidate and for the cohort as a whole. This has facilitated the design of the Associates' induction programme and indicated, for each individual, the areas where they need to invest in their own development in the medium term.

Further developments

NSMC intends to use the Social Marketing NOS wherever appropriate in the management and development of its staff and Associates. The Associates induction programme is the first such development, designed to develop the required knowledge and skills and offer opportunities to apply these under simulated conditions.

NSMC is currently also exploring how to integrate NOS into its plans for accrediting individual practitioners, organisations and social marketing programmes.

As the above example demonstrates, one of the key benefits of NOS for employers and the HR team is that they provide a firm, standardised baseline for both recruitment and staff development.

They can be used to identify the critical roles and functions of team members, and map these against the organisational functions and requirements to inform skills analysis and gaps identification. This can be used in a number of ways by employers and HR teams:

- To assist with the development of staff retention and development programmes to meet organisational and individual needs, by keeping a firm focus on the functions required by the organisation, both at the current time and into the future, in line with the business plan
- To inform a training needs analysis for the workforce
- To inform the content of commissioned development programmes, by specifying the outcomes, with a clear link back to the functions required
- To evaluate training which has been commissioned against the defined expected outcomes
- To identify areas where outsourcing may be an appropriate way to address functional gaps, and inform plans for this
- Where employees are new in post, or have perhaps been promoted within an organisation, the standards also provide a baseline which HR may wish to consider for induction processes.

Within a competitive market place, it is essential that employers are able to identify existing skills gaps within their workforce and also to identify areas for development. These areas may reflect company needs, and be more closely related to the development and retention of existing workforces, focusing on their needs, plans and aspirations.

NOS provide a firm platform upon which to build. They are, in essence, a set of building blocks, which can be used to describe current workforce needs, identify future workforce needs and map progress by acting as a benchmark.

Educational providers

The previous section considered the ways in which NOS could be used by

Within a competitive marketing place, it is essential that employers are able to identify both existing skills gaps within their workforce, and ways to address these...

employers and their HR teams to inform the development of a structured approach to workforce development. In particular, it highlighted the ways in which NOS could be used to commission training programmes, which would deliver targeted training, to fit with organisational and staff developmental needs. In this model, educational providers would respond to the stimulus of the organisation. An alternative model, which could exist alongside, is for educational providers themselves to 'own' the process, using NOS to develop a baseline understanding of emerging roles and areas which may provide a market for their courses.

In this model, educational providers can map their existing provision of courses against the market, using the NOS to identify gaps in provision and highlight where changes in practice may have outpaced existing course provision and curriculum development. As NOS are firmly based in practice, but have a forward-facing element, they provide a firm baseline upon which to develop new courses to ensure the development of appropriate knowledge and skills packages to match functional workforce requirements. They act as a ready-made curriculum and set of learning outcomes against which education providers can benchmark their current courses and learning materials, or develop new programmes. They can ensure that their programmes meet learners' needs and allow them to achieve nationally-recognised qualifications.

Educational providers can therefore use the NOS to identify areas where learning skills and needs in a sector or occupation have changed, and respond with the development of new learning packages which meet these needs. This can then be marketed to potential students as part of Continuing Professional Development strategies.

This is an area for future development. The consultation process[3], which underpinned development of the NOS, addressed this specifically. They found that there was no real interest in NVQ development based on the NOS within the consulted audience, but strong support for the development of professional qualifications. There are currently no known vocational or professional qualifications based on the social marketing NOS.

Employees

One of the key advantages of NOS for employees is that they '...allow individual workers to be perfectly clear about what is expected of them in their work, and check that they are doing a good job.[8]' They can also be used to identify knowledge and skills gaps, which individual workers may have. These can then be used as part of a structured, owned, approach to career development (see table 5)

Table 5: Ways in which employees can use the Social Marketing NOS

1. To undertake self assessment – measuring personal progress against the national standards, employees can develop self confidence and enhance personal and professional effectiveness in their roles
2. To track skills - by comparing their skills against nationally standardised requirements for an occupational area
3. To develop best practice at work for themselves and others
4. To ensure they are complying with statutory requirements which are reflected within the standards, where appropriate
5. To get constructive feedback from manager and others, by providing a robust baseline for discussion
6. As a foundation stone for Career development and CPD plans
7. To increase personal motivation to learn, as they see demonstrable progression against the standards, i.e. moving from operational to managerial level
8. To identify and develop new knowledge and skills to improve performance, etc
9. To identify new career paths

They act as a ready-made curriculum and set of learning outcomes against which education providers can benchmark their current courses and learning materials...

When job roles are developed using the relevant standards, including the generic ones from across other sets of NOS, employees are given a firm baseline against which they can assess their performance, and consider their career development. The NOS units provide a checklist of the knowledge and skills, which will be required in order to deliver a function effectively. Employees can use the functions on their role description to go through the associated lists and measure their own progress against the required elements. This means they can both assess their current competence, and identify any particular knowledge and skills gaps. This information can then be used to plan ways of meeting training and development needs. As the job roles will be linked to the overall organisational business plan, this also provides a firm foundation for discussions with line managers about training and development, as the functions will link into the organisational development plans.

The standards are also levelled. This means that employees can identify where they are currently performing at an operational level and the additional competencies they would need to develop in order to achieve career progression. This can also feed into their personal development plans and career planning.

How do the NOS for social marketing fit with other initiatives?

The NOS for social marketing are an important part of the work which is being taken forward by the NSMC to assure the quality of social marketing within the UK. Other related workstreams include:

PAS Development:

Work with the British Standards Institute (BSI) to investigate possible methods to improve the quality of social marketing and behavioural change programmes in England. An early recommendation is that the NSMC develop a publicly available specification (PAS). A key part of the 2010/11 work programme for the NSMC will be the development of this PAS as part of our quality assurance remit.

Standards

The NSMC are continuing to support work to embed the standards as part of their quality assurance remit.

Developing products and tools to support social marketing

The NSMC are continuing to develop and adapt a comprehensive suite of practical resources to aid commissioners and deliverers to plan and deliver effective social marketing programmes. Tools such as the 'Planning Guide and Toolbox', which was launched in 2009 and will be developed further in 2010, are key parts of this.

Stronger Together, Weaker Apart:

The NSMC have been working with the Royal Society for Public Health and the Shaping the Future initiative to look at the inter-relationships and links between social marketing and health promotion. The social marketing NOS have been a key resource for this process, and will continue to be influential in developing activity within this area.

The NOS units provide a checklist of the knowledge and skills, which will be required in order to deliver a function effectively.

Links to other policy initiatives

Agenda for Change

This is the process for modernising pay and conditions throughout the NHS. It consists of three strands:

- The NHS Knowledge and Skills Framework (NHS KSF) and its associated development review process
- Job evaluation
- Terms and conditions.

The NHS KSF defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.

The standards complement the NHS KSF by providing specific and detailed descriptions of the performance required by practitioners and the knowledge and skills they need. NOS can support the development of competence and can be used to provide evidence of the achievement of the NHS KSF dimensions and levels and help individuals progress through 'pay gateways' in the NHS KSF.

The social marketing NOS have been mapped to the NHS KSF. A copy of the final mapping has been appended at Appendix A.

Where can I get more information and advice?

While the NOS for Social Marketing provide the overall framework of the standards of performance required of individual practitioners knowledge and skills, they are not a training course and cannot provide detailed information practitioners need. This will be found in professional education and training programmes, with updated information on the latest best evidence-based practice from various websites.

Sites you may find helpful include:

National Social Marketing Centre: www.nsmcentre.org.uk
National Occupational Standards Directory – www.ukstandards.org.uk
UCAS – www.ucas.ac.uk
The Chartered Institute of Marketing – www.cim.co.uk
The Market Research Society - www.mrs.org.uk
The Government Communications Network - https://comms.civilservice.gov.uk
Skills for Health – www.skillsforhealth.org.uk
The Management Standards Consultancy Ltd – www.themsc.org
Skills - Third Sector - 115 Uses of National Standards:
www.skills-thirdsector.org.uk/research_policy/library/115_uses_of_standards/

The NHS KSF defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services.

Appendices

Appendix A
Social marketing NOS and proposed links to the NHS Knowledge and Skills Framework

Social marketing NOS		Proposed KSF links
SMA1.1	Plan, manage and evaluate social marketing research programmes	G5 Services and project management Level 3
SMA1.2	Collect data on the knowledge, attitudes and behaviours of target groups	IK2 Information collection and analysis Level 3
SMA1.3	Develop understanding of theories and evidence about what might influence the behaviour of target groups	IK2 Information collection and analysis Level 3
SMA1.4	Analyse, interpret and synthesise data and research findings to inform social marketing strategy	IK2 Information collection and analysis Level 3
SMA1.5	Develop and define segments within target groups	IK2 Information collection and analysis Level 3
SMA1.6	Develop propositions and test their potential to influence the behaviour of target groups	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing Level 3 IK2 Information collection and analysis Level 3
SMB1.1	Identify and manage relationships with social marketing stakeholders	Core 4 Service improvement Level 3
SMB2.1	Establish social marketing strategies and action plans	Core 4 Service improvement Level 3
SMB2.2	Evaluate and report on social marketing strategies	Core 4 Service improvement Level 3
SMB3.1	Develop a branding strategy to support your social marketing strategy	G8 Public relations and marketing Level 4
SMC1.1	Manage social marketing programmes	G5 Services and project management Level 3
SMC2.1	Manage communications for social marketing programmes	G5 Services and project management Level 3
SMC2.2	Manage complaints and criticism about social marketing programmes	G5 Services and project management Level 3
SMD1.1	Engage with individuals, communities and organisations to influence their behaviour	HWB1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing Level 2
SMD1.2	Engage with policy and decision makers in government and organisations to influence policy decisions	Core 4 Service improvement Level 3
SMD2.1	Develop and provide products to enable people and organisations to adopt and sustain beneficial behaviour	G3 Procurement and commissioning Level 3
SMD2.2	Develop and provide services to enable people and organisations to adopt and sustain beneficial behaviour	G5 Services and project management Level 4
SMD4.1	Review and change systems/structures to enable beneficial behaviour	G5 Services and project management Level 4
SME1.1	Review and interpret the results of social marketing activities and their wider implications	G5 Services and project management Level 4 IK2 Information collection and analysis Level 3

Social marketing NOS	Proposed KSF links
SME1.2 Disseminate and promote effective practice in social marketing	IK2 Information collection and analysis Level 3 Core 1 Communication Level 3
SME1.3 Promote understanding and benefits of social marketing amongst policy and decision makers	Core 4 Service improvement Level 3 Core 1 Communication Level 4
SME1.4 Provide learning products and tools to develop effective practice in social marketing	G1 Learning and development Level 3
SME1.5 Provide education, training and support for effective practice in social marketing	G1 Learning and development Level 4

10/07/09

Appendix B

Social Marketing Project Manager Role Profile

SMB2.1 Establish social marketing strategies and action plans
SMB2.2 Evaluate and report on social marketing strategies
SMC1.1 Manage social marketing programmes
SMC2.1 Manage communications for social marketing programmes
SMD2.1 Develop and provide products to enable people and organisations to adopt and sustain beneficial behaviour
SMD2.2 Develop and provide services to enable people and organisations to adopt and sustain beneficial behaviour
SMD4.1 Review and change systems/structures to enable beneficial behaviour
M&L D17 Work with other organisations to achieve common or complementary objectives
MBC A2 Develop and maintain relationships with clients

Social Marketing Trainer Role Profile

SME1.1 Review and interpret the results of social marketing activities and their wider implications
SME1.2 Disseminate and promote effective practice in social marketing
SME1.4 Provide learning products and tools to support effective practice in social marketing
SME1.5 Provide education, training and support for effective practice in social marketing
L&D L3 Identify individual learning aims and programmes
L&D L4 Design learning programmes
L&D L6 Develop training sessions
L&D L7 Prepare and develop resources to support learning
L&D L10 Enable learning through presentations
L&D L13 Enable group learning
L&D L16 Monitor and review progress with learners

Social Marketing Researcher Role Profile

SMA1.1 Plan, manage and evaluate social marketing research programmes
SMA1.3 Develop understanding of theories and evidence about what might influence the behaviour of target groups
SMA1.4 Analyse, interpret and synthesise data and research findings to inform social marketing strategy
SMA1.5 Develop and define segments within target groups
SMA1.6 Develop propositions and test their potential to influence the behaviour of target groups
SME1.1 Review and interpret the results of social marketing activities and their wider implications
SME1.2 Disseminate and promote effective practice in social marketing
Some of these NOS were taken from other suites, such as Management and Leadership (prefix M&L), Management and Business Consultancy (MBC) and Learning and Development (L&D).

References

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[6] Adapted from Mansfield, R. & Mathews, D. (1985) Job Competence: A description for use in vocational education and training Blagdon Further Education College, cited in UKCES Feb 2010
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Procurement Guide for Social Marketing Services

Professor Jeff French

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	**Commissioning**
Management	IM & T
Planning / Performance	Finance
Clinical	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
Gateway Reference	11724
Title	Procurement Guide for Social Marketing Services
Author	National Social Marketing Centre
Publication Date	30 Aug 2008
Target Audience	PCT CEs, Directors of PH, Local Authority CEs, Allied Health Professionals, Communications Leads
Circulation List	Voluntary Organisations/NDPBs, Commissioners
Description	The Guide to procuring social marketing services has been produced in response to requests for the NSM Centre stakeholders. The Guide offers a step by step process on how to procure social marketing services either in stages or as one process.
Cross Ref	World Class Commissioning
Superseded Docs	N/A
Action Required	N/A
Timing	**By 30 Aug 2009**
Contact Details	Patrick Ladbury National Social Marketing Centre 20 Grosvenor Gardens London SW1W 0DH 0207 881 3009 www.nsmcentre.org.uk
For Recipient's Use	

National Social Marketing Centre

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Who this guide is for

This guide is for public health professionals, communication and public engagement leads and other public sector commissioners who intend to use social marketing in a behaviour-change campaign, but who don't have in-house capacity for delivery.

The guide provides support with the procurement of specialist providers. It should be used in conjunction with existing commissioning and procurement protocols where appropriate. In addition, the Department of Health's *Transforming Community Services & World Class Commissioning: Resources Pack for Commissioners of Community Services* provides several case studies of social marketing interventions in deprived communities.

The guide assumes readers are familiar with generic procurement processes, but for those who are not, the section on Further Reading may be helpful.



Executive Summary

This guide provides a step by step process for procuring social marketing services. This executive summary provides an outline of the key steps. A one page summary of the guide is available at www.nsmcentre.org.uk.

What is social marketing?

Social marketing is defined by the National Social Marketing Centre (NSMC) as 'the systematic application of marketing alongside other concepts and techniques to achieve specific behavioural goals'. The NSMC has developed the Total Process Planning Framework, which highlights the five key stages in developing a social marketing intervention.

The stages of a social marketing project

Scope ➜ Develop ➜ Implement ➜ Evaluate ➜ Follow-up

The NSMC recommends that an initial scoping phase is commissioned in the first instance. The results of this phase should be thoroughly analysed before any decision regarding which stages should be procured is made. However, before you start procurement there are a number of factors you may need to consider.

Before procurement: what you need to consider

The first stage of the procurement process is to define your objectives. There are also several practical considerations to confirm, including securing the support and resources for the intervention. Research what similar work has already been conducted and whether ethical approval will be required. Several checklists providing guidance on the stages of the procurement process are available on the NSMC website, www.nsmcentre.org.uk.

How to write a tender brief

The document should include: background context; rationale; intervention aims and objectives; budget; timescale; and contact period start and end dates.

Organising the tendering process and pitch meeting

Organise the selection process, from providing the agencies with the relevant information, arranging the pitch meeting and putting systems in place to debrief the candidates.

Assessing the pitch

Select companies to pitch according to their experience of delivering social marketing projects, and their organisational and financial capability.

How to manage an agency

Once the selection has been made, clear communication between the agency and your organisation will be vital to the intervention's success.

Other things to consider

Ensure good value through determining the level of investment required for a measurable impact. Make full use of free online resources. Other financial aspects to consider include: the declaration of any corporate gifts; confirmation of intellectual property rights; and the possibility of using a Payment by Results (PbR) contract.

Conclusion

The procurement of social marketing services is a cost-effective way to bring specialist knowledge to public or third sector organisations. However, commitment and resources must be available to comprehensively and systematically manage the selection and delivery process.

A brief introduction to social marketing

Social marketing is increasingly being used by public sector organisations to better understand individual and group behaviour. These insights can be used to develop programmes which have a positive impact on behaviour and help sustain long-term behavioural change.

The NSMC suggests that there are eight social marketing benchmarks. These benchmarks can be used as a tool for identifying, and planning for, best practice.

NSMC social marketing benchmark criteria[1]

1. Customer orientation
2. Clear focus on behaviour
3. Informed by behavioural theory
4. Insight into what moves/motivates
5. Exchange – increase benefits/reduce barriers
6. Competition – external/internal
7. Segmentation – targets specific audience groups
8. Mix of methods – information/services/rules



The criteria provide a useful reference point for those procuring a social marketing programme, or applying a social marketing approach to overall strategic development. ShowCase, the NSMC's database of social marketing case examples, features interventions that meet all eight benchmark criteria. ShowCase is available at www.nsmcentre.org.uk.

Social marketing is about more than targeted advertising campaigns. An intervention may involve improved training for public sector staff or redesigning existing services. Interventions are designed based on the information revealed by in-depth research into the target audience. Social marketing is not a 'magic bullet', but when used in a systematic and integrated way, offers significant potential to improve the health and wellbeing of the population, and in particular to address health inequalities.

Effective Procurement

Public sector organisations have two key roles when outsourcing service provision: to be an advocate for the people; and to be the custodian of taxpayers' or donors' money. Effective procurement should lead to:

- Improved quality, responsiveness and efficiency of service delivery
- Improved understanding of service users through building relationships and a deep understanding of target audience needs

The procurement of social marketing programmes, and other activities that put people at the centre of service delivery, is part of this wider set of responsibilities.

For further information on the practice and theoretical base of social marketing, see Appendix Two.

[1]See Appendix One for further information about the Benchmark Criteria.

Case Study: Food Dudes



Bangor University

Aim: to improve fruit and vegetable consumption in the UK.

Academic Research: a person's food consumption patterns are established early in life. To improve the nation's long-term health, the work has to start with children.

Objective: to increase the consumption of fruit and vegetables among four to eleven year olds in pilot schools.

Insights:

- Children are motivated by praise, recognition and rewards.
- Positive role models have a powerful influence over children's learning and value systems.
- The traditional approach of telling children what to do and what to eat is unsuccessful.

Intervention: The programme encourages children to taste fruit and vegetables repeatedly, so they develop a liking for them. In the process, the children come to see themselves as 'fruit and vegetable eaters'.

The programme borrows the idea of reward from commercial companies such as McDonald's, who present children with a toy when a Happy Meal is purchased. Food Dudes provides stickers and stationery as rewards for trying fruit and vegetables.

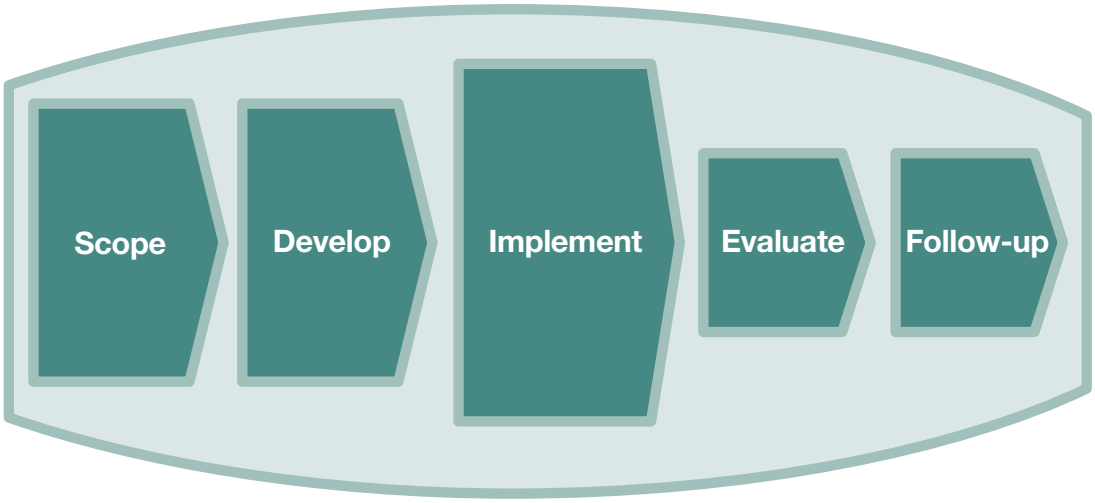
Results: During pilot trials in primary schools, fruit consumption of five to six year olds more than doubled, from 28 per cent to 59 per cent over six months, while vegetable consumption increased from eight per cent to 32 per cent. This was true even when popular sweet and savoury snacks were offered and demonstrates that children's learned preferences for unhealthy snacks can be overcome.

The programme is being rolled out in various locations around the United Kingdom. Further information about *Food Dudes* is available on the ShowCase database, at www.nsmcentre.org.uk.

The stages of a social marketing intervention

The NSMC recommends that a social marketing intervention follow a five-step process, as illustrated by the Total Process Planning (TPP) framework.

Total Process Planning framework



Big Pocket Guide NSMC 2007

Information gained during the evaluation and follow-up phases can be used in the scoping stages of future interventions.

The understanding and insights gained during scoping directly inform the selection of appropriate methods and a working proposition, that can be taken into the next development stage. Initial insights also provide a baseline by which interventions can be measured and evaluated.

Though all stages are important, investing time in the scoping stage[2] is critical. This helps to avoid crafting messages or interventions before an understanding of the target audience is achieved. It also ensures that a clear behavioural focus is identified from the start, and that relevant theory and ethical issues are considered.

It is not necessary to procure all stages of a social marketing intervention at the same time. It may be beneficial to initially procure the scoping stage in isolation and then analyse and consider the results prior to procuring any further stages.

[2]During the scoping stage, the issue is examined and an understanding of the audience and the behaviour involved is developed. The available human, financial and other resources are assessed, and the options that are most likely to have a positive impact on the lives of those being addressed are selected.

National Social Marketing Centre

Before procurement: what you need to consider

Careful planning at the start of the procurement process will save you time and money in the long run. Below is a list of questions you may want to ask yourself before starting the procurement process.

Preliminary questions

- Do you have formal sign off from your manager? Do you have the support of the Board/Chief Executive/ Director of Public Health if appropriate?
- Does the initiative align with your organisation's priorities?
- How does the initiative's timescale fit with your organisation's planning?
- Have you assigned a project manager?
- Are the available resources sufficient to initiate and manage a social marketing programme?
- Do you have systems in place to ensure the ongoing management and monitoring of the agency or provider throughout the contract period?
- Does the project need to be completed within a tight timeframe?
- Who else needs to be involved? Identify key stakeholders and secure their support. They should be involved as early on in the process as possible and consulted throughout.
- Has another organisation carried out similar work? Can the lessons learned from their experience be applied to your work?
- Investigate work which has been done in areas of the UK which are socio-demographically similar to yours. Would research from these projects be useful or is new research into your specific area or audience necessary? Consider whether or not there is a 'local effect' which needs exploring.
- Do you need ethics approval?[3] This can be a lengthy process, so you may prefer to secure it before hiring an agency. You could enlist local academic institutions to act as independent reviewers if appropriate. If formal ethics approval is not required, make sure this is documented in the event that your work is challenged.

Define your objectives

You should start by clearly defining your objectives.

- What exactly is it that you are trying to achieve? Be as specific as possible. 'To improve child health' is vague. 'To increase the consumption of fruit and vegetables among children aged four to seven from one portion per day to three portions per day' is a measurable objective based on existing data.
- Where are you now and where do you want to be at the end of the intervention? Do you have a baseline to work from or do you need to procure research to establish one? Do you have a specific and realistic goal for the provider to aim for? How will you evaluate your project once it has been completed?
- What are you looking to procure and why? Be very clear about what it is that you are buying. Do you need to procure new research about your target audience? Would the data you have already (from sources such as QOF) be sufficient if it were pulled together and analysed?

[3]The NSMC's Ethics Guide can be downloaded at www.nsmcentre.org.uk

Budgeting

The NSMC recommends that budgets are also allocated in stages where possible.

- An initial budget should be allocated for scoping the issue. By the end of this process you should have a complete understanding of the problem, and a report which sets out a clear statement of the problem and desired improvement. The report should identify target audiences, ascertain your assets and the obstacles to success. It should include a stakeholder and competitor analysis and a stakeholder engagement plan. A plan for the development phase should also be recommended.
- A full business plan should be developed after the scoping phase. This should form the basis of funding allocations to scale up and fully implement the recommended interventions. The business plan should also include: an evaluation plan; links to internal planning and procurement cycles; a revised stakeholder engagement plan; and a dissemination strategy.

Remember: you don't have to contract one company to manage the entire intervention. Different companies have different specialities, so it is prudent to look for specialist agencies to deal with each stage or different elements of each stage, and hire them individually. If, for example, the scoping stage reveals that existing services don't meet the needs of local people, then your intervention should address this issue. You should look to work with an agency which specialises in supporting service redesign, rather than advertising.

Case Study: What's Pants?



West Midlands NHS

Aim: to increase the number of women having cervical screenings by three per cent, especially in the 25 to 39 age group, and therefore reduce the number of deaths from cervical cancer.

Insights: Research with the target audience found that young women underestimated their risk of cervical cancer and believed other health behaviours were more important. Combined with the fact that many women found the services difficult to access, this meant that smear tests were not seen as a priority. It was also discovered that previous campaigns, which attempted to make cervical screenings attractive by offering free gifts and running promotional events, were a waste of time. Many of the young women interviewed described cervical screenings as 'pants', and said there was little prospect of making cervical smears appear attractive.

Intervention: Service provision was redesigned so clinics were open for longer hours and in more locations. The service was then re-launched using the slogan 'What's pants but could save your life?', which acknowledged the discomfort associated with cervical screenings but gently reminded women that cervical cancer is a life-threatening disease.

Results: The campaign generated an unprecedented increase in cervical screening uptake, with laboratories reporting a 15 per cent increase in the gateway age group during quarter one alone.

Further information about *What's Pants?* is available on the ShowCase database, at www.nsmcentre.org.uk.

How to write a tender brief

This section provides guidance on what to include in a tender brief. Tender documents will vary depending on the type of project you are procuring. Time spent developing the brief will save time and money in the long term and build a better relationship with your provider. You may not want to use all of the points outlined below. However, it is important that you take time to consider exactly what it is that you want to procure and write your tender brief accordingly.

General information

- **Background context and rationale for the project**
  This should include a description of the issue to be addressed, and should set out access to relevant research data evidence and related research.
- **A clear statement of the aims and objectives of the project or programme**
  This maybe a potential area of conflict between your organisation and the agency you work with, so it is essential that you are as explicit as possible. Include a description of your organisation's current and past work and research in the area.
- **Budget**
  Depending on your organisation's approach, you may or may not choose to give an indicative budget. Indicating the budget helps applicants tailor their proposals, but some organisations prefer not to do so in the belief that this will promote cost competition.
- **Project timescale, contract period, start date and end date**
  This should include anticipated outputs, such as reports, presentations or reviews, and dates for their delivery, as well as the timetable for application and decisions.

Scope of work

- **A detailed description of the work**
  This should include: specific activities expected; products to be developed and delivered; research; and evaluation. It is worth clarifying what the agency can expect from your organisation in terms of support: some agencies might expect that your organisation will carry out part of the work.
- **Reports and updates**
  You should specify whether you require progress reports and updates to be in writing. Would you be satisfied with telephone reports or do you require formal reports given in update meetings? A general rule of thumb is to get everything in writing, but flexibility can be advantageous. You may prefer daily telephone updates during the early stages of a project but once it is running, a monthly report is likely to be sufficient.
- **Follow up and dissemination activity required**
  You should specify whether you require any work to be carried out after the intervention to help promote and share learning.
- **Ethical considerations**
  Set out issues and processes that need to be addressed.



Requirements

- **Eligibility criteria**
  This section sets out who is eligible to apply.

You may have a requirement that the service is provided by a local supplier or one that has specific skills such as:

- language
- PR
- media buying and planning
- direct marketing
- merchandising
- new media
- creative development
- research
- survey design and delivery

You may require submissions only from agencies with certain experience, for example:

- marketing
- public relations
- market research
- specific black/minority ethnic (BME) group marketing
- youth marketing
- public education
- grassroots organising
- crisis management
- special events

Alternatively, you may wish to consider a supplier from the Framework for procuring External Support for Commissioners (FESC) list, agencies from other established rosters or suppliers who have carried out similar work in the public sector.

Your views on the acceptability of joint applications, or consortium bids

You may accept a lead agency affiliated with other agencies with specialised experience (for example, lead agencies without Black and Minority Ethnic (BME) marketing experience may still be considered, as long as they make it clear in their proposal which subcontractors with BME marketing experience they would partner with to create the plans for BME groups).

Check how this will be invoiced, as there may be duplication of costs. The ideal is one invoice from the winning bidder at a pre-agreed schedule.

Invoicing

Include requirements for invoicing arrangements, timing and process. Make sure you have established who will be working on the project and how they are 'charged' to you. Some companies charge an hourly rate which may incur additional costs. Will there be charges for 'extras' such as travel, printing and VAT?

Potential conflict of interest

You should require a statement of disclosure of affiliation or contractual relationships, direct and indirect, with any agency that you feel is incompatible with your organisation's values or the aims of the programme you are funding. You should also ask for details of any other form of current or previous relationships with such companies to be disclosed. This may include previous or current work for such organisations.

Most organisations will have protocols in place which need to be communicated to the agencies as required.

Applicant questionnaire

This should include questions regarding:

- agency mission and philosophy
- CVs of staff who will be working on the project
- agency years in business
- relevant social marketing experience
- public sector accounts, including pro bono work
- track record (examples and contacts for references, examples of accounts that demonstrate the agency's experience and skill in the area of the tender results)
- information about how the agency uses research in developing, executing and evaluating campaigns

Performance requirements

This section should stipulate performance requirements and the timeframe for delivery. Also set out any penalty clauses, incentives and contract break points. If you are including a Payment by Results element, make explicit the level of performance that results in payment or extra payment.

You may wish to include a 'risk sharing' element which protects both sides of the agreement: for example, that there will be a payment made to the agency if they deliver over requirements but also a refund to your organisation if they do not achieve all objectives. Advice should be available from your legal and/or procurement team.

Format for the proposal

Set out headings that you want the proposal to address. Again, they will differ depending on which stage of the process you are procuring. They may include:

- ideas for how the work will be developed and delivered
- proposed approach
- mix of interventions and tasks
- timetable
- stakeholder and partnering arrangements
- research and evaluation elements
- outline of budget allocations
- approach to ongoing tracking and reporting

You may also want to include examples (standard format for cover sheet, budget, action plan, and so on can be included as appendices). Supplier name and address, tax, and company reference numbers, and lead contact information should also be included.

A standardised approach to submissions will help prevent glossy or lavish applications that may distract from a systematic like-for-like assessment of the applications based on their content.

Additional materials entered into a 'bid' can be legitimately rejected if the tender proposal is clear on the expected presentation. For example, you can refuse to include a DVD presentation if this is not the format required by the bidders.

Process for proposal preparation and submission

Application deadlines

Include date and time of deadlines for letters of intent (confirming intent to submit full proposal) and complete proposal packages.

Key contact information at your organisation

This should include instructions for how to submit questions, ideally to the Project Manager, and how they will be responded to. It is essential that questions submitted and answers given are recorded and made available to all potential suppliers. It is also a good idea to include a Q&A sheet with the tender documentation, as this will help suppliers and reduce subsequent enquiries.

Instructions for how to submit application

A date and time for submissions should be clearly communicated. Any bids received after this time can be refused.

You should specify submission format (for example, whether fax or email versions are acceptable, and the number of copies required), and instructions for oral presentations, including time, date, location and form of presentation for pitch interview.

Most organisations will have a process in place for receiving and opening bids. If not, the NSMC suggests that two people open the bids, one being a CEO/Director or equivalent, the other recording the information and time of receipt. The original packaging may need to be retained for a period of time, as defined in your organisation's protocol.

Instructions for how to withdraw application

Reasons for disqualification

These may include incomplete or late submission; failure to meet requirements; submitting an application with false, inaccurate or misleading statements; and unwillingness or inability to fully comply with proposed contract provisions. Bids submitted in an incorrect format (for example, DVD instead of paper format) may also be rejected.

Review, evaluation and selection

You will need to set out the criteria for evaluation and ideally the respective weighting given to each one.

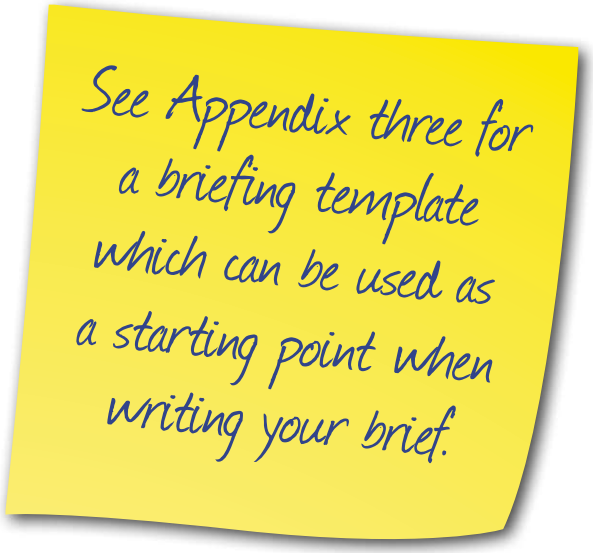


Table 1 gives a brief overview of the types of information you can expect to find in a tender for each stage of a social marketing project, and reflects the need to consider co-ordination and management of the process as an integral part of the tender. The stages may be combined in one tender or procured individually.

Table 1: Procuring tenders in social marketing

Scoping tenders

- Desk-based evidence reviews
- Desk-based data reviews
- Desk-based policy reviews
- Stakeholder surveys and interviews
- Target audience knowledge, attitude and behaviour surveys
- Target audience service experience surveys or observations
- Development of initial segmentations
- Development of propositions
- Competition analysis
- Review of existing social marketing case studies on similar topics and/or target audiences
- SMART objectives

Development tenders

- Development of intervention methods and materials
- Pilot of service changes, products and campaigns
- Development of segmentations and user understanding
- Development of insight and testing propositions
- Testing creative executions
- Coalition building
- Community engagement
- Development of evaluation plans and systems
- Risk analysis

Delivery tenders

- Service delivery contract
- Community engagement programme delivery
- Stakeholder engagement programme delivery
- Media campaign delivery
- Partnership building and coalition formation and management
- Policy lobbying
- Organisational change
- Programme management

Evaluation tenders

- Evaluation of intervention processes
- Evaluation of short term intervention impact
- Evaluation of knowledge and attitude change
- Evaluation of behavioural change
- Evaluation of physiological change
- Evaluation of partnership and coalitions
- Evaluation of specific programme and /or campaign elements
- Cost benefit analysis
- Return on Investment (ROI) analysis

Follow-up tenders

- Project publicity
- Project write-ups
- Conference presentations
- Publications
- Evaluation launches
- Political dissemination strategies

Things to consider

- Less can be more. Unnecessary background information can clutter the brief. A clear articulation of proposals for monitoring and managing the contract will ensure a strong two-way flow of information is maintained.
- It is good practice to ensure that key stakeholders have an opportunity to input into the brief.
- Choosing a procurement method is an important consideration: sealed bids don't offer the same flexibility as a competitive dialogue, which allows an agency to make an initial bid and then renegotiate.
- The tender should be sent out with a copy of the Benchmark Criteria (downloadable from the NSMC website) so agencies understand what will be expected of them.

Advice from an agency

Merchant Marketing Group

'The first step to commissioning the services of an agency is to focus on where you are now and where you want to go. The agency will work out how you could get there. Develop a clear and focused brief of not more than two sides of A4 that defines:

- Your objectives
- Your target audience
- What you want to say
- What you want to achieve
- How it will be measured

If you are unable to do this it is highly unlikely that the agency will be able to respond with an appropriate solution.

Make sure the agency is given a guide budget to work to so that they can tailor their response accordingly. Don't forget to set aside sufficient budget for research, including testing creative concepts with your target audience and putting in place benchmark research to evaluate the activity. This will ensure that you continually hone and improve your activity and ultimately make your investment work harder for you.

Above all, allow sufficient time for the agency to respond to your brief – allow a minimum of four weeks for an agency to respond to a tender.'

Adrienne Maidment, Merchant Marketing Group

Organising the tendering process and pitch meetings

The procurement of social marketing programmes may involve using approaches and tools which are new to your organisation. Critically appraising and assessing potential suppliers is crucial.

Checklist for compiling a shortlist for interview

Suppliers should demonstrate:	Score	Comments
1. A good understanding of social marketing.		
2. Experience of social marketing, especially in your specific area (NHS, environment).		
3. A clear approach to a social marketing procurement, based on the Benchmark Criteria.		
4. Sound company history (check references in person where possible).		
5. Adequate capacity (such as personnel and infrastructure).		
6. Capability of delivery.		
7. Financial competence.		

This checklist can be downloaded at www.nsmcentre.org.uk.

Scoring Guide

1. Poor - does not reflect requirements
2. Fair - meets some of the requirements
3. Good - meets all requirements
4. Excellent - exceeds requirements

Also consider the company's size, resources and position in the market, as well as the strength of the proposed project team and organisational management team. Sometimes a smaller company might be better suited to your requirements: bigger is not necessarily better. If possible, speak to former clients of the bidding agencies. You may also wish to refer to the criteria for assessing pitch meetings (page 22) to assist you in short-listing candidates.

Once you have compiled a shortlist, the companies on it should be invited to an interview or pitch meeting. A pitch is not a solo performance, but a dialogue and possibly the start of a long-term relationship. Remember that a company you do not select for the current project may be suitable for the next.

Again, your organisation may have protocols for pitch meetings which you must follow.

Selection

Once you have rated all the tenders, decide how many agencies you want to invite to interview. Agencies refer to interviews as 'pitch meetings'. It is usual to invite between three and five agencies to pitch their proposals, depending on the results of your checklist analysis and your organisation's procurement protocols.

Preparing for pitch meetings

Finding good suppliers of social marketing services can be problematic. There are many organisations that are skilled at pitching for work but comparatively few with a track record of successful delivery. To avoid falling victim to this, it is essential that companies bidding for work are interviewed consistently and rigorously. You must ensure that the company making the pitch has the capacity and capability to deliver your requirements.

It is not uncommon for agencies to send senior employees to pitch meetings and then allocate junior members of staff to work on the project. Insist on meeting the people who will be carrying out the work.

Points to consider when planning pitch meetings

- Do you need a facilitator for the meeting? Also, an administrator will be invaluable for tasks such as keeping time, assisting visitors with queries, directing visitors to the correct rooms, providing refreshments and so on. Taking the small practical details into account will help ensure the meetings run as smoothly as possible and make a good impression on those you are interviewing.
- Ensure you have allocated sufficient (and equal) time for each meeting. It is wise to factor in additional time for breaks between pitches. This is not only to allow the panel to have a break but also for panel members to debrief after each pitch.
- Did you answer all the agency's questions prior to the pitch?
- Have you provided all the research reports and other background material that the supplier might need?
- Are you going to hold a single meeting or a set of meetings before you make decisions? Make sure this is clear to all those pitching for the work.
- Have suppliers had a reasonable amount of time to prepare?
- Agencies may challenge or offer alternative suggestions to your brief. Consider in advance how you will respond to this.
- How will you evaluate the pitch process?
- Do you have a set of explicit written criteria that all those people on the selection panel will use to evaluate each pitch? Consider using a scoring sheet which will allow for a discussion at the end of the meetings.
- What system have you put in place to debrief all those who pitched?
- Are you putting a system in place for suppliers to give you feedback on the process?
- Have you invited key stakeholders to participate in the pitch meetings?

Case Study: Lessons learnt from the procurement process



West Essex Primary Care Trust (PCT)

'It's very powerful to admit that what you're doing isn't working.'
Adrian Coggins, Senior Health Improvement Specialist, Harlow Locality

West Essex PCT has procured the scoping stage of a project which aimed to address teenage pregnancy rates in Harlow. Few of the staff involved were experienced procurers and had to teach themselves the procurement process as they were doing it. Three key lessons of their experience are:

1. The importance of securing senior management support
Most PCTs are under enormous pressure to deliver quick results and are therefore unable to spare the resources needed for a comprehensive scoping stage. Staff in West Essex were able to secure senior management support for this vital stage by acknowledging the limitations of the existing strategy and arguing that continuing with an ineffective programme would not bring about the necessary results. They successfully argued the need to exit from the existing programme in order to develop a new one.

2. The need to be robust when defending your work
Opinion about the decision to conduct new research into the target audience was sharply divided. Some argued that analysing similar research from regions with a comparable socio-demographic make-up would be sufficient. However, the project team made a strong case for investigating if a 'local effect' was impacting on the social norms surrounding teenage pregnancy in Harlow. Primary research with teenagers in Harlow did reveal the existence of unique local attitudes. It is hoped that this insight will prove invaluable in developing future interventions.

3. Negotiating the quagmire of ethics approval
The experience of West Essex PCT shows that it is advisable to deal with the issue of ethics approval before proceeding with any project. It was unclear whether research governance alone was sufficient and no criteria for determining if formal ethics approval was required. Even identifying appropriate guidance was problematic and it became apparent that local requirements differed from national requirements. In the end, the PCT consulted the recently revised NHS Governance Framework and sought advice from local and specialist academic bodies.

Example questions to ask at a pitch meeting

These are some examples of general questions about social marketing which could be asked during a pitch meeting. Your organisation should have protocols for devising interview questions and you should also prepare specific questions which are pertinent to your project.

Q1) What is social marketing and how it can help us at a local level?

- The company should provide a clear description of social marketing theory and practice.
- A competent company will be able to talk about a social marketing case study, and discuss lessons learned from the example. The company will preferably have carried out their own social marketing programmes.
- For PCTs: ask the company how social marketing will help you aspire to achieve the World Class Competencies – this could be used when evidencing your activities for WCC Panels.

Q2) Describe the different stages of the social marketing process.

- If you are procuring the entire process, the agency should articulate the need for a planned process, including the importance of the front end 'scoping' stage and the evaluation stage to assess effectiveness.
- If you are procuring one stage of the process, the agency should be able to explain how that particular stage fits with the process as a whole.

Q3) How long do you expect the scoping/development phase to take?

- This question can be adapted depending on which stage of the process you are procuring.
- It is important that you agree a timescale for project completion which fits with your organisational planning.

Q4) What level of involvement will you expect from the procuring organisation?

- It is important that both you and the agency are clear about how involved you can be in the project.
- You should be realistic and candid about your level of involvement. Is the agency expecting more involvement than you have resources for?

Q5) Talk me through what you plan to do in the scoping phase and why.

- This question can be adapted depending on which stage of the process you are procuring.
- The agency should be able to provide comprehensive details about their work plan.

Q6) Talk us through your strategy for gaining insight into the target audience.

- The agency should describe which methodology they intend to use and the reasons behind this choice. They should demonstrate an understanding of the methods that work best with your target audience.
- Ask whether the organisation will undertake the research themselves or sub-contract to another agency. This is not unusual but could involve another set of contacts for you to manage.

Q7) Discuss your plan for ensuring that the project can be effectively evaluated.

- You should agree at the outset whether you intend to evaluate the process or outcome of the project and the form the evaluation will take (for example, quantitative, qualitative, using a control group).
- If you intend to hire a different agency to evaluate the project (recommended) it is important the agency for the project is aware of the criteria they will be evaluated on and the information they will be required to provide to the evaluators.

These example questions can be downloaded at ww.nsmcentre.org.uk



Assessing the pitch

In addition to checking the competencies and track record of suppliers, procurers will also need to scrutinise the specific proposals being put forward by the supplier. Some of the points will be irrelevant if you are procuring a single stage of the process, so you should adapt the list to suit your requirements. Again, ensure you comply with the protocols of your organisation.

Checklist for assessing the competence and track record of social marketing suppliers[4]	Score	Comments
Does the supplier understand your aims and objectives, and the strategy for achieving them?		
Has the supplier demonstrated a good understanding of your sector and the issues you are concerned with?		
Is the supplier committed to delivering against your targets and are they clear about the consequences of failing to deliver?		
Can they demonstrate an ability to use research techniques to segment, target, and design interventions that meet the needs of your target audiences? Are they subcontracting out a part of the process?		
If procuring the entire intervention, has a systematic scoping and development phase been included?		
Are there clear plans to involve the target group in programme development, implementation and evaluation?		
Have they provided evidence of audience and stakeholder engagement, partnerships, and collaborative delivery?		
Does the supplier have a track record of effectiveness? Were previous campaigns, projects or programmes fit for purpose? A dazzling or elaborate pitch may cover a lack of actual content. Look for evidence of clear behavioural change.		

[4]Drawing on www.comms.gov.uk/engage (2007) Government Communications Network and the Cabinet Office Engage programme. London.

Checklist for assessing the competence and track record of social marketing suppliers continued...	Score	Comments
Check for strong evidence of ability to customise solutions. Is there evidence that the agency understands your challenge? Or are they simply planning to replicate approaches used before?		
Do they have a history of collaborative delivery and a demonstrated ability to manage local stakeholders and partners? Ask for evidence of such work and for references. If possible, speak directly to former clients.		
Are there any conflicts of interest between your campaign and potential suppliers? This is particularly relevant where agencies work for both commercial and public sector organisations.		
Did you meet the team who will work on your project? Do they intend to subcontract any part of the project? To whom?		
Is the proposed programme complementary to the current policy and delivery environment?		
Is a comprehensive evaluation strategy proposed which covers process, impact and outcome?		
Is the proposed budget allocation realistic to develop, deliver and evaluate the aims and objectives of the programme?[4]		

Scoring guide

1. Poor - does not reflect requirements
2. Fair - recognises requirements but they are not fully understood or catered for
3. Good - meets requirements
4. Excellent - meets requirements and demonstrates added value

This checklist can be downloaded at www.nsmcentre.org.uk.



[4]See Appendix Four for an example of a budget.

Managing the agency

Remember: you are the customer! Your organisation is paying for this service and you need to show good value for public money.

Once you have procured work with an agency and agreed objectives for the programme, it will be necessary to ensure that the agency's performance is monitored and managed, and that a strong two-way flow of information is maintained over the contract period. Clear communication, and giving the agency positive feedback when they do things well, will foster a good relationship and encourage the agency to go the extra mile for your organisation.

Electing a single point of contact, usually the project manager, will be preferable for the agency, as it will help ensure that they receive clear instruction from a single source. Decide how the project manager can communicate the project's progress internally and who should be involved in approval procedures. Consider the availability of the project manager and other key internal stakeholders over the contract period and ensure deputisation over any periods of leave. For a large programme, you may wish to consider establishing a Management Committee to oversee the process.

The role of a Management Committee

- Consisting of key representatives from your organisation and the agency, it should meet at regular intervals to review and monitor progress and agree changes as the programme proceeds.
- The committee should work to an agreed set of terms of reference and report directly to the agency.
- Agree when and how you wish to meet and ensure these meetings are well attended by gaining high level buy-in before you start the project. If teleconferences are to be used, make sure they are well chaired.
- The committee should also be the forum for resolving issues and challenges that arise as the programme proceeds.

Effective communication will be vital to the success of the project. Resist holding back any information that an agency will require to carry out the project effectively. The agency should provide a programme schedule and report on progress to the project manager or at meetings of the management committee. Consider the necessary level of detail and frequency of the agency's reports. It is good practice to have key progress documented in writing, in addition to more informal updates. This flexibility can save agency time which can be better spent progressing the programme, rather than documenting every detail in written reports. On completion, a final meeting between the agency and your organisation to review the project can be a useful learning experience for future programmes.

Example of a programme for research into the eating habits of low income families

Pitch meeting	13 June
Sample, recruitment screener and pre-tasks	Completed by 18 June
Recruitment of families	w/c 19 & 26 June
Workshops with mothers	w/c 3 July
Workshops with children and mothers	w/c 10 July
Workshops with teachers	w/c 17 July
Family interviews	Completed by 2 August
Topline meeting	12 August
Recruitment for intervention workshops	Completed by 19 August
Intervention workshops	1-14 September
Final debrief end	20 September

The agency should be considered an extension of the workforce, rather then just a supplier. In turn, the agency should provide a service representative of their client's organisational values.

Utilise the agency's knowledge and experience, but be wary of any attempt to lead the intervention down a path which is not based on hard evidence or runs against what you, the procurer, wants. Programme procurers should be able to evaluate progress against the original brief, testing that the programme remains focused on the original aims and objectives.

If problems occur, a frank and honest dialogue between the procuring organisation and agency is required to establish how to get the programme back on course. In the unlikely event that the only solution is to end the agreement several issues need to be confirmed, including intellectual property rights of the material produced so far (see below) and any compensation for early termination of the contract.



Other things to consider

Add-ons

In pitching for your project, an organisation may add a few promotional 'freebies', contests for kids, free-phone information help lines and so on. While these ideas may appear to offer value for money, they may not actually help you achieve the results you want, so question how such add-ons will contribute to the overall programme. Any ‘gifts’ or ‘freebies’ must be declared in order to keep business relationships open and honest.

Avoiding panic buying

In circumstances where additional funds become available at short notice or there is a need to spend rapidly, try to avoid spending for its own sake. Rather, try to reinforce or increase effort in those areas that are demonstrating pay-back in terms of behavioural shifts.

If you have an under-spend at the end of the financial year, consider using the money to procure an extensive piece of research which can be used in an intervention in the following financial year.

Unnecessary costs

Review the existing evidence prior to procuring new research. Has something similar been done before? How would the new research expand the existing evidence base?

Also explore what resources could be secured for free. For example, NHS Evidence (www.library.nhs.uk) and the NHS Information Centre (www.ic.nhs.uk) have a wealth of evidence resources available for free to NHS employees. NHS Evidence also has a range of free medical images, which could be used to save on photographer or photo bank costs.

Threshold funding and sustainability

When investing in social marketing, a threshold point must be reached in terms of population awareness and action before any return on investment can be measured. In an increasingly competitive environment for attention and engagement, social marketing programmes are often not funded to a sufficient level that they are able to get ‘cut-through’ to their intended audiences. Low levels of investment are often compounded by stop-start approaches. Investors who are not able to commit sufficient funds over the required period must be made aware that the impact of their investment may be reduced

The amount of investment needed to achieve a measurable impact on behaviour is crucial and should be determined in the development phase of any social marketing programme. Procurers must be aware of the timeframe over which investment needs to be maintained. The issue of impact over time should be addressed when putting together a full business case for investing in social marketing.

Intellectual property rights

The contract should stipulate that you hold the intellectual property rights to the project and that the agency needs your permission to use or cite the material and results. An organisation is not required to share their methodology but the data they collect belongs to you. All data and output should be given to you at the end of the project.

Payment by Results

Some procurers of social marketing interventions mirror private sector marketing contracts by partly or fully introducing Payment by Results (PbR) into the contracting process. PbR involves agreeing a contract that provides funding to delivery organisations only if they meet the agreed targets set by the procurer. PbR often carries a premium over more traditional forms of activity-based contract as a greater level of risk is transferred to the delivery organisation. The potential increased rewards, and the possible loss if delivery is not up to agreed standards, can act as a powerful incentive to delivery organisations to perform. Such contracts also enable the procuring organisation to estimate returns on investment. The key issue in PbR-based contracts is to have clear and agreed levels of performance set out with verifiable means of assessing them.

Ensuring return on investment

One of the central issues facing managers is how to demonstrate that investment in social marketing makes a direct impact on the bottom line of their organisation.

Table 2 provides a simple illustration of a return on investment (ROI) analysis that procurers should include in their proposals for funding. Your finance team will be able to assist you. These kinds of assessments are also helpful as tools for tracking programme performance. They not only set out a clear economic case but provide senior managers with financial measures for assessing return on investment.

Table 2:
Example estimates of ROI on proposal to extend smoking cessation clinic opening times

Numbers of current attendances annually	1000
Percentage increase projected by increasing opening time	10%
Number of new clients	100
Percentage of new client expected to quit	25%
Number of additional quitters	25
Average cost saving per quitter	£3,000
Annual gross cost of savings (25 X £3,000)	£75,000
Annual costs of providing extended opening	£20,000
Net cost savings	£55,000
ROI £20,000 to £75,000	3.5 :1 OR 350%

Is it value for money?

Value for money (VFM) audits are non-financial audits to measure the effectiveness, economy and efficiency of investing in marketing. VFM reports only focus on efficiency and implementation as measured against the programmes goals and overall scale of the project.

VFM audits should be accompanied by cost-benefit analysis (CBA), a technique used to compare the various costs associated with an investment with the benefits that it proposes to produce or return.

Both tangible and intangible returns should be addressed and accounted for. Procurers should use CBA to assess the return they get in terms of behaviour change for each of the investments made in a programme. For example, what generated the most enquiries from the public about the stop smoking services? What was the cost of each of these contacts (that is, the number of contacts against the cost of providing the service)? Clearly, how the benefit is defined will be specific to the intervention.

Conclusion

Procuring social marketing services is a key activity for more and more public service workers. It is a straight forward process, but demands a systematic approach and the proactive management of prospective and successful suppliers.

Procuring social marketing can be a highly cost-effective way of bringing the necessary specialist skills to public or third sector organisations. However, procurement can be risky. Procurers need to dedicate sufficient time and resources to constructing a thorough and fair process and to actively managing chosen suppliers' delivery.



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Acknowledgements

Thanks to the following people for their contributions:

Patrick Ladbury

Kate Alley

Michaela Firth

Janet MacDonald

Adrian Coggins

Adrienne Maidment

Appendices

Appendix One: NSMC National Benchmark Criteria

1. Clear behavioural goals

   Social marketing is driven by a concern to achieve measurable impacts on what people actually do, not just their knowledge, awareness or beliefs about an issue. Establishing behavioural goals requires going beyond the traditional focus on behaviour change to recognise the dynamic nature of behaviour within a whole population. It looks at both the positive and the problematic behaviours and relationship between them, and identifies and explores patterns and trends over time. An approach which focuses on the attainment of behavioural goals also describes the aim of an intervention in terms of specific behaviours, and considers manageable behavioural steps towards a main behavioural goal.

2. Understanding the customer through consumer research

   Social marketing begins and ends with a focus on the individual within their social context. Interventions respond to the needs and wants of the person, rather than the person having to fit around those of the service or intervention. In order to gain this understanding it is important that customer and market research is used, together with local intelligence, to inform the development of the work. This helps to avoid top down approaches and the tendency to start crafting messages or interventions before there is a real understanding of the customer.

3. Theory-based and informed

   It is important that the planned social marketing intervention actively assesses and draws from theory across different disciplines and professions. It should avoid applying the same theory or set of theories to every context, but focus on identifying those that offer the greatest potential for understanding the influences on behaviour.
   Example: Integrated Theory Framework, National Social Marketing Centre website www.nsmcentre.org.uk

4. Insight

   Social marketing is driven by actionable insights that are able to provide a practical steer for the selection and development of interventions. To develop such insight means moving beyond traditional information and intelligence (such as demographic or epidemiological data) to looking much more closely at why people behave in the way that they do. Consideration is given to the possible influences and influencers on behaviour, and specifically what people think, feel, and believe. Importance is placed on considering those things within and outside of an individual's control.
   Example: A mouth and bowel cancer initiative encouraging early attendance at health services. www.woscap.co.uk

5. Competition

   Social marketing uses the concept of competition to examine all the factors that compete for people's attention and willingness or ability to adopt a desired behaviour. It looks at both external and internal competition. External competition can include those directly promoting potentially negative behaviours but can also include other potentially positive influences that might be seeking to gain the attention of the same audience. Internal competition includes the power of pleasure, enjoyment, risk taking, habit and addiction that can directly affect a person's behaviour.
   Example: 'Truth', a youth-focused anti-tobacco campaign in the U.S. www.protectthetruth.org

6. Exchange

   Social marketing puts a strong emphasis on understanding what is to be offered to the intended audience, based upon what they value and consider important. It also requires an appreciation of the full cost to the audience of accepting the offer, which may include: money, time, effort and social consequences. The aim is to maximise the potential offer and its value to the audience, while minimising all the costs of adopting, maintaining or changing a particular behaviour. This involves considering ways to increase incentives and remove barriers to the positive behaviour, while doing the opposite for the negative or problematic behaviour.
   Example: 'Think!', a national road safety campaign. www.thinkroadsafety.gov.uk

Appendices

7. Segmentation and targeting

Social marketing uses a developed segmentation approach. This goes beyond traditional targeting approaches that may focus on demographic characteristics or epidemiological data, by considering alternative ways that people can be grouped and profiled. In particular it looks at how different people are responding to an issue: what moves and motivates them. This is often referred to as psychographic research. It ensures interventions can be tailored to people's differing needs.
Example: 'Where's your head at?', an illicit drugs programme in Australia. www.drugs.health.gov.au

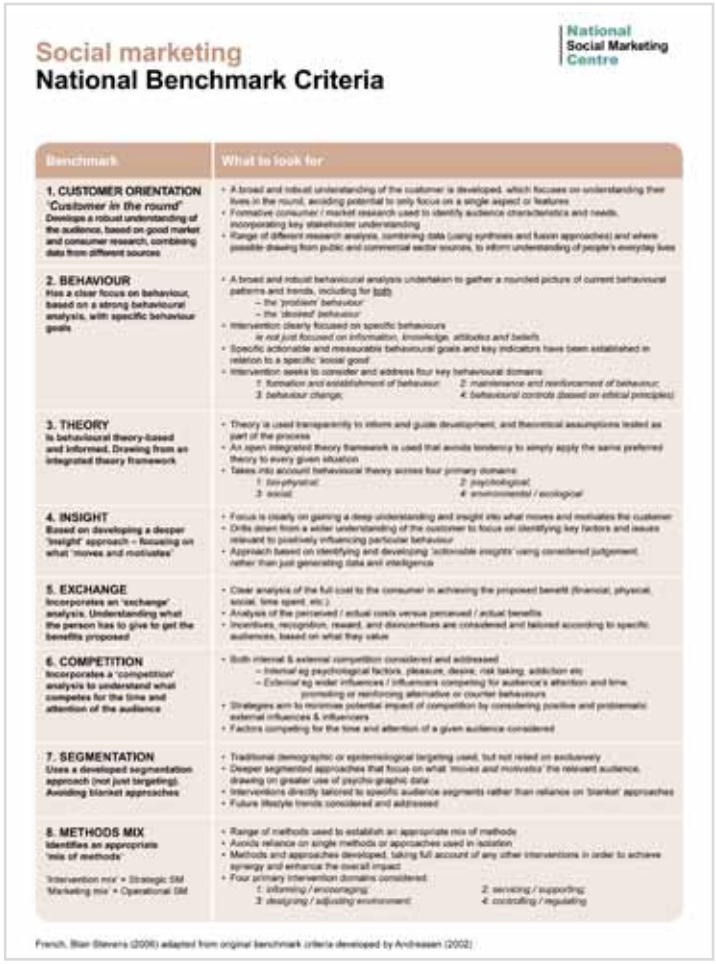
8. Marketing mix

Social marketing recognises that in any given situation there are a range of intervention options or approaches that could be used to achieve a particular goal. It focuses on ensuring that a deep understanding and insight into the customer is used directly to inform the identification and selection of appropriate intervention methods and approaches. As single interventions are generally less effective than multiple interventions, the issue is also to consider the relative balance or mix between interventions or approaches selected. Where this is done at the strategic level it is commonly referred to as the intervention mix, while at the level of a dedicated social marketing intervention the term marketing mix is more common.

Example, The national tobacco control campaign in England. www.givingupsmoking.co.uk.

See also the National Social Marketing Website, www.nsmcentre.org.uk.

The National benchmark criteria can be downloaded at www.nsmcentre.org.uk



Social marketing
National Benchmark Criteria

National Social Marketing Centre

Benchmark	What to look for
1. CUSTOMER ORIENTATION 'Customer in the round' Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources	• A broad and robust understanding of the customer is developed, which focuses on understanding their lives in the round, avoiding potential to only focus on a single aspect or features • Formative consumer / market research used to identify audience characteristics and needs, incorporating key stakeholder understanding • Range of different research analysis, combining data (using synthesis and fusion approaches) and where possible drawing from public and commercial sector sources, to inform understanding of people's everyday lives
2. BEHAVIOUR Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals	• A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for both – the 'problem' behaviour – the 'desired' behaviour • Intervention clearly focused on specific behaviours *ie not just focused on information, knowledge, attitudes and beliefs* • Specific actionable and measurable behavioural goals and key indicators have been established in relation to a specific 'social good' • Intervention seeks to consider and address four key behavioural domains: *1: formation and establishment of behaviour; 2: maintenance and reinforcement of behaviour; 3: behaviour change; 4: behavioural controls (based on ethical principles)*
3. THEORY Is behavioural theory-based and informed. Drawing from an integrated theory framework	• Theory is used transparently to inform and guide development, and theoretical assumptions tested as part of the process • An open integrated theory framework is used that avoids tendency to simply apply the same preferred theory to every given situation • Takes into account behavioural theory across four primary domains: *1: bio-physical; 2: psychological; 3: social; 4: environmental / ecological*
4. INSIGHT Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'	• Focus is clearly on gaining a deep understanding and insight into what moves and motivates the customer • Drills down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour • Approach based on identifying and developing 'actionable insights' using considered judgement, rather than just generating data and intelligence
5. EXCHANGE Incorporates an 'exchange' analysis. Understanding what the person has to give to get the benefits proposed	• Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc.) • Analysis of the perceived / actual costs versus perceived / actual benefits • Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences, based on what they value
6. COMPETITION Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience	• Both internal & external competition considered and addressed – *Internal* eg psychological factors, pleasure, desire, risk taking, addiction etc – *External* eg wider influences / influencers competing for audience's attention and time, promoting or reinforcing alternative or counter behaviours • Strategies aim to minimise potential impact of competition by considering positive and problematic external influences & influencers • Factors competing for the time and attention of a given audience considered
7. SEGMENTATION Uses a developed segmentation approach (not just targeting). Avoiding blanket approaches	• Traditional demographic or epidemiological targeting used, but not relied on exclusively • Deeper segmented approaches that focus on what 'moves and motivates' the relevant audience, drawing on greater use of psycho-graphic data • Interventions directly tailored to specific audience segments rather than reliance on 'blanket' approaches • Future lifestyle trends considered and addressed
8. METHODS MIX Identifies an appropriate 'mix of methods' 'Intervention mix' = Strategic SM 'Marketing mix' = Operational SM	• Range of methods used to establish an appropriate mix of methods • Avoids reliance on single methods or approaches used in isolation • Methods and approaches developed, taking full account of any other interventions in order to achieve synergy and enhance the overall impact • Four primary intervention domains considered: *1: informing / encouraging; 2: servicing / supporting; 3: designing / adjusting environment; 4: controlling / regulating*

French, Blair Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2002)

Appendices

Appendix Two: Social marketing theory and practice

Marketing techniques can assist public health work but it is important to understand that social marketing doesn't use marketing in an isolated way. It integrates and connects it with the best approaches from existing social sciences, public health and health promotion. This unified approach helps to achieve the greatest potential benefit and impact.

Behavioural goals

It is the focus on behaviour that is at the core of social marketing. Social marketing aims to achieve a measurable impact on what people actually do. It doesn't just focus on achieving changes in behaviour, but takes a much wider approach to focus on how to promote, establish and sustain changes over time.

Social or public good

The primary purpose of social marketing is to help achieve improvement in the lives of people. This helps to distinguish it from commercial marketing where the primary purpose is financial, in terms of profits or shareholder value. This should not be taken to mean that commercial marketers can't also contribute to a social or public good, but rather in social marketing this aspect is the primary focus.

Issues to highlight from the definition

Social marketing, like all good approaches, is dynamic and evolving. Increasingly, we talk of social marketing as having two parents. The social parent draws on the best learning and skills from the social sciences and social policy areas, including public health and health promotion. The marketing parent brings the best of both commercial and public sector marketing approaches.

Originally, in the 1960s and 1970s it was described as the use of commercial marketing in the public sector. However, in the last decade it has become a much more integrated and mature approach that harnesses the best of marketing alongside the extensive learning and experience from social sciences and social policy. This means that rather than competing with best practices in public health and health promotion it increasingly integrates with them.

The language of social marketing

Social marketing draws on some language that is more commonly used in the commercial sector, which can at first be off-putting to those who have been grounded in public sector language and culture. For example, traditional marketing commonly uses the four Ps of marketing: product, price, place, and promotion. In relation to purchasing behaviour this has proved a robust approach in helping to think through ways to market effectively to a given audience. However, in social marketing the behaviours being addressed are commonly more complex and can be influenced by a wider range of factors.

While the four Ps of commercial marketing can be useful as a starting point, in practice social marketing uses a broader analysis to inform development of appropriate interventions. It can nevertheless be very useful in public sector initiatives to ask some basic questions to help review what is being developed.

The use of the term customer in social marketing should not be seen as being limited to the public. It can just as well be applied to key decision-makers, planners or even politicians who it may be necessary to target in order to achieve a particular goal. Part of the effective scoping of a social marketing initiative identifies who the key audiences or customers need to be, and what behaviours are being focused on.

Social marketing can be used to inform and assist policy formulation, as well as strategic development and delivery. When considering how social marketing might be able to assist work, it is useful to distinguish between using it strategically and using it operationally.

Appendices

Strategic social marketing

Where social marketing concepts and principles are used to inform and enhance policy formulation and strategy development. In particular, where a strong customer focus directly informs the identification and selection of appropriate interventions.

Operational social marketing

Where social marketing is undertaken as a planned process and worked through systematically to achieve specific behavioural goals. Critical to this process is the initial scoping stage which examines and assesses issues.



Big Pocket Guide NSMC 2007

Appendices

Appendix Three: Briefing Template (Short Version)

This template can be used as a starting point for setting out a programme of work that you wish to put out to tender.

Title of Project/Programme: _____

_____

Background context and rationale for the project / programme: _____

_____

_____

Purpose: (focus of the project, scoping, development, implementation, evaluation follow up or a full end to end programme):

Aim/s: _____

Objective/s: _____

_____

Target Audience/s: _____

Requirements: (Brief description of project / programme):

_____

_____

Timeframe: (programme start and end dates):

_____

_____

Organisational, Technical and/or scientific requirements or standards: (such as compliance with national guidelines):

_____

_____

Appendices

Intended audiences

Primary: _____

Secondary: _____

Tertiary: _____

Intermediate: _____

Stakeholders: _____

Eligibility requirements: (explicit skills and experience that the agency must have):

_____

_____

Ethical issues and requirements: (involvement of ethics committee in research activity):

_____

_____

Incentive, bonus and/or penalty schemes:

_____

_____

Declaration of any conflict of interests:

_____

_____

Sign-off procedures:

_____

_____

Reporting arrangements and milestones:

_____

_____

Appendices

Evaluation required:

Financial arrangements payment and invoicing:

Specific contractual and legal clauses including intellectual property rights:

Format of proposal: (you should specify submission format including criteria for disqualification):

Application deadlines: (include contact information):

References and examples of similar or relevant work:

This template can be downloaded from www.nsmcentre.org.uk.

Budget example

Appendix Four: Budget example

Sample budget for a home-based healthy eating programme developed for a project in the north of England

Interviews with expert panel	No cost
Preparation and literature review	£5,000
Staged pre-tasks:	
• 12 x meal time observations @ £250 per family	£3,000
• 12 x shopping trip observations @ £100 per family	£1,200
• 12 x family interviews ´£200 per family	£2,400
Family Workshops:	
• 6 x including accompanied supermarket trip@ £4500 per family	£27,000
• 6 x without supermarket trip @ £4000 per family	£24,000
Preparation of final report	£2,000
Topline meeting	No cost
4x intervention workshops @ £3000 per session	£12,000
Travel & subsistence out of London @ 8 x £700	£5,600
TOTAL INVESTMENT	**£82,200**

Notes

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DH Department of Health

The NSM Centre is a strategic partnership between the Department of Health and Consumer Focus in England.

Consumer Focus
Campaigning for a fair deal

University of the West of England
BRISTOL

Eagle, L. (2009) ***Social marketing ethics: report prepared for the National Social Marketing Centre.*** **Technical Report. National Social Marketing Centre.**

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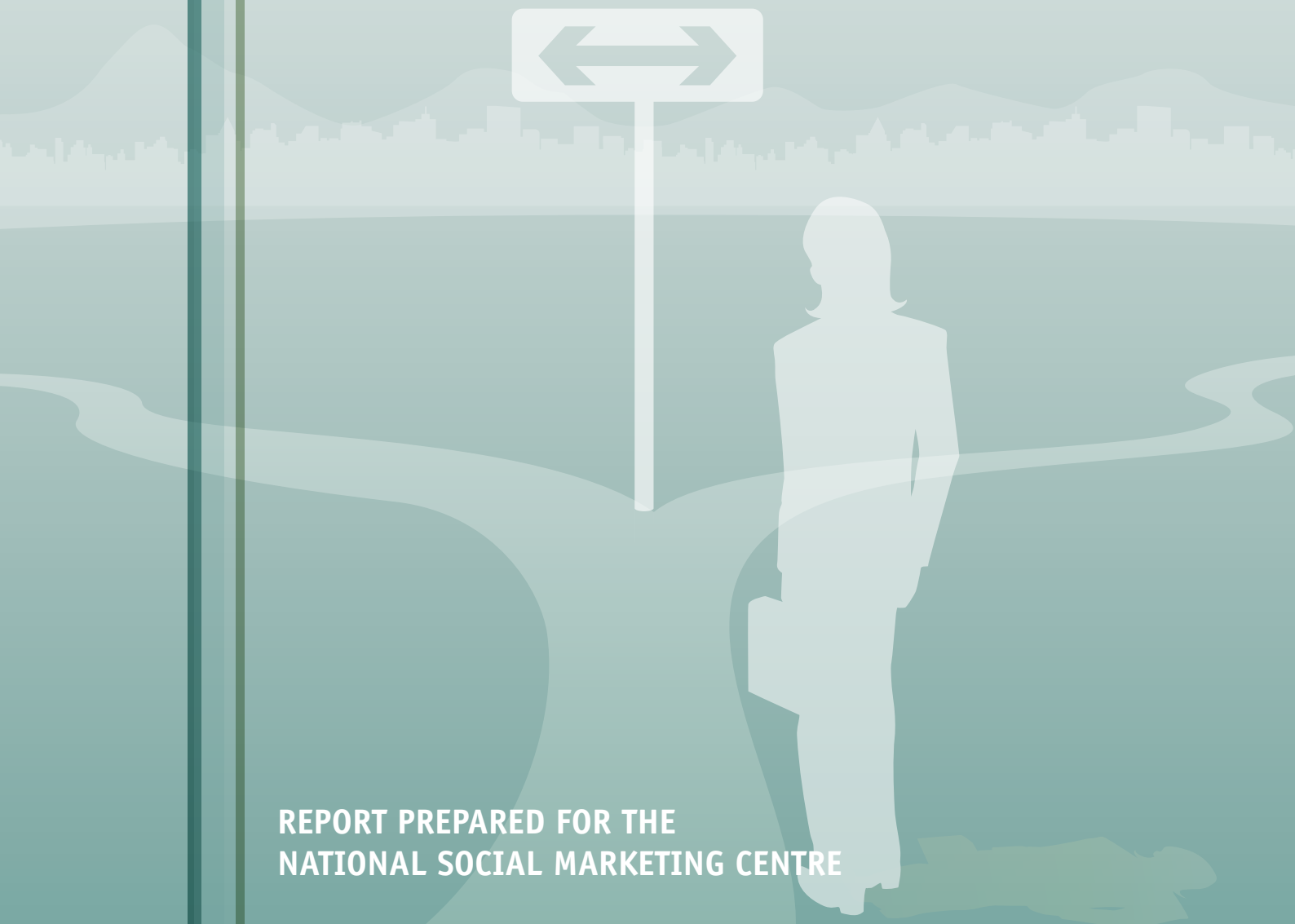
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Social Marketing Ethics



REPORT PREPARED FOR THE
NATIONAL SOCIAL MARKETING CENTRE

Professor Lynne Eagle

National
Social Marketing
Centre

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Foreword

This report has been developed by Professor Lynn Eagle from the Bristol Social Marketing Centre, Bristol Business School University of West of England with contributions from staff at the National Social Marketing Centre.

The increased profile of social marketing has led to calls for mechanisms by which ethical issues can be indentified and resolved. While there has been some work undertaken on the development of checklists and codes of ethics, there is a clear need for widespread and vigorous debate on the content of such resources and the means in which they can be implemented.

Firstly, there is a need to develop a common understanding of ethics within marketing in general and within social marketing in particular. There is then the need to recognise the range of ethical dilemmas that may occur in the development and implementation of social marketing interventions. These need to be considered together with the range of unintended effects already identified as occurring within the field, particularly in relation to health promotion.

There are several common frameworks that can be used to evaluate and debate ethical issues. The two most commonly used are based on intention-focused or on outcomes focused reasoning. The latter includes the often cited utilitarian perspective in which behaviour is regarded as ethical if it results in the 'greatest good for the greatest number'. Additional frameworks are founded on relativism, asserting that there cannot be a universal set of ethical principles; implicit social contracts governing the rights and responsibilities of members of society; and then we have those based on theories of justice.

Problems may arise when social marketing interventions aimed at helping one segment of the population may disadvantage others. They may also arise where marketing communications through mass media form a substantial part of an intervention. While ethical frameworks are not explicitly stated in the provisions of communications industry regulators, a recent ruling from the Advertising Standards Authority indicated that, even if positive outcomes for large numbers of the target population are achieved, psychological harm among those not part of the target group render an intervention unethical and thus unacceptable. This suggests the need to re-evaluate the use of fear appeals as part of interventions.

Checklists and codes of ethics aimed at the social marketing sector must be viewed within the context of existing professional and sector codes. Attention also needs to be paid to other regulatory mechanisms, such as the Research Governance Framework of the Department of Health which impacts on research and interventions conducted under the auspices of PCTs. While specific social marketing codes may have value in educating inexperienced practitioners and sensitising them to ethical issues, considerable development work is still required.

...all stakeholders must be involved in discussions regarding the development of ethical codes of practice within social marketing

In order to ensure adoption and support, all stakeholders must be involved in discussions regarding the development of ethical codes of practice within social marketing. A particular challenge relates to deciding on mechanisms by which breaches of codes should be identified and dealt with. This is necessary due to the diverse range of disciplines that are involved in the sector, and the lack of formal disciplinary mechanisms within social marketing compared to those found in other professions. Draft outlines of procedures and processes that might be appropriate have been included here, along with a draft code of ethics for social marketing.

We welcome comments and suggestions on this report from all those concerned with developing effective social marketing practice. The National Social Marketing Centre will consult widely on the draft code of conduct set out in this report, with a view to publishing a national code of practice for social marketing by the end of 2009.

Professor Jeff French
Director
National Social Marketing Centre

Note: the literature review section of this report is based on material prepared for the forthcoming text: Eagle, L., Dahl, S., Tapp, A., & Bird, S. (2009) Social Marketing: Principles and Practice. Material used with permission of the publisher.

Introduction

This report starts with a brief discussion of the definition of ethics and of the types of ethical dilemmas that may occur within social marketing activity. The major ethical frameworks that are evident within the academic literature are then discussed before an examination of specific issues relating to targeting, the use of fear appeals and the role of culture in establishing ethical standards.

The strengths and weaknesses of codes of ethics are then reviewed, with challenges in development, gaining acceptance and adoption highlighted. Mechanisms that could be considered in maintaining codes, providing advice on ethical dilemmas and possible disciplinary processes that might be appropriate within a sector that does not have formal membership and accompanying disciplinary procedures are then presented.

Before considering each of these topic areas, there is, of course the issue of who defines desired behaviour, which behaviours to target for change and the level of resources that should be allocated to this. Generally, behaviour change may be aimed at 'social good', such as improving overall population health and wellbeing, or minimising health inequalities and addressing obesity and exercise issues. Interventions aimed at minimising the adverse effects of behaviours such as smoking or unwise alcohol consumption may be seem as an infringement of personal freedoms, rights which need to be balanced against the actual or potential harm inflicted on others through these actions.

Additionally, consideration of potential harm to others that may arise as a consequence of a social marketing intervention should be a requirement in the development of any intervention. Indeed, in developing interventions, we must ask, "who has the mandate to represent large and diverse populations for the purpose of informed consent, and how can this be implemented?"[1, p. 537]. How are individual freedoms of choice and individual rights balanced against benefits for society as a whole? And, in communicating risk, who decides whether levels of risk that may be acceptable to different segments of society are acceptable to society as a whole[2].

How are individual freedoms of choice and individual rights balanced against benefits for society as a whole?

Some specific criticisms of social marketing have included the following[3]:

- The concept of exchange rests on the view that people act rationally when there is much evidence to suggest this is not the case.
- Social marketing is patronizing and manipulative with its focus on behaviour change,
- Social marketing appeals to people's base instincts
- Social marketing extends the power imbalance between the state and individuals in favour of the state.

A detailed analysis of these issues can be found in the original paper cited above. What is clear however is that social marketing, like all other interventions, needs to be guided by ethical standards. The checklist and draft code at the end of this paper sets out some of the key questions that social marketers need to address to ensure ethical practise is maintained

Ethics is a term which is debated vigorously, with multiple definitions evident, depending on the perspective of the discipline within which the debate is occurring.

For example, within philosophy, the focus may be on moral choices, i.e. those regarding what is right or just behaviour, as opposed to simply remaining within the provisions of the law in a specific situation and the nature of morals themselves. Within specific professions, such as medicine or accountancy, the debate may be more focussed on the rules or standards governing the conduct of members of their profession.

Ethics Defined

In terms of ethical choices that may be encountered in everyday life, the following example may help to illustrate the type of issues covered by ethical decision making:

"Ethics is about norms and values of a certain seriousness, about standards and ideas, i.e. ones that people cannot easily neglect without harming others"[4 (p. 15)].

A more expansive definition that captures some of the challenges within ethical dilemmas is:

"Typically defined as the study of standards of conduct and moral judgement. It is particularly useful to us when it helps us to resolve conflicting standards or moral judgements. It is not as simple as deciding what is right and what is wrong. The toughest ethical dilemmas arise when two seemingly right principles are in conflict"[5 (p. x)].

As with social marketing itself, there is no common agreement regarding a definition of ethics as it applies in the business/ marketing context

As with social marketing itself, there is no common agreement regarding a definition of ethics as it applies in the business / marketing context, although many definitions are similar to each other, as shown below:

"Business ethics comprises moral principles and standards that guide behaviour in the world of business"[6 (p. 6)].

"Ethics is about norms and values of a certain seriousness, about standards and ideals i.e., ones that people cannot easily neglect without harming others, or without being looked at disdainfully by significant others" [4 (p. 15)].

Ethics should be viewed within the wider context of formal government structures. Most communities have their own system of laws enacted by a central parliament. Member states of the European Union are also subject to endeavours to harmonise legislation and regulation across all members[7]. Beneath, and subordinate to, broad legislation are a series of regulations. These generally apply to a specific business sector or occupational category such as medicine.

There is a wide range of codes ranging from general guidance or best practice advice through to explicit requirements that, if breached, can lead to an ending of the right to practice a specific occupation, or even to criminal prosecution. Codes of professional practice exist to regulate specific professions such as doctors, civil servants, social workers etc. These contain specific ethical provisions and clear sanctions that will be incurred should these provisions be breached.

Within marketing, marketing communication is, in many countries, self-regulating[8,9], in that the various communication industry sectors, including advertisers, advertising agencies and the media have co-operated in drawing up codes of practice. In the UK, this operates via the Committee of Advertising Practice. A major regulatory body, such as the Office of Communication (OFCOM) in the UK, oversees the processes by which advertising conforms to the relevant codes. Supporting this structure, joint industry bodies, such as the Advertising Standards Authority in the UK, may exist, to maintain and administer the codes and ensure consistent advertising standards across media. Additionally, they may provide an advisory service, interpreting relevant statutes and industry codes and applying them to scripts of proposed ads and vetting completed ads prior to their first screening. For an example of current codes, see http://www.asa.org.uk/asa/codes/

However, these regulations do not explicitly state precise ethical principles, providing only general guidelines regarding activity such as decency and the circumstances under which fear and distress might be considered acceptable. Yet, the Advertising Standards

Authority's 2007 ruling on the Department of Health smoking cessation 'fishhook' campaign (discussed in more detail in Section 4), suggests that a de facto framework exists. Any consideration of social marketing ethics needs to be considered in the context of these frameworks.

The generation of fear is by no means the only dilemma facing social marketers, as the following section demonstrates.

Ethical dilemmas within social marketing

There is some evidence to suggest that some misgivings regarding the ethics of social marketing stem from a wider distrust of commercial marketing, particularly marketing communication/advertising[10]. The main ethical criticisms of marketing communication overall include allegations that it is inherently untruthful, deceptive, unfair, manipulative, and offensive. Other assertions relate to the creation and perpetuation of stereotypes, causing people to buy things they do not really need, and playing on people's fears and insecurities[11 (p. 62)].

anxieties have been identified regarding the appropriateness of tactics used for social marketing and the use of fear appeals

Concerns regarding the ethicality of social marketing mirror many of these perceptions. For example, while anxieties have been identified regarding the appropriateness of tactics used for social marketing and the use of fear appeals, issues have been also been identified relating to how competing needs might be judged and what information it is reasonable to seek from people in order to develop social marketing campaigns[12]. More recently, criticisms have been levelled, especially by opposition politicians, at the use of public money to fund documentaries that show government policies or funded activity in a sympathetic light[13]. While it could be argued that this type of activity is not social marketing per se, it highlights the perennial distrust of government interventions on the grounds that it is unwarranted intrusion and nannyism[14].

A surprisingly wide range of potential unintended effects of health communication campaigns have been reported in the academic literature; these have been summarised in Table 1 below.

Table 1 Unintended Effects of Health Communication Campaigns[15 (p. 300)]

Effect	Definition
Obfuscation	Confusion and misunderstanding of health risk and risk prevention methods
Dissonance	Psychological discomfort and distress provoked by the incongruence between the recommended health states and the audience's actual states
Boomerang	Reaction by an audience that is the opposite to the intended response of the persuasion message
Epidemic of apprehension	Unnecessarily high consciousness and concern over health produced by the pervasiveness of risk messages over the long term
Desensitization	Repeated exposure to messages about a health risk may over the long term render the public apathetic
Culpability	The phenomenon of locating the causes of public health problems in the individual rather than in social conditions

Effect	Definition
Opportunity cost	The choice of communication campaigns as the solution for a public health problem and the selection of certain health issues over others may diminish the probability of improving public health through other choices
Social reproduction	The phenomenon in which campaigns reinforce existing social distributions of knowledge, attitudes and behaviours
Social forming	Social cohesion and control accompanying marginalization of unhealthy minorities brought about by campaigns
Enabling	Campaigns inadvertently improve the power of individuals and institutions and promote the images and finances of industry, such as designated-driver campaigns which allows the alcohol industry to portray themselves in a positive light by supporting the campaign, deflecting attention from issues such as underage drinking and drink-driving
System activation	Campaigns influence various unintended sectors of society, and their actions mediate or moderate the effect of campaigns on the intended audience

Given the potential negative effects outlined in Table 1, there is a clear need for systems or structures to help present or resolve these issues.

Ethical Frameworks

While there are a number of potential frameworks available which are derived from the field of philosophy, there is no consistency in the literature as to which might apply in specific circumstances. Table 2 provides a brief overview of the main provisions of the most commonly cited frameworks. These focus either on intentions (deontology, from the Greek word for 'duty') or consequences (teleology, from the Greek word for 'ends'; also referred to as consequentialism), with the latter being broken down further into utilitarianism and egoism[5, 16, 6].

Table 2: Overview of Common Ethical Frameworks (adapted from Ferrell & Fraedrich, 1994: 54[6])

Key Provisions	Comments
Deontology (based on the work of 18th century philosopher Immanuel Kant): Means focussed	
Holds that there are ethical 'absolutes' that are universally applicable, with the focus on means or intentions.	Accepts that actions intended to do good may have unintended negative consequences
Teleology / Consequentialism.: Outcomes / ends focussed	
Focuses on the outcomes or effects of actions. Usually divided into: a) Utilitarianism in which behaviour is ethical if it results in the greatest good for the greatest number b) Egoism, in which the benefits to the individual undertaking action are stresses and the impact on other people is deemphasised	Difficulties arise when comparing alternative courses of action with different levels of potential impact, for example, a programme that provides minor benefits to all, versus one that provides major benefits to many but no, or negative impact on others.

Key Provisions	Comments
Relativism	
There is no universal set of ethical principles, individual cultures, societies or social groups may have their own ethical frameworks; no set of principles is superior to others and no group should judge the ethical standards of other groups.	Ignores the possibility that a) a group's principles are based on incorrect information and b) the implications of a group's principles being repugnant to other groups (e.g. sexism or racism)
Social Contract Theory	
Implicit contract exists between the state and / or organisations and individuals or groups regarding rights and responsibilities as a member of society	Given that the contract is implied rather than stated explicitly, there is no shared understanding of what rights and responsibilities apply to the various parties.

Thus a social marketing intervention that was driven by good intentions would be acceptable under deontological reasoning but not under teleological reasoning if unintended negative consequences occurred. If a deontological (means) perspective was used in developing a social marketing intervention, emphasis would be on ensuring that the methods used did not cause harm. However from a teleological (ends) perspective, the main issue would be ensuring that the outcome produced the 'most good' overall.

Other less commonly used frameworks shown in Table 2 suggest that there is no universal set of ethics that can apply across all sectors of society. This is due to the increasing diversity of society and different perspectives that may be held within cultures or groups and therefore each group's ethical viewpoint should be held to be equally valid.

...social contract theory, suggests that there is an implicit contract between the state and individuals within society.

An additional perspective is suggested by social contract theory, which suggests that there is an implicit contract between the state and individuals within society[17]. This is reflected in documents such as the UN Charter which makes reference to basic assumptions about the right of all citizens to health[18] and is consistent with the principle of exchange which is discussed in the next chapter.

Social Contract Theory is also used in discussions relating to social justice, i.e. the belief that every individual and group is entitled to fair and equal rights and participation in social, educational, and economic opportunities. However, while the aspirations of social justice are laudable, there are problems with the inconsistent interpretation of the term and whether opportunity or outcome is being discussed[19]. Coupled with this are also a range of theories relating to assumptions regarding universal human rights. These hold that everyone should have equal entitlement to the right to life, safety, truthfulness, privacy, freedom of conscience, speech, and private property[20].

A further problem is the lack of a clear and unambiguous statement of the ethical framework guiding decisions by regulators. For example, using the Ferrell and Fraedrich (1994) interpretation, the Department of Health (DH) fear-based smoking cessation 'fishhook' campaign (noted in Section 2) would be acceptable under deontological reasoning[21,22], given that its intention was to help smokers take steps to quit smoking. Others would argue that it is unacceptable to knowingly cause anxiety under deontological reasoning. Their argument is that, even though the intention was to help a specific segment of society, the methods used were likely to cause

harm (anxiety) for others. They would also hold that it violates teleology's utilitarian principle of resulting in the greatest good for the greatest number. A graphic from the campaign is shown below[23].



Thus, the issue of which frameworks could and should apply remains problematic, and must appear more than a little daunting to inexperienced social marketers. Many social marketing texts provide, at best, only brief discussions of ethical challenges; much of the material promoting the potential benefits of social marketing is devoid of any significant consideration of ethical issues[5, 24, 25] . One edited text focussing specifically on ethics in social marketing[5] does not provide a consistent framework across the various contributions.

Ethical Issues in Targeting

Some of the specific areas of social marketing activity that raise ethical issues are those which relate to targeting. A fundamental strategy for marketers is to "select target markets they can best affect and satisfy" [26(p. 7)]. This strategy, when applied to social marketing activity, may result in some segments of the target population being excluded because they are difficult, or comparatively costly to reach[27]. Exclusion of groups due to targeting may also be challenged when public services are required to provide universal and equal access.

Literacy Issues

Literacy issues tend to be largely ignored in the provision of health information material[28]. Varying definitions of literacy make cross-study comparisons difficult, however, there appears to be agreement that some 20% of the population of most developed countries have severe literacy problems and that a further 20% have limited literacy[29, 30]. The specific needs of these groups must be taken into account, acknowledging their difficulties but avoiding the appearance of condescending in the design and delivery of interventions1 .

Children

Where social marketing campaigns are directed at children or adolescents, additional factors must be considered, starting with data collection. Depending on the age of the potential participant in an intervention, parental consent may be required for the participation to commence or continue. An ethical dilemma may arise if the child or adolescent does not wish to participate. In such circumstances, they should not be made to feel that they are being coerced into taking part in research, treatment trials or social marketing intervention trials simply to please "parents or other authority figures", [31, p. 410].

Non-indigenous Populations

A factor that may also be overlooked is that of the needs of non–indigenous populations. These may retain substantial influences, including cultural values and language preferences, from their country of origin for a considerable time. As a result, they may be confused by messages such as those that recommend limiting intake of certain foods when these are not restricted in their home countries[32]. Further, failure to take their (culturally based) perceptions of health-related issues[33] into consideration may result in interventions not succeeding. The same is also true in situations where indigenous populations do not represent the most powerful cultural and economic groups in society, again there needs may be overlooked in favour of more dominant non–indigenous populations.

Methods

Issues also arise in relation to decisions around deciding when it is acceptable to legislate (such as seatbelt use or the 2007 smoking restriction legislation), when to focus on education, when to change service provision, and when to incentivise behaviour. For example, in the case of service provision, making a service available to a specific segment of the population may restrict access to others, such as women-only swimming or exercise classes. In the case of incentives, is it ethical to incorporate them into interventions that might be appealing but with qualifications that make it impossible for some people due to economic or social pressures? For example, smoking cessation campaigns using incentives[34] may be frustrating for individuals in low socio-economic groups who may want to give up smoking but who are not supported by family or friends[35]. In some communities, smoking prevalence may be sufficiently high as to constitute a behavioural norm[36]. Incentives can also have perverse effects by making the behaviour that is trying to be changed actually more attractive or rewarding. As an example, offering prizes or financial incentives to stop smoking could encourage some people to take up the habit in order to then gain the reward being offered for quitting.

Partnerships

Ethical issues arise when organisations enter into partnership to develop or deliver social marketing interventions. Community-based partnerships between non profit-making partners tend to be relatively unproblematic. However, concerns are particularly evident when partnerships involve commercial organisations, i.e. public-private partnerships. The latter term is currently receiving frequent exposure in international public health[37] and covers areas as diverse as waste management and care for the aged[38]. The nature and effectiveness of these arrangements has not been widely studied but it has been noted that such activity is "much copied but poorly researched", [39, p. 41]. More importantly, interest in the nature of these partnerships is tempered by questions regarding "when, if at all" such partnerships are necessary or desirable, [40, p. 771].

There may also be philosophical opposition to any involvement of the commercial sector in social marketing, as evidenced by at least one recent title "Social Marketing:

Why Should the Devil Have All The Best Tunes?"[41]. Recent policy documents[42] see, for example treat public-private partnerships aimed at addressing health-related problems as unproblematic and as such they appear to be encouraged. For example, the Department for International Development (DFID) cautiously endorses direct and indirect private sector involvement in activity such as health promotion through a range of rules, suggesting that the involvement can have a significant positive impact on intervention effectiveness. However, they add a caveat that the specific nature of private sector involvement must be clarified before an intervention is implemented[43].

It is easier for commercial organisations to engage in partnerships or alliances that support popular and media-attractive causes, such as breast cancer which has attracted over 70 commercial organisations. This is possibly because it attracts favourable publicity and is not associated with any controversial behaviour. However commercial associations are likely to be focussed on 'glamorous' aspects such as research rather than on mundane practicalities such as patient transportation[44]. The rationale for a commercial organisation becoming involved in other areas of activity may be radically different.

There are many advantages in establishing successful partnerships. For the public partner, these include access to skills, expertise and resources lacking in the public sector[45]. The private partner may obtain credibility, access to market intelligence and a way of associating the organisation with ethical business practice[46]. Reviews of successful partnerships have identified the following factors as necessary for effective partnerships:

- Agreement on specific goals
- Relevant complementary expertise
- Long term benefits for all stakeholders
- Equitable contribution of expertise and resource
- Transparent arrangements
- Agreed ethical codes[45, 46, 40]

The sustainability of activity if contributions by either partner cease should also be considered[47]. This raises the question of whether it is ethical for a partnership to run only for a short period of time, leaving potential beneficiaries unable to access an intervention when the partnership ceases and resources are withdrawn.

Even when the above factors are taken into account, there are differing levels of acceptability or perceived conflict of interest across different industry sectors. It is, for example, less likely that there will be controversy in insurance companies promoting the changing of fire alarm batteries than there would be about a pharmaceutical company promoting immunization[48]. Tobacco industry partnerships with any aspect of health appear to be universally unacceptable[46] . Alcohol marketers' involvement in responsible drinking promotion, while not universally condemned, has proven controversial[49], being compared by some to "fraternising with the enemy"[46, p. 72]. Given the power of cross-sector coalitions to impact on health and other behavioural challenges, the recommendations made by the National Social Marketing Centre in 'Its Our Health'(2006), and the recently published 'Ambitions for Health' (2008) strategy regarding the importance of partnership working, there is a real need to draw up guidance on partnership working based on ethical guidelines.

Easy to reach versus hard to reach

Is it ethical to target sectors of the population who are easiest to reach or who likely to be the easiest to reach? Is it ethical to target the most receptive to an intervention ('low-hanging fruit') rather than those who might benefit the most from changes to their behaviour?

The concept of 'low hanging fruit' is based on identifying target segments who are ready and able to make the changes being promoted by a social marketer. People classified as 'low hanging fruit' may come from different social, economic or political groups but what they share is a predisposition to change. What they need are prompts and support in the form of goods or services that make it easy and rewarding for them to effect that change.

The biggest problem with the concept of targeting such people is that often there is a correlation with material advantage and being ready and able to change. A social marketing strategy that crudely targets such people might run the risk, if it were successful, of increasing the gap between the better and worse off in areas such as health or savings. A key issue then from a deontological perspective is that social marketing programmes must consider the processes they employ and how these might encourage participation from different social economic groups in society. And, using a teleological perspective, they also need to consider what the overall impact on inequality might be.

'Hard to reach'could be viewed as groups who are difficult to contact, or who do not take part in research or actual interventions. They may also be groups that professionals have not traditionally worked with closely or for whom readily available channels are not in place, or have not been used. In this way they not be fundamentally hard to reach but are not reachable by methods traditionally used for other sections of the population.

'Hard to reach' can also be viewed as groups who can be contacted but who are less motivated or able to change.In this case the ethical issues are ones concerned with understanding the barriers to change and devising ways of addressing these. In cases of low motivation, a detailed understanding of why people hold these attitudes will be necessary before attempting to overcome the barriers. In cases where people are less able to change due to environmental or structural issues, such as poverty or lack of access to services due to poor transport links, the ethical issues are deontological i.e. action needs to be targeted at addressing these structural issues rather than blaming individuals for non-compliance.

If a 'hard to reach' group is targeted, but their intervention costs significantly more than interventions aimed at lower priority groups, is it ethical to focus resources on one specific group at the expense of others? Is it ethical to target their specific behaviours without considering the socio-economic or wider environmental factors that may drive the behaviours? For example, in interventions aimed at reducing the exposure of children to tobacco smoke in the home, recommended strategies such as smoking outside with the door closed may not be effective, given the environment in which some groups may live. Smoking outside may not be an option for multi-floor flats and apartments which do not have balconies[50]. Further, opening windows or doors may present an additional security risk, with dangers possible for both smoker and unsupervised children if a parent does leave the house to smoke[51]. These are not simple issues to resolve and the solutions will be specific to the situation.

An additional example of the type of challenge that needs to be considered relates to interventions aimed at improving medication compliance. Those who are least compliant with their medication regimen are also likely to miss hospital appointments or other forms of medical monitoring[52]. Thus, those who would benefit most from help may be difficult to reach or to persuade to participate in interventions aimed at improving their health and quality of life. Consider the arguments for and against allocating resources to try to reach them versus those who are easier to reach. The nature of proposed interventions also presents ethical challenges. As an example, adolescents with epilepsy do not want to meet others with complications or problems as they perceive these patients' problems as both frightening and depressing.

Therefore interventions that include peer support from others with the same medical condition are unlikely to be successful[53].

Fear Appeals

The nature of the appeals used in social marketing communication may lead to increased levels of public concern and, for some, possibly increased anxiety or fear[12]. The DH smoking cessation campaign (described earlier) is an example of this. Further, those who have responded to past fear-based campaigns appear to be better educated and more affluent than average, and thus better able to respond to the persuasive message[22]. As well as signalling the need for caution in the use of fear appeals for which less well educated sectors of target groups are a significant part, there would appear to be the need for research into the attitudes, information needs and message framing preferences of these sectors.

There may be a more pragmatic reason for caution in the use of fear appeals. In spite of several studies in which short term effectiveness was found, real-world effects do not show the same results[12]. Many of the unintended effects of health communication campaigns listed in Table 2 are directly, but not exclusively, attributable to fear appeals, i.e. dissonance, discomfort and distress, boomerang effects, epidemics of apprehension and desensitisation[15, 54]. Additionally, strong fear appeals are more likely to be regarded as unethical if the target populations do not believe they can readily undertake the recommended behaviour or that the behaviour will be effective in minimising the perceived threat[55].

Humour

Humour has been used in social marketing interventions as diverse a syphilis awareness[56] and smoking cessation, including the highly successful Florida 'Truth' campaign[57]. Humour is, however very culture-specific and what may seem extremely funny to one segment of the population may be seen as utterly offensive by another. Additionally, the humour may actually detract from the message content, resulting in high awareness but having no behavioural impact[58]. When is it acceptable to degrade certain behaviours? An example of this comes from a recent controversial use of humour in an Australian road safety campaign that implies that young men who speed do so because they have a small penis[59]. While this campaign has been controversial, it is also claimed to be one of the most successful[60].

Incentives and Penalties

Interventions that are based on rewarding people financially, or by the provision of goods may also raise ethical concerns, given that rewarding people for adopting new, socially desirable behaviours is perceived as being akin to bribery. In addition, it, raises the question of whether the behaviour will be maintained in the long term. Incentive-based smoking cessation interventions have shown promise for low-income pregnant women in the USA, whereby vouchers exchangeable for retail products were made available for those who successfully abstained from smoking, subject to biochemical verification[61]. 'Quit and Win' contests have been used in over 80 countries, however reviews of the success of these programmes have included the cautionary note that, unless closely monitored, there is a chance of deception through activity such as non-smokers entering the competitions, resulting in possible over-estimation of success[62].

Role of Culture in Establishing Ethical Standards

Acceptable behaviour is determined to a large part by socialisation. Yet the role of culture in establishing ethical standards is largely ignored within marketing literature[63]. It is suggested, for example, that the use of fear appeals is contrary to

Islamic beliefs[64]. Can social marketing interventions based on fear appeals therefore ever be acceptable? They are certainly unlikely to be effective with this sector of the population. Further, issues such as safe sex may offend some cultural or religious groups who, while they may not be directly targeted may still receive material relating to the topic[27]. So, when culture-based perceptions are at odds with prevailing perceptions of best practice, how should social marketers balance respect for minority cultural norms with the desire to challenge them in the interests of improving health and well-being[1]?

Culture may influence the acceptability of different ethical frameworks,. For example, some cultures that emphasise collective responsibility, i.e. the greatest good for the greatest number, over individual self-interest may find utilitarian perspectives preferable. Whereas a culture that emphasises individualism may display preferences for egoism-based frameworks [22,65] .

Successful intervention development depends upon consultation with stakeholder groups in order to help them define their needs and to develop and implement their own solutions. It is important to identify information gatekeepers and community leaders in order to start dialogue with individual communities[66] and to address any language and cultural barriers[67] that may arise. Community leaders who are willing and able to publicly support the activity are important to intervention success[68,69]. Failure to do so may result in interventions being perceived as unethical within target communities and result in the interventions being actively resisted.

An additional factor to consider is the effectiveness of different communication styles. It has been found that consumers in similar countries across Europe respond very differently to positively or negatively framed advertisements[70, 71]. Much of this work, however, was conducted only with university students and needs to be repeated with a cross-section of the populations of the countries studied. If the original findings hold true for the wider population, there may be a conflict between the economies of scale possible if material is used across as wide a range of target groups as possible, as against the possibility that material may not be as effective across cultural groups. This may also impact on the tone of message used, such as rational, information-based messages versus emotional appeals.

Service design may also be a factor that can result in delivery mechanisms that are substantially different for some segments of the population. In the US, African-American women who have been reluctant to use conventional health services for advice on issues such as smoking cessation or other aspects of healthier lifestyles have been reached effectively via hair and beauty salons[72]. The issues here are whether such activity should be tailored for other sectors of the population, whether this activity takes resources away from interventions with wider focus, and who should decide on behalf of each population segment?

Given the sample of ethical challenges reviewed so far, the next issue is how to provide guidance on identifying and resolving issues that may be faced by practitioners.

Research Ethics and the NHS

Before considering the role of specific social marketing codes, it must be recognised that there are numerous professional and sector codes and other forms of regulation or governance that may apply. Consultation with the developers of these codes is recommended in order to ensure that maximum benefit is provided for all members of the social marketing community.

A specific area that must be considered is the requirement for ethical approval of research-related activity. One of the most significant structures in this regard is the DH Research Governance Framework[73] which extends considerably beyond clinical trials for medicine. This covers all research and intervention activity involving existing or prospective patients and service users.

The requirements under this framework can take several months for approval[74] and there is currently no mechanism within the Framework to distinguish between low risk and high risk activity. However, a fast-track process is currently under development and is expected to be piloted in 2009. Where research involves collaboration between NHS, PCT staff and those from other organisations, ethical approval must be confirmed by all participating organisations.

Within the university sector, ethical approval will not be provided until NHS approval has been gained. If there is any doubt as to whether the NHS provisions apply to a particular project, advice should be sought from the relevant organisation such as the NHS Regional Ethics Committee (REC) or the PCT in whose catchment area the project is to be conducted.

Where funding is provided via the NHS or a PCT for activity that does not require full NHS Research Ethics Committee clearance, written confirmation should be obtained from the relevant NHS / PCT organisation that full clearance is not required. If in doubt, the NREC should be contacted for guidance and advice (queries@nres.npsa.nhs.uk).

Research areas that should be relatively unproblematic may include research using techniques such as questionnaires or focus groups on topics such as attitudes towards exercise or the use of sun protection. Activity that may require guidance from NRES would include topics relating to investigations of parental strategies to reduce children's exposure to tobacco smoke in the home, or family dietary habits. Activity that will require consultation probably culminating in the requirement for full ethics approval processes to be undertaken would include sensitive issues such as sexual behaviour.

The following extract from the 2008 National Research Ethics Service[75] should provide a useful checklist as to whether advice is needed regarding the requirement for NHS approval.

Table 3: Differentiating Audit, Service Evaluation and Research

Research	Clinical audit	Service Evaluation
The attempt to derive generalisable new knowledge, including studies that aim to generate hypotheses, as well as studies that aim to test them.	Designed and conducted to produce information to inform delivery of best care.	Designed and conducted solely to define or judge current care.
Quantitative research – designed to test a hypothesis. Qualitative research – identifies / explores themes following established methodology.	Designed to answer the question: "Does this service reach a predetermined standard?"	Designed to answer the question: "What standard does this service achieve?"
Addresses clearly defined questions, aims and objectives.	Measures against a standard.	Measures current service without reference to a standard.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	Involves an intervention in use ONLY (the choice of treatment is that of the clinician and patient according to guidance, professional standards or patient preference).	Involves an intervention in use ONLY (the choice of treatment is that of the clinician and patient according to guidance, professional standards or patient preference).
Usually involves collecting data that are additional to those for routine care, but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.	Usually involves analysis of existing data, but may include administration of simple interview or questionnaire.	Usually involves analysis of existing data, but may include administration of simple interview or questionnaire.

Research	Clinical audit	Service Evaluation
Quantitative research – study design may involve allocating patients to intervention groups. Qualitative research uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.	No allocation to intervention groups: the healthcare professional and patient have chosen intervention before clinical audit.	No allocation to intervention groups: the healthcare professional and patient have chosen intervention before clinical audit.
May involve randomisation.	No randomisation.	No randomisation.
ALTHOUGH ANY OF THESE THREE MAY RAISE ETHICAL ISSUES, UNDER CURRENT GUIDANCE:		
RESEARCH REQUIRES REC REVIEW	**AUDIT DOES NOT REQUIRE REC REVIEW**	**SERVICE EVALUATION DOES NOT REQUIRE REC REVIEW**

As noted in the above table, audit and service evaluations do not require REC review. It is probable that the majority of what are called social marketing research studies will fall into the category of audit and evaluation and not research as defined in table 3. However, REC can be approached, not for a judgement, but for comment and advice if this is thought necessary.

The following extract from Governance Arrangements for NHS Research Ethics Committees should also be noted (p. 18) in view of potential for overlap and for unforeseen costs.

"7.22 Not all medical, other health-related or social care research takes place within the NHS or public sector Social Services. All those conducting such external research should be encouraged to submit their research proposals to an NHS REC for advice, and the REC should accept for consideration all such valid applications that meet the relevant standards. In such cases, the REC should report to the appointing Authority the cost of its work so that the cost can be recovered from the outside body conducting the research, if appropriate".

Code of Ethics

In terms of the wider social marketing community, existing professional or sector codes of ethics may not capture all the ethical challenges that may apply to the development and implementation of interventions. To rectify this, specific social marketing codes of ethics have been proposed[77, 78], and similar mechanisms have been proposed for related areas such as health promotion[79].

Codes have several benefits both to individuals and to the sector overall. They may be successful in educating inexperienced practitioners and in sensitising them to issues they may face in the future. They also signal the commitment of an organisation or sector to establish credibility and to provide a 'moral compass' for members[80].

Most codes, particularly those developed with a research focus, contain common elements:

- respect for participants and target populations
- social and cultural sensitivity
- justice – a fair distribution of benefits and burdens, together with the duty to not neglect or discriminate against individuals or groups
- minimisation of infringement upon or harm (including psychological harm such as anxiety) to participating or targeted individuals
- informed and voluntary consent
- respect for privacy and confidentiality
- honesty and avoidance of deception
- avoidance of conflict of interest
- ability to publicly justify the intervention in terms of necessity and potential effectiveness[81].

Codes are not intended as censorship, but rather statements of norms and beliefs[82] and as mechanisms for driving good practice and protecting both professionals and the people they are seeking to assist. Organisations that have codes of ethics that are enforceable and which are enforced in practice have been shown to be more sensitive to ethical problems when they occur and to choose ethical alternatives in the decision process[83]. There appears to be no question that consistently high levels of ethical behaviour should therefore be expected of social marketers given the potential impact of interventions on individual and societal health and well-being. The potential negative consequences for ongoing social marketing activities where consumers feel that they have based decisions on incomplete information or have yielded to coercive activities on the part of social marketers may be severe12. However, codes are not a panacea as they are often broad statements of intent unable to cover every situation that is likely to arise or provide guidance on how issues such as cultural differences should be resolved[84].

While the discussion above suggests that there is an obvious willingness within the area to consider codes of ethics, social marketing activity occurs across a wide range of occupational sectors, including health, environmental planning, transport, social justice, marketing etc. Developing codes that can be applied across all sectors - some of which may have existing codes - is likely to be problematic. Where multiple codes may apply, they should be complementary rather than conflicting. Additionally, a mechanism needs to be developed and debated for managing the codes, dealing with complaints regarding perceived breaches, for enforcement, and for disciplinary action where necessary.

A further consideration is that many codes such as the American Public Health Association (APHA) have been developed for use within a specific context and may not adapt readily to use in others[85]. Professions such as accountancy have mechanisms by which adherence to professional codes of ethics can be enforced[86]. Sectors such as marketing that lack enforcement mechanisms, can codes of ethics ever be more than statements of desired best practice?[87] While marketers use the term 'profession', marketing does not meet the characteristics of a true profession, as summarised in Table 4.

Table 4: Characteristics of a Profession [88 (p. 1676)]

A profession possesses a discrete body of knowledge and skills over which its members have exclusive control
The work based on this knowledge is controlled and organised by associations that are independent of both the state and capital
The mandate of these associations is formalised by a variety of written documents, which include laws covering licensure and regulations granting authority
Professional associations serve as the ultimate authorities on the personal, social, economic, cultural, and political affairs relating to their domains. They are expected to influence public policy and inform the public within their areas of expertise
Admission to professions requires a long period of education and training, and the professions are responsible for determining the qualifications and (usually) the numbers of those to be educated for practice, the substance of their training, and the requirements for its completion
Within the constraints of the law, the professions control admission to practice and the terms, conditions, and goals of the practice itself
The professions are responsible for the ethical and technical criteria by which their members are evaluated, and they have the exclusive right and duty to discipline unprofessional conduct
Individual members remain autonomous in their workplaces within the limits of rules and standards laid down by their associations and the legal structures within which they work
It is expected that professionals will gain their livelihood by providing service to the public in the area of their expertise
Members are expected to value performance above reward, and are held to higher standards of behaviour than are non-professionals.

Many marketing organisations have codes of ethics for their members. For example, the American Marketing Association (AMA)[89] provides the following:

1. Marketers must do no harm
2. Marketers must foster trust in the marketing system (not mislead), good faith and fair dealing
3. Marketers must embrace, communicate and practice fundamental ethical values that will improve consumer confidence in the integrity of the marketing exchange system. These basic values are intentionally aspirational and include honesty, responsibility, fairness, respect, openness and citizenship.

The fragmentation of the marketing industry presents a further factor to consider. While many sector organisations have codes [(see, for example 90, 91)], there are no overarching industry mechanisms within individual countries, let alone cross-border initiatives, although there is evidence of some movement in this direction in sectors such as the European Association of Communication Agencies (EACA)[92] . Such codes are often little

more than statements of good intent, for example, the EACA's Code of Ethics states only:

"1 Society and citizens
We recognise our obligation to create advertising which is consistent with the social, economic and environmental principles of sustainable development. We further recognise that this obligation applies equally across the different societies that receive advertising that might not have been developed for them.

2. Consumers
We recognise that consumers are entitled to rely on our profession to operate not only within the law and within the letter and spirit of global, national and sectoral codes of practice but also within accepted ethical norms.

We accept that our understanding of the "average consumer" might not always be the standard, acknowledging that there are groups who are vulnerable, for example, and that we should adopt a sensitive approach to judging how advertising will be understood and acted upon by society in general".

A doctor, accountant, lawyer or member of an established, recognised, profession could potentially loose the right to practice if found guilty by their peers of a significant transgression of professional ethics[88]. Marketers are not subject to the same level of peer control. There is no current requirement that they be licensed and membership of sector organisations is voluntary. Marketers therefore lack the ability to enforce such codes in the way that professional groups are able to do[86].

If a marketer is found guilty of transgressing the standards of behaviour for any sector organisation to which they may belong, they may be ejected from that organisation, but this does not necessarily prevent them from continuing in employment in the sector. There are, however, less direct sanctions available to organisations, and, indeed to the industry overall in many countries. In the UK there is The British Code of Advertising, Sales Promotion and Direct Marketing. This is issued by the industry's self-regulatory body[93] and is administered by the independent Advertising Standards Authority[94]. It specifies provision for marketing communications in breach of the Codes to be withdrawn or amended. Adjudications are published on the ASA website (www.asa.org.uk) and, often in the media, as occurred with the Department of Health smoking adjudication[95].

Further, the industry regulators may request the media to deny advertising space or time to non-compliant marketers. Additional penalties may be incurred through the withdrawal of industry discounts such as those offered by the Royal Mail for bulk mailings. In the most serious cases, legal support to enforce discontinuation of unacceptable material can be obtained[93].

Other implicit sanctions exist in areas such as those undertaking social science research on behalf of the UK Government. There are specific expectations which include obtaining "valid, informed consent" from research participants and the requirement to take "reasonable steps to identify and remove barriers to participation" and to avoid "personal and social harm" [96 (page 8)]. While provisions for sanctions and redress are noted but not spelt out specifically, a logical conclusion is that consultants found to be in breach of the provisions would not obtain future commissions. This could readily be extended to include funding for social marketing intervention development and implementation as well as related research.

Four key principles from the medical sector are much more specific than the 'good intentions' for the AMA above and may be of relevance to social marketing, i.e.:

- Respect for autonomy of individuals or communities, requirement for consultation and agreement (i.e. effective two-way communication) and absence of deceit
- Beneficence, i.e. provision of net benefit to the target group or patient
- Obligation to ensure no harm is caused by actions
- Justice in terms of fairness in distributing resources, respecting of rights and for morally accepted law[97].

However, there are several differences between medicine and general public health, and social marketing. The focus of medicine is primarily on interactions with individual patients and often involves balancing patient choices with recommended treatment regimens. Public health and social marketing must reflect the specific challenges of interdependence between populations or specific segments, their communities and the wider environment. Actions of individuals may impact on others within the population[98].

To this, we would add the necessity of recognising the extent, and boundaries, of our expertise as marketers. Few of us are formally qualified in medical or related health fields, such as smoking cessation and exercise promotion programmes, in which a considerable amount of social marketing activity occurs. There is, however, a recognised role for social marketing communication expertise. As the following quote from a leading behavioural theorists indicates in relation to the effective communication within behavioural change-focussed interventions:

"…communications can attempt to increase the strength of beliefs that will promote healthy behaviours, reduce the strength of beliefs that promote risky behaviours, or prime existent beliefs that support healthy behaviours (i.e. increase their accessibility) so that these beliefs will carry more weight as determinants of attitudes, norms self efficacy and intentions. Behavioural theories do not tell us how best to design messages so that they will be attended to, accepted and yielded to. We would argue that this is the role of theories of communication. Although communication theory and research have advanced our understanding of factors influencing attention, it is just beginning to advance our understanding of what makes a message effective, that is of the factors that influence acceptance and yielding" [99 (page S14)] .

Ethical Tools

Two possible resources specifically for social marketing have been proposed. First is an ethical checklist and second, a specific code of ethics. A brief checklist is shown below:[78]

- Ensure that the intervention will not cause physical or psychological harm
- Does the intervention give assistance where it is needed?
- Does the intervention allow those who need help the freedom to exercise their entitlements?
- Are all parties treated equally and fairly?
- Will the choices made produce the greatest good for the greatest number of people?
- Is the autonomy of the target audience recognised?

The following is a more extensive checklist:[100]

1. Is there a law against it?
2. Is it contrary to accepted moral duties, including fidelity, gratitude, justice, non-malefience, and beneficience?

3. Is it contrary to any special obligations of the organisation?
4. Is there any intention to cause harm?
5. Is it likely that harm will result?
6. Is there a better alternative that would result in greater benefits?
7. Are any rights likely to be infringed, including property rights, privacy rights, and inalienable consumer rights including right to information, to be heard, to have a choice, and to have a remedy?
8. Is anyone left worse off and, if so, is this person already disadvantaged?
9. If the answer to any of the eight questions is 'yes', the action should be reconsidered.

A code of ethics that has been proposed for social marketing is as follows:[101]

- Do more good than harm
- Favour free choice
- Evaluate marketing within a broad context of behaviour management (giving consideration to alternatives of education and law)
- Select tactics that are effective and efficient
- Select marketing tactics that fit marketing philosophy (that is meeting the needs of consumers rather than the self-interest of the organisation)
- Evaluate the ethicality of a policy before agreeing to develop a strategy

While it is a positive step that these issues are being discussed, voluntary codes of ethics without commitment and support from those that the codes are intended to cover will be ineffective[102, 103]. One of the first priorities in developing and agreeing on a code will be to gain input from all stakeholders so that there will be a sense of shared ownership. Code development has been most successful "when accompanied by lengthy and strenuous debate engaging the entire professional community and not simply those with a special interest in ethics."[80]

However, as discussed earlier, codes can never be exhaustive and there will need to be mechanism by which those facing ethical dilemmas can gain advice and support. Coupled with this should be awareness raising and training to highlight the types of issues that should be considered at all stages of social marketing intervention development. A range of relevant codes have been included in the appendices as exemplars of structure and scope.

Code Development Recommendations

Development Processes

Once a code has been agreed and an organisation (e.g. the NSMC) identified as the management point, there will be a need to set up a process to publicise the functions that the organisation will fulfil. It will also need to define the working relationship with organisations such as the NHS and PCTs. For ethical issues that do not fall under the auspices of the NHS, university or funding body ethical approval and management systems, a process will be needed for dealing with complaints. Drawing on the processes used by other professional and industry bodies, the following may provide a useful guide to this stage of the development.

1. The NSMC should establish an ethics panel (drawn from academics and practitioners with suitable experience in dealing with ethics approvals and disciplinary issues), and including representation from the Department of Health, NHS and relevant professions. The panel should have responsibility for developing a code of practice for social marketing and engaging relevant stakeholders in developing it through to publication. The panel should also be responsible for developing systems on how queries and complaints will be dealt with, including convening of face-to-face meetings versus electronic communications.

The NSMC panel should:

2. Establish working relationships with other relevant organisations, especially the NHS, relevant professional bodies, universities and funding bodies, plus communications regulators such as the ASA.

3. Clearly establish what advice can be given by whom on ethical issues. This needs to be specific and timely.

4. Clearly establish who can make a complaint and on what grounds. Establish the time frame for investigating complaints (e.g. no longer than 6 months from the occurrence of the activity to lodging a complaint, no longer than 2 months from the complaint being lodged to a decision being made. It is recommended that anonymous complaints not be investigated.

5. Clearly establish how complaints should be lodged (e.g. with a specific person within the coordinating organisation) and the process by which complaints will be investigated, and by whom.

6. Decide on mechanisms by which ethics panel decisions will be communicated to the complainant, the individual or organisation against whom the compliant is made and other stakeholders including the social marketing community, funding bodies, media and the general public. Also decide on what range of actions might be requested in the event of a complaint being upheld.

In the event of complaints being upheld but the offending party being unwilling to amend material, the range of possible penalties and sanctions to be taken as a last resort needs to be decided. For example, some funding bodies will not consider new applications from an organisation in which there have been ethical problems unless there is evidence of action having been taken to prevent a repetition of the problem.

7. NSMC should provide an ethical advisory service to practitioners as part of its generic advisory service. This service could act as an external first port of call for those not sure about how to address ethical issues or for people needing advice about how to submit proposals for ethical approval.

8. Once agreed, the code should not remain static, but be regularly reviewed both on the basis of cases considered and on input from the social marketing community. As with code development and administration, mechanisms for consultation on revision and review need to be decided and put in place.

9. Given the need for clear guidance on the development and management of partnerships and delivery coalitions in the field of social marketing the NSMC should develop such guidance based on the proposed code of conduct. In due course additional specialist guidance may be required in other areas of practice such as research, community engagement and empowerment and organisational change.

Ethics Approvals: Guidance on Assessing Ethical Issues

Until formal mechanisms are in place to support members of the social marketing community, the following guidelines are proposed:

Formal ethics approval is a requirement for any research or intervention involving 'human subjects' that is funded via academic institutions or funding bodies such as the ESRC. In addition, the Research Governance Framework of the Department of Health - covering activity conducted under the auspices of the NHS and PCTs - must be taken into consideration and approval sought from relevant organisations with devolved responsibility for the administration of activity covered by this framework. For examples of 'good practice' applications under this framework, see UWE's Research Ethics web pages http://hsc.uwe.ac.uk/net/staff/Default.aspx?pageid=202

Similarly, external funding bodies such as the Joseph Rowntree Foundation

(http://www.jrf.org.uk/) or Leverhulme Trust (http://www.leverhulme.ac.uk/grants_awards/) or have specific ethical approval as part of their grant provision. These must be adhered to, with written confirmation of formal approval from relevant bodies stipulated in the grant provision.

While the above may cover a large amount of social marketing research and intervention activity, there is still lack of an advisory and regulatory mechanism for areas not covered by these provisions. We have therefore drawn on existing ethics approval mechanisms to provide a series of checklists. These that can be used where proposed interventions - that are funded by organisations without specific ethics approval processes - can be reviewed and guidance can be given to those developing and implementing an intervention.

A multi-tier approval system should be introduced, similar to that in use in many universities and other institutions.

Level 1: low risk: research and interventions that do not involve the collection of personal information from the target group(s) e.g. interventions aimed at encouraging greater use of parks, sporting facilities etc. Or, investigating attitudes towards environmental protection, or anonymous questionnaires regarding aspects of lifestyles. For this, the activity and any associated ethical dimensions should be discussed within the organisation at departmental or unit level, i.e. peer consultation and review. Using a simple checklist (drawing on the material in the appendices to this document) will ensure that all relevant issues have been considered. This will include such factors as information sheets, consent forms and discussion of consultation with relevant communities in the development of the activity. For examples of the use of low-risk screening procedures within university settings, see Brighton University's Virtual Research Unit link: http://staffcentral.brighton.ac.uk/vru/ethics_govern.shtm or, for a non-UK example, see the research approval web pages of Massey University (New Zealand) http://humanethics.massey.ac.nz/massey/research/ethics/human-ethics/approval.cfm

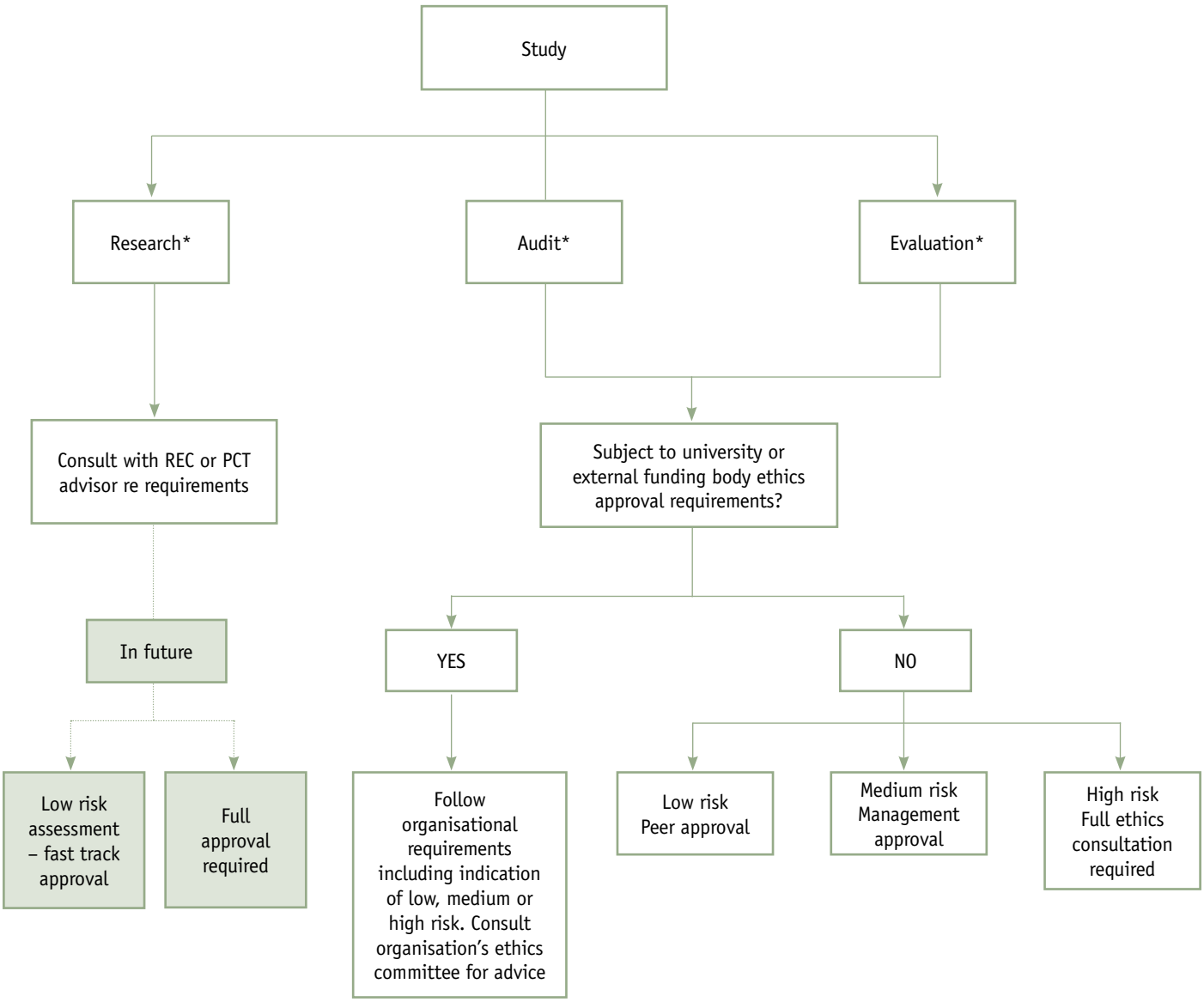
Level 2: Moderate risk: research and interventions that do involve collection of personal information from the target group(s) but which do not require respondents to divulge sensitive or extremely personal behaviour, and which do not permit the identity of any respondent to be identified. For example, interventions aimed at investigating recycling, dietary or exercise behaviours, which may involve focus groups or other forms of personal interaction. In addition to the information required for a low risk approval, research protocols, focus group discussion guidelines etc. should be provided and formal written approval sought from the senior management of the organisation in which the researcher is based.

Level 3: Full Ethics Clearance required: research and interventions involving any vulnerable groups such as children, those with low literacy levels and the socially disadvantaged irrespective of the nature of the research or intervention. Additionally, any research or interventions which involve investigation of personal behaviours such as speeding, excessive drinking or sexual behaviour should be subject to a full ethics clearance procedure.

Appropriate Ethics Approval Process

It is recommended that the appropriate approval processes be considered at the initial planning stages of any intervention to allow for the time that ethical approvals may require. The decision tree below (Figure 1) provides an overview of the process.

Figure 1: Ethics decision tree



* As defined in table 3.

Draft Code of Ethics

The following is a draft - intended for discussion and further refinement - of a specific Code of Ethics for Social Marketing. It draws on the earlier suggested framework and the ethics resources of relevant organisations as detailed in the appendices.

In developing interventions, social marketers will ensure that the following are taken into account at all stages of research, planning, implementation and evaluation:

1. Those planning interventions are competent, have a clear mandate to work on the issue and follow the national social marketing planning standards set out by the NSMC.
2. The actual problem, rather than its symptoms, has been identified. The initial scoping prior to the development of an intervention has identified the extent and the severity of the problem to be addressed.
3. Relevant ethical clearances have been gained prior to research, to identify target segments, the attitudes and beliefs underpinning their behaviours, and the actual or perceived barriers to behaviour change.
4. In developing the intervention, representatives of the identified target segments will be involved to provide advice on the potential impact upon their communities, any possible unintended effects, and how these should be resolved.
5. An assessment must be made of the predicted effectiveness of the intervention relative to other possible actions and of the impact on individual freedom and autonomy.
6. An assessment must also be made as to whether the benefits will outweigh any potential harm, whether any segments of the population are likely to be negatively affected by the intervention and whether any existing inequalities are expected to be positively or negatively impacted by the intervention.
7. In the event of any identified potential impacts on any target segment, or unintended negative impacts on segments of the population not specifically being targeted, the acceptability of the intervention should be reviewed.
8. Social marketers should demonstrate that they are up-to-date with developments in the field via recognised professional development, in-house training, or attendance at relevant conferences and seminars.
9. An ethics statement should be included in all planning records and should be required from agencies providing services, setting out any possible ethical issues and how they will be addressed.

Conclusion

This report has highlighted the challenges facing social marketers in raising awareness of ethical issues and the challenges inherent in developing and maintaining an effective ethical guidance and monitoring framework.

If the sector is committed to driving up standards of practice, there is an urgent need for the NSMC to act as the conduit through which practitioners, policy makers, related organisations and academics can work together to build on the material contained in this report to formalise a national code of ethics and the mechanisms by which it will be administered and maintained.

Appendix A:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Sample Ethics Checklists

A1. Public Health Specific

Jennings, B., Kahn, J., Mastroiani, A. & Parker, L. (2003) Ethics and Public Health: Model Curriculum Health Resources and Services Administration /Association of Schools of Public Health http://www.asph.org/document.cfm?page=782

- Identify the ethical problem (s) germane to the decision
- Assess the factual information available to the decision maker(s)
- Identify the 'stakeholders' in the decision, including who will be affected and in what way
- Identify the values at stake in the decision
- Identify the options available to the decision maker
- Consider the process for making the decision and the values that pertain to the process.

As part of the evaluation process, Jennings also discusses the following:

- What is the nature, severity, duration of the problem behaviour being targeted and the
- probability regarding its future occurrence and impact on individuals in the wider
- population?
- What is the likelihood of an intervention being able to positively affect the problem
- behaviour?
- What are the economic (and other) costs?
- What is the burden on human rights?
- Is the intervention fair, including a just allocation of benefits and burdens?

Kass, N. E. (2001). An Ethics Framework for Public Health. American Journal of Public Health, 91(11), 1776-1782.

1. What are the public health goals of the proposed program?
2. How effective is the program in achieving its stated goals?
3. What are the known and potential burdens of the program?
4. Can burdens be minimised? Are there alternative approaches?
5. Is the program implemented fairly?
6. How can the benefits and burdens of a program be fairly balanced?

Public Health Leadership Society (www.phls.org): Principles for the Ethical Practice of Public Health (Adopted by the American Public Health Association)

1. Public Health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
5. Public health should seek the information needed to implement effective policies and programmes that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individuals or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Naidoo & Wills (1994: 116)

1. Central conditions for working for health

- Am I creating autonomy in my clients, enabling them to direct their own lives?
- Am I respecting the autonomy of my clients whether or not I approve of their chosen direction?
- Am I respecting all people as equal?
- Do I work with people on the basis of needs first?

2. Key principles in working for health

- Am I doing good and avoiding harm?
- Am I telling the truth and keeping promises?

3. Consequences of ways of working for health

- Will my action increase the individual good?
- Will it increase the good of a particular group?
- Will it increase the good of society?
- Will I be acting for the good of myself?

4. External considerations in working for health

- Are there any legal implications?
- Does a professional code of practice suggest a particular course of action?
- Is there a risk attached to the intervention?
- Is the intervention the most effective and efficient action to take?
- How certain is the evidence on which the intervention is based?
- What are the views and wishes of those involved?
- Can I justify my actions in terms of all this evidence?

Bernheim et al., 2008: 362: Public Policy Ethics

1. Analyze the ethical issues in the situation:

- What are the public health risks and harms of concern?
- What are the public health goals?
- Who are the stakeholders and what are their moral claims?
- Is the source or scope of legal authority in question?
- Are precedent cases or the historical context relevant?
- Do professional codes of ethics provide guidance?

2. Evaluate the ethical dimensions of the alternative courses of public health action:

- Utility: Does a particular public health action produce a balance of benefits over harms?
- Justice: Are the benefits and burdens distributed fairly (distributive justice), and do legitimate representatives of affected groups have the opportunity to participate in making decisions (procedural justice)?
- Respect for liberty: Does the public health action respect individual choices and interests (autonomy, liberty and privacy)?
- Respect for legitimate public institutions: Does the public health action respect professional and civic roles and values, such as transparency, honesty, trustworthiness, promise keeping, protecting confidentiality, and protecting vulnerable individuals and communities from undue stigmatization?

3. Provide justification for a particular public health action:

- Effectiveness: Is the public health goal likely to be accomplished?
- Proportionality: Will the probable benefits of the action outweigh the infringed moral considerations?
- Necessity: Is it necessary to override the conflicting ethical claims to achieve the public health goal?
- Least infringement: Is the action the least restrictive and least intrusive?
- Public justification: Can public heath agents offer public justification for the action or policy, on the basis of principles in the Code of Ethics or general public health principles that citizens and in particular those most affected could find acceptable in principle?

A2. Social Marketing Specific

Donovan & Henley (2004)

1. Ensure that the intervention will not cause physical or psychological harm
2. Does the intervention give assistance where it is needed?
3. Does the intervention allow those who need help the freedom to exercise their entitlements?
4. Are all parties treated equally and fairly?
5. Will the choices made produce the greatest good for the greatest number of people?
6. Is the autonomy of the target audience recognised?

Note – the above implies utilitarianism which, as noted earlier, does not reflect the view of communications regulators (as in the ASA's Department of Health 'Fishhook' campaign ruling. The following extract from a forthcoming text (Truss & White) illustrates how thinking on ethical issues has evolved over time. The authors firstly cite the original Laczniak & Murphy (1993) checklist101, i.e:

- Is it legal?
- Is it contrary to society's generally accepted moral obligations?
- Is it contrary to moral obligations that are specific to that particular organisation?
- Is the intent harmful?
- Is the result harmful?
- Is there an alternative action that produces equal or better benefits, and by implications will cause fewer negative consequences?
- Will it infringe on the rights of the organisation's stakeholder?
- Will it leave any person or group poorer? Will it especially reduce the wellbeing of an already underprivileged group?

It is interesting to compare this proposal with more recent proposals by Laczniak & Murphy as shown below.

Laczniak & Murphy (2006: 157). Basic Perspectives for Evaluating and Improving Marketing Ethics.

1. Ethical marketing puts people first
2. Ethical marketers must achieve a behavioural standard in excess of the law
3. Marketers are responsible for whatever they intend as a means or ends with a marketing action
4. Marketing organisations should cultivate better (i.e. higher) moral imagination in their managers and employees
5. Marketers should articulate and embrace a core set of ethical principles
6. Adoption of a stakeholder orientation is essential to ethical marketing decisions
7. Marketing organisations ought to delineate an ethical decision making protocol.

Truss & White suggest that, while the original Laczniak & Murphy list provides a useful starting point, a more detailed checklist is warranted for social marketing, which they propose as (p.14):

What are the right behaviours for people?	Who decides, on what evidence, what are the counter-arguments (for example, freedom of choice)?
Who should we target?	For example, a small number of hard-to-reach, vulnerable society or large number of more accessible people?
Shouldn't the control group benefit?	What are the consequences re increasing inequality? What is fair?
Will the target group be stigmatised?	If so, what care should we take in messaging / targeting to minimise?
Should we deal with the voice of competition?	What are the dilemmas (ethical benefits and risks) of working with competition?
Should there be informed consent?	For regulatory actions and limiting behaviours by laws, how much should we enable consultation?
How does the intervention impact on inequalities?	Does the intervention have the potential to increase inequalities in health / access to services, for example? How can this be minimised?
Might there be any unintended or knock-on effects?	Will the intervention impact other areas that we need to be aware of; is it just displacing a problem?

Appendix B:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Samples of Existing Codes of Ethics: Marketing / Health Promotion

American Marketing Association http://www.marketingpower.com/AboutAMA/Pages/Statement%20of%20Ethics.aspx

"2008 Proposed AMA Ethics Statement

The AMA Ethics Committee recently reviewed, evaluated, discussed, and now proposes moderate revisions to the AMA's 2004 Ethics Statement. The review committee was composed of representatives from the four AMA Division Councils plus two at large members (one practitioner and one academic). All members of the committee were active in the evaluation and review process. Please review the proposed Statement of Ethics and forward any feedback to byoungberg@ama.org ".

Ethical Norms and Values for Marketers

PREAMBLE
The American Marketing Association commits itself to promoting the highest standard of professional ethical norms and values for its members. Norms are established standards of conduct that are expected and maintained by society and/or professional organizations. Values represent the collective conception of what people find desirable, important and morally proper. Values serve as the criteria for evaluating the actions of others. Marketing practitioners must recognize that they not only serve their enterprises but also act as stewards of society in creating, facilitating and executing the efficient and effective transactions that are part of the greater economy. In this role, marketers should embrace the highest ethical norms of practicing

professionals and the ethical values implied by their responsibility toward stakeholders (e.g., customers, employees, investors, channel members, regulators and the host community).

GENERAL NORMS

1. Marketers must do no harm. This means doing work for which they are appropriately trained or experienced so that they can actively add value to their organizations and customers. It also means adhering to all applicable laws and regulations and embodying high ethical standards in the choices they make.
2. Marketers must foster trust in the marketing system. This means that products are appropriate for their intended and promoted uses. It requires that marketing communications about goods and services are not intentionally deceptive or misleading. It suggests building relationships that provide for the equitable adjustment and/or redress of customer grievances. It implies striving for good faith and fair dealing so as to contribute toward the efficacy of the exchange process.
3. Marketers must embrace, communicate and practice the fundamental ethical values that will improve consumer confidence in the integrity of the marketing exchange system. These basic values are intentionally aspirational and include honesty, responsibility, fairness, respect, openness and citizenship.

ETHICAL VALUES

Honesty — to be truthful and forthright in our dealings with customers and stakeholders.

- We will tell the truth in all situations and at all times.
- We will offer products of value that do what we claim in our communications.
- We will stand behind our products if they fail to deliver their claimed benefits.
- We will honor our explicit and implicit commitments and promises.

Responsibility — to accept the consequences of our marketing decisions and strategies.

- We will make strenuous efforts to serve the needs of our customers.
- We will avoid using coercion with all stakeholders.
- We will acknowledge the social obligations to stakeholders that come with increased marketing and economic power.
- We will recognize our special commitments to economically vulnerable segments of the market such as children, the elderly and others who may be substantially disadvantaged.

Fairness — to try to balance justly the needs of the buyer with the interests of the seller.

- We will represent our products in a clear way in selling, advertising and other forms of communication; this includes the avoidance of false, misleading and deceptive promotion.
- We will reject manipulations and sales tactics that harm customer trust.
- We will not engage in price fixing, predatory pricing, price gouging or “bait-and-switch” tactics.
- We will not knowingly participate in material conflicts of interest.

Respect — to acknowledge the basic human dignity of all stakeholders.

- We will value individual differences even as we avoid stereotyping customers or depicting demographic groups (e.g., gender, race, sexual orientation) in a negative or dehumanizing way in our promotions.
- We will listen to the needs of our customers and make all reasonable efforts to monitor and improve their satisfaction on an ongoing basis.
- We will make a special effort to understand suppliers, intermediaries and distributors from other cultures.
- We will appropriately acknowledge the contributions of others, such as consultants, employees and coworkers, to our marketing endeavors.

Openness — to create transparency in our marketing operations.

- We will strive to communicate clearly with all our constituencies.
- We will accept constructive criticism from our customers and other stakeholders.
- We will explain significant product or service risks, component substitutions or other foreseeable eventualities that could affect customers or their perception of the purchase decision.
- We will fully disclose list prices and terms of financing as well as available price deals and adjustments.

Citizenship — to fulfill the economic, legal, philanthropic and societal responsibilities that serve stakeholders in a strategic manner.

- We will strive to protect the natural environment in the execution of marketing campaigns.
- We will give back to the community through volunteerism and charitable donations.
- We will work to contribute to the overall betterment of marketing and its reputation.
- We will encourage supply chain members to ensure that trade is fair for all participants, including producers in developing countries.

IMPLEMENTATION

Finally, we recognize that every industry and marketing subdiscipline (e.g., marketing research, e-commerce, direct selling, direct marketing, advertising) has its own specific ethical issues that require policies and commentary. An array of such codes can be accessed through links on the AMA web site. We encourage all such groups to develop and/or refine their industry and discipline-specific codes of ethics to supplement general norms and values.

Department of Health / NHS

http://www.nres.npsa.nhs.uk/

see also Research Governance Framework for Health and Social Care (2005) available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008777

In addition, the following links to a range of university websites provide access to research codes of ethics ad related material which may also be useful.

Cardiff University

http://www.cardiff.ac.uk/racdv/resgov/governance/index.html

Massey University, New Zealand

http://humanethics.massey.ac.nz/

University of Brighton

http://staffcentral.brighton.ac.uk/vru/ethics_govern.shtm

University of Stirling

http://www.management.stir.ac.uk/research/Ethics/resesarchethics2006.htm

University of the West of England

http://rbi.uwe.ac.uk/internet/research/ethics/

Appendix C:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Useful Links / Resources

This is not intended to be an exhaustive list of resources, rather a range of organisations, websites and other resources to illustrate the types of codes and ethics resources that have been developed by diverse disciplines. While some of the listings may appear to be very narrow in focus, they provide useful material, including case studies and discussions regarding the ethical challenges facing practitioners. These may be useful in generating an active debate regarding appropriate frameworks for the development and administration of specific codes of ethics within social marketing.

Advertising Standards Authority (Codes) (http://www.asa.org.uk/asa/codes/)

The Advertising Standards Authority is the independent body set up by the advertising industry to police the rules laid down in the advertising codes. The strength of the self-regulatory system lies in both the independence of the ASA and the support and commitment of the advertising industry, through the Committee of Advertising Practice (CAP), to the standards of the codes, protecting consumers and creating a level playing field for advertisers.

American Marketing Association (http://www.marketingpower.com/Pages/default.aspx)

The American Marketing Association (AMA) is the largest marketing association in North America. It is a professional association for individuals and organizations involved in the practice, teaching and study of marketing worldwide. It is also the source that marketers turn to every day for information/resources, education/training and professional networking. AMA members are connected to a network of experienced marketers nearly 40,000 strong and include leading marketing academics, researchers and practitioners from every industry.

Association of Schools of Public Health (ASPH) http://www.asph.org/document.cfm?page=100

ASPH promotes the efforts of schools of public health to improve the health of every person through education, research and policy. Based upon the belief that 'you're only as healthy as the world you live in,' ASPH works with stakeholders to develop solutions to the most pressing health concerns and provides access to the ongoing initiatives of the schools of public health.

The ASPH website contains a range of resources, including a model curriculum for ethics and public health, and a range of publications covering a diverse range of public health topics. In the model curriculum (see also Appendix A), there is a useful overview of the historical development of public health interventions, including discussion of the now infamous US Tuskegee Syphilis Study and the resultant ongoing distrust of government-sponsored health interventions among minority populations.

Module 4: Community-based practice and research: collaboration and sharing power is comprehensive and includes checklists and 'best practice' material. Module 6 Ethics of health Promotion and disease prevention is less comprehensive and lacks the range of resources in other more developed modules.

Australian Association of Social Workers (http://www.aasw.asn.au/) Provides a specific code of ethics (36 pages), by-laws and, importantly, a complaint form and information for potential complainants

Business ethics.com (http://www.business.com/directory/management/business_ethics/organizations/)

Provides a comprehensive listing of professional, commercial and academic organisations involved in business ethics throughout the world.

Canadian Marketing Association (http://www.the-cma.org/?WCE=C=47%7CK=225849)

The Canadian Marketing Association (CMA) is the largest marketing association in Canada representing the integration and convergence of all marketing disciplines, channels and technologies. CMA's 800 corporate members include Canada's major financial institutions, insurance companies, publishers, retailers, charitable organizations, agencies, relationship marketers and those involved in e-business and Internet marketing. Examples include companies such as Microsoft Canada, The Shopping Channel, Reader's Digest, the Bank of Montreal, Xerox Canada, and Bell Canada.

Centre for the Study of Ethics in Professions at Illinois Institute of Technology (http://www.iit.edu/libraries/csep/).

This site contains one of the most comprehensive collections of codes of ethics from a range of disciplines, including marketing and health care. Of particular interest are the resources relating to both writing and using codes of ethics. The website also contains links to other institutions, case studies and cases heard by industry ethics committees and a range of other resources.

Direct Marketing Association (DMA)(http://www.dma.org.uk/content/Abt-Introduction.asp)

The Direct Marketing Association UK is Europe's largest trade association in the marketing and communications sector. The DMA was formed in 1992, following the merger of various like-minded trade bodies, forming a single voice to protect the direct marketing industry from legislative threats and promote its development.

Enterweb (http://www.enterweb.org/ethics.htm)

ENTERWeb is an annotated meta-index and information clearinghouse on enterprise development, business, finance, international trade and the economy in this new age of cyberspace and globalization. The main focus is on micro, small and medium scale enterprises, cooperatives, community economic development, both in developed and developing countries. ENTERWeb lists and rates Internet resources in these areas, and complements search engines by providing shortcuts in identifying important sources of information.

In other words, ENTERWeb acts as a single dispatching window of information which will direct anyone looking for information related to enterprise development, business and international trade to the best places on the web most likely to respond to their needs.

The website contains a number of useful links to other organisations.

EthicsWeb.ca (http://www.ethicsweb.ca/)

This site is maintained by an individual, rather than an organisation. It provides an extensive listing of, and links to, various ethics-related websites. Much of the content relates to Canada, but it has relevance to the wider community as well, particularly in relation to the Applied Ethics Resources section..

European Association of Communication Agencies (http://www.eaca.be/)

The European Association of Communications Agencies (EACA) is a Brussels-based organisation whose mission is to represent full-service advertising and media agencies and agency associations in Europe.

EACA aims to promote honest, effective advertising, high professional standards, and awareness of the contribution of advertising in a free market economy and to encourage close co-operation between agencies, advertisers and media in European advertising bodies."

The website contains a number of useful position papers relating to marketing communication effects and regulatory provisions.

Government Social Research (http://www.gsr.gov.uk/)

GSRU is the Chief Government Social Scientist's supporting office. It provides strategic leadership to the Government Social Research service and supports it in delivering an effective service. It has a broad role in promoting the use of evidence in strategy, policy and delivery and leads on strategic social research issues and standards for social research in government. Resources include:

- GSR Professional Guidance: Ethical Assurance for Social Research In Government
- Graham, J., Lewis, J. & Nicolaas, G. (2006). Ethical Relations: A Review of Literature on Empirical Studies on Ethical Requirements and Research Participation, ESRC / University of Manchester
- Graham, J., Grewal, I., Lewis, J. (2007). Ethics in Social Research: The Views of Research Participants Government Social Research

International Chamber of Commerce (http://www.iccwbo.org/policy/marketing/id857/index.html)

ICC is the world business organization, the only representative body that speaks with authority on behalf of enterprises from all sectors in every part of the world. ICC promotes an open international trade and investment system and the market economy. Business leaders and experts drawn from ICC membership establish the business stance on broad trade and investment policy as well as on vital technical and sectoral subjects. ICC was founded in 1919 and today it groups thousands of member companies and associations from over 130 countries. Within a year of the creation of the United Nations, ICC was granted consultative status at the highest level with the UN and its specialized agencies.

About the ICC Commission on Marketing and Advertising: ICC has been a major rule-setter in international advertising self-regulation since 1937, when the ICC Commission on Marketing and Advertising first issued the ICC code on Advertising Practice – one of the most successful examples of business self-regulation ever developed.

The Commission on Marketing and Advertising is composed of policy experts from ICC member companies from the marketing and advertising industry, including legal advisors from industrial and commercial enterprises and lawyers in private practice, representing a wide range of national backgrounds and business representative organizations.

ICC's Commission on Marketing and Advertising works closely with international nongovernmental and intergovernmental organizations involved in marketing and advertising policy-making, such as the World Federation of Advertisers (WFA), the European Advertising Standards Alliance (EASA), the International Advertising Association (IAA) and the Organization for Economic Cooperation and Development (OECD) through its Business and Industry Advisory Committee (BIAC).

The website contains a consolidated code of practice (54 pages) and a range of other resources relating to marketing and advertising.

Institute of Business Ethics (London) (http://www.ibe.org.uk/)

The IBE was established in 1986 to encourage high standards of business behaviour based on ethical values.

Our vision: To lead the dissemination of knowledge and good practice in business ethics.

What we do: We raise public awareness of the importance of doing business ethically, and collaborate with other UK and international organisations with interests and expertise in business ethics.

We help organisations to strengthen their ethics culture and encourage high standards of business behaviour based on ethical values. We assist in the development, implementation and embedding of effective and relevant ethics and corporate responsibility policies and programmes. We help organisations to provide guidance to staff and build relationships of trust with their principal stakeholders.

Institute for Global Ethics (http://www.globalethics.org/index.htm)

American organisation, 'Founded in 1990, the Institute for Global Ethics (IGE) is an independent, nonsectarian, nonpartisan, 501(c)(3) nonprofit organization dedicated to promoting ethical action in a global context. Our challenge is to explore the global common ground of values, elevate awareness of ethics, and provide practical tools for making ethical decisions.'

The International Business Ethics Institute (http://www.business-ethics.org/)

A private, nonprofit, nonpartisan, educational organization. The Institute was founded in 1994 in response to the growing need for transnationalism in the field of business ethics. The Institute is located in Washington, DC, with an affiliate office in London.

The Institute promotes business ethics and corporate responsibility through two key program areas. First, it works to increase public awareness and dialogue about international business ethics issues through such educational resources and activities as the Roundtable Discussion Series, the International Business Ethics Review and this website. Second, the Institute works closely with companies to assist them in establishing effective international ethics programs. The Institute is dedicated to disseminating business ethics information to demonstrate the positive, tangible changes that responsible business can generate.

The Public Health Leadership Society (PHLS): American organisation headquartered in Florida. (http://phls.org/home/)

PHLS is a membership organization comprised of the alumni from national, state and regional public health leadership institutes, and the Robert Wood Johnson State Health Leadership Initiative. Members of PHLS are senior public health professionals, whose expertise range from local, state, national, private sector, and the academic public health arena. Extensive resource base includes:

- (2002) Principles of the Ethical Practice of Public Health
- Thomas, J. (2004). Skills for the Ethical Practice of Public Health

Plus a number of links to organisations such as the American Public Health Association and the Public Health Foundation

Appendix D:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Academic Resources

Texts

Andreasen, A. R. (Ed.). (2001). Ethics in Social Marketing. Washington DC: Georgetown University Press.

Ferrell, O. C., & Fraedrich, J. B. (1994). Business Ethics: Ethical Decision Making and Cases (2nd ed.). Boston: Houghton Miflin.

Hoffman, W. M., Frederick, R. E., & Schwartz, M. S. (2001). Business Ethics: Readings and Cases in Corporate Morality (4th ed.). New York: McGraw-Hill. Note: this text is particularly useful for the discussion of ethical frameworks in the opening sections.

Laczniak, G. R., & Murphy, P. E. (1993). Ethical Marketing Decisions: The Higher Road. London Allyn & Bacon.

Academic Papers

Brenkert, G. G. (2002). Ethical Challenges of Social Marketing. Journal of Public Policy & Marketing, 21(1), 14-36.

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Vitell, S. J., & Paolillo, J. G. P. (2004). A Cross-cultural Study of the Antecedents of the Perceived Role of Ethics and Social Responsibility. Business Ethics: A European Review, 13(2/3), 185-199.

Witte, K., & Allen, M. (2000). A Meta-Analysis of Fear Appeals: Implications for Efffective Public Health Campaigns. Health Education & Behavior, 27(5), 591 - 615.

Wood, G., & Rimmer, M. (2003). Codes of Ethics: What Are They Really and What Should They Be? International Journal of Value-Based Management, 16(2), 181 - 195.

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DH Department of Health

The NSM Centre is a strategic partnership between the government (DH) and Consumer Focus in England.

Consumer Focus
Campaigning for a fair deal



Healthy Foundations Life-stage Segmentation Model Toolkit

October 2010

DH Reader information box

Policy HR/Workforce Management Planning/Clinical	Estates Commissioning IM & T Finance Social Care/Partnership Working
Document Purpose	For information
Gateway Reference	14183
Title	Healthy Foundations Life-stage Segmentation Model Toolkit
Author	DH, HIPD Social Marketing and Health Related Behaviour
Publication Date	28 April 2010
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Local Authority CEs, Directors of Finance, Communications Leads, Public Health Observatories
Circulation List	
Description	The Healthy Foundations Life-stage Segmentation Model uses consumer insight to inform local and national health improvement activities, and deliver interventions that will support the achievement of the key public health priorities. The deeper level of understanding of both motivations and environmental influences provided by the Healthy Foundations survey can also be used when developing LAA, DH, NHS and LA capacity to deal with identified local health needs, and can be a key tool in delivering "NHS 2010-2015: from good to great."
Cross Ref	Ambitions for health: A strategic framework for maximising the potential of social marketing and health-related behaviour
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
Contact Details	Mehboob I.M. Umarji, Programme Director: Social Marketing, Health Improvement and Protection Directorate, Department of Health, Area 627, Wellington House, 133-155 Waterloo Road, London SE1 8UG
For Recipient's Use	

Contents

About the project		How to use the Segmentation Model (at a delivery level)		How to use the Segmentation Model (at an organisational level)		Appendices	
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Background and methodology	2	How practitioners are using the Segmentation Model	12	Key benefits	20	Intervention options by segment	23
What the Segmentation Model is here to do	3	How DH is using the Segmentation Model	17			Life-stage categories	24
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KEY TO ICONS



Smoking



Drugs



Alcohol



Fruit & Vegetables



Exercise



Mental Health

Full descriptions of the five segments and their key health behaviours (as highlighted by these icons) can be found in the '**About the project**' on page 4.

Navigating the toolkit

Contents list

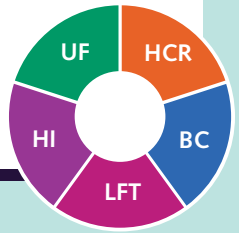
Click any of the sections listed above to go straight to that section or page of the guide.

Document navigation

- Clicking on '**Main contents**' at the bottom of each page of the guide will return you to this contents page
- Clicking the directional arrows (**< >**) at the bottom of each page will take you to the previous or next page.

Hyperlinks

- Where there is a mention of a specific section within the text (highlighted in bold), click on these and it will take you to that page
- Clicking on any web addresses will enable you to visit external websites



Welcome

Welcome to the Healthy Foundations Life-stage Segmentation Model Toolkit.

Healthy Foundations is a lifestyle segmentation project which sets out to ensure that all public health interventions are informed by our understanding of what motivates people and how these motivations are affected by their social and material circumstances.

The DH, working with academic and commercial research agencies, has developed a segmentation of the adult population of England based on behaviour, attitudes and lifestyles.

Originally aimed at social marketing and behaviour change practitioners, the project set out to map the key drivers of behaviour across six public health priority areas:

- Smoking
- Obesity
- Alcohol
- Substance misuse
- Sexual health
- Mental health

In addition, the survey also measured physical activity.

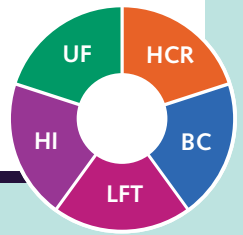
The Segmentation Model, which builds on existing research and knowledge, is one of the most rigorously constructed public sector segmentation models to date. It offers social marketing, behaviour change and public health practitioners insights into the needs, lifestyles and motivations of different individuals and groups within society.

Its ultimate aim is to create a powerful insight tool to help understand subgroups of the population and focus resources where they are most needed. The Segmentation Model offers a fresh and nuanced approach to the development and use of insight. When added to demographic, behavioural and epidemiological data, it will be a vital tool for ensuring that people are at the heart of policy-making and service delivery. The Segmentation Model makes it possible to tailor interventions or services to particular 'segments', with a view to improving effectiveness and efficiency by promoting a more targeted use of resources.

This toolkit shows how to use the Segmentation Model to achieve a deeper understanding of local audiences and devise health behaviour change interventions that have more impact. Providing background information, case studies, implementation tips and more, it is a key resource for practitioners looking to meet local needs and deliver successful and cost effective interventions.

Acknowledgments
We would like to thank the following people for their contribution to this toolkit:
- Ewen MacGregor, Project Manager, DH
- Dominic McVey, Research Advisor, DH
- Forster
- Vincent La Placa, DH
- Damian Wilcock, DH
- Lucy Gate, DH

Please note that the video, audio material and other tools accompanying this toolkit are included as research materials for internal use only. They have been produced to help those working on health behaviour change, and may not be used outside of the organisation. Please get in touch with the Healthy Foundations team if you have any questions about the usage of any of the tools.



Background and methodology

Segmentation can be a powerful tool to help understand population subgroups and focus resources where they are most needed. Moving beyond demographics and factoring in attitudinal and psychographic data (a person's overall approach to life, including personality traits, values, and beliefs) provides a rounder picture of individuals and is a good starting point for developing tailored interventions.

When segmenting populations, the aim should be to define a small number of groups so that all members of a particular group are as similar to each other, and as different from the other groups, as possible.

A good segmentation should:

- Build on current knowledge;
- Provide a language for understanding people;
- Add value and greater sophistication when developing and targeting interventions;
- Not be too complicated and be accessible to local practitioners who should be able to re-create the segments in their own research.

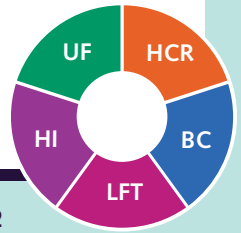
With these guidelines in mind, DH has developed a segmentation of health-related attitudes and behaviour.

Over the past two years, a number of research studies have been conducted to develop the segmentation. They included:

1. A literature review and consultations with internal DH staff, Strategic Health Authority (SHA) and Primary Care Trust (PCT) representatives, public health research experts, marketing segmentation experts, statisticians and social researchers from the public and private sectors.

2. A large scale quantitative survey to construct and size the segments. A random sample of 4,928 people aged 16-74 years old were interviewed for one hour in their homes using computer assisted personal interviewing.

3. Large scale qualitative research and ethnography, comprising 52 focus groups and 45 immersion interviews to explore in depth their lifestyle, motivations and the behavioural intervention approaches that might work.



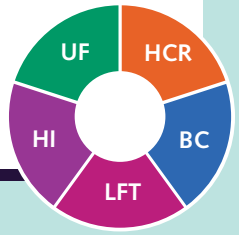
What the Segmentation Model is here to do

The Segmentation Model is a powerful strategic tool that can help planners, managers and commissioners to identify the Healthy Foundations segments to understand their needs, develop policies and allocate resources.

It gives a detailed strategic view of target audiences, drawing on data from a range of sources, and an understanding of their needs and motivations that goes beyond just health issues. This insight can be used to inform communications, shape effective policies/interventions and bring about service changes.

The Segmentation Model was originally designed to inform commissioning at national strategic level, but has since been developed and refined for local application. Stable and replicable, the Segmentation Model allows people to identify and target local segments, and is aimed at those involved in planning, designing and developing social marketing and behaviour change programmes.

Senior managers and commissioners will be crucial champions of the programme and can help embed it across mainstream health interventions. Local communications teams will also play a key role in raising awareness of the Model and disseminating results and good practice.



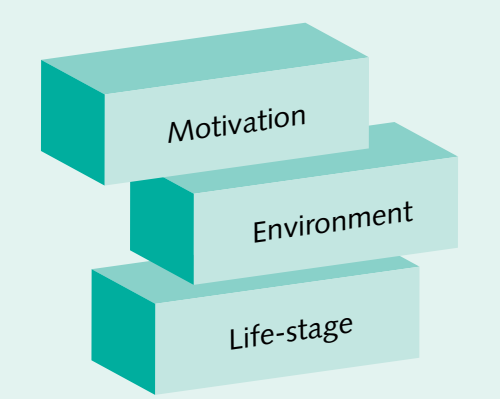
The Healthy Foundations Life-stage Segmentation Model: Pen portraits

The Segmentation Model consists of **five core motivational segments** which can be further divided by different levels of social and material deprivation (see **Analysis by deprivation**). These groups can be found within every social stratum in society – from the most deprived areas to the most affluent areas.

The full Segmentation Model captures the complex dynamics between an individual's personal motivation to live healthily (the *motivation* dimension) and how these vary within the context of their social and material circumstances (the *environment* dimension of the segmentation). The segmentation also captures the variation by life-stage i.e. the *life-stage* dimension of the segmentation (see **Analysis by life-stage**).

The adult segmentation aims to provide a number of 'building blocks' that can be used to understand attitudes or behaviour. The blocks can be used individually or together.

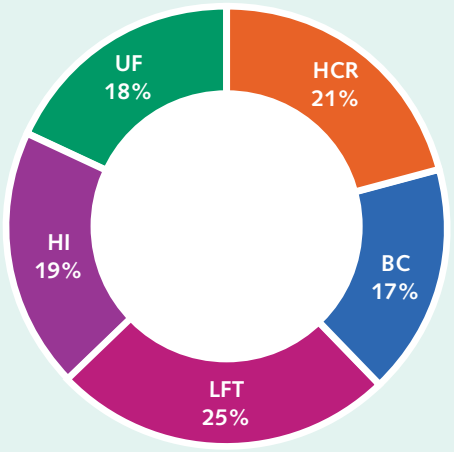
The building blocks:



Based on in-depth research (see **Background and methodology**), these three dimensions have been identified as important influences on health behaviours. It is not intended that they be communicated directly to the audiences, but act as a guide to service and intervention planners.

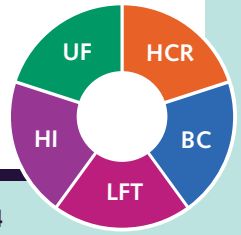
The core of the segmentation is the "*motivation*" dimension of the work. Using cluster analysis methods, a range of psychosocial attitudes and constructs – such as self esteem, locus of control, fatalism, short termism, goal setting and self efficacy – we created five segment types.

Nationally, the five core motivational segments break down as follows:

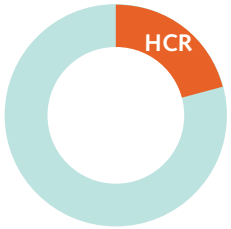


Key:

- Health Conscious Realists **(HCR)**
- Balanced Compensators **(BC)**
- Live for Todays **(LFT)**
- Hedonistic Immortals **(HI)**
- Unconfident Fatalists **(UF)**



Health Conscious Realists (HCR)



What are they like?

They are motivated people who feel in control of their lives and their health. They generally feel good about themselves, but have more internally focused aspirations to better themselves, learn more and have good relationships, rather than just aspiring to looking good. They tend not to take risks and take a longer term view of life, and that applies to their health too. Their health is very important to them and they feel that a healthy lifestyle is easy to achieve and enjoyable. They also take a realistic view of their health: of all the segments they are the least fatalistic about their health, and don't think they are any more or less likely than other people to get ill.

INSIGHTS

Segment size

21% = 8.0 million adults



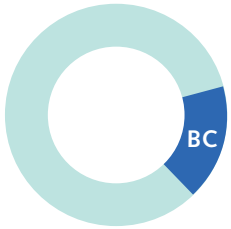
Profile

- Female bias in this segment
- They are more likely to live in less deprived areas but significant numbers do live in deprived areas
- Segment with an older than average age (47 compared to 43 years for the study sample)

Behaviours

- Display positive health behaviours
- Highly motivated
- In control of their lives and their health
- Low prevalence of smoking and drug use
- Eat healthily

Balanced Compensators (BC)



What are they like?

They are positive and like to look and feel good about themselves.

They get some pleasure from taking risks. However, they don't take risks with health. Health is very important to them, and something they feel in control of. A healthy lifestyle is generally easy and enjoyable.

They are not fatalists when it comes to health and understand that their actions impact on their health both now and in the future.

If they do take some health risks, they will use compensatory mechanisms to make up for this, such as going for a run in the morning having eaten a big meal or drunk too much the night before.

INSIGHTS

Segment size

17% = 6.5 million adults

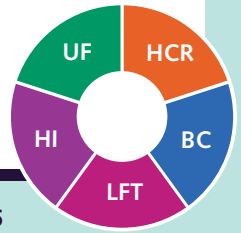


Profile

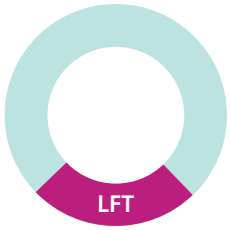
- Stronger male bias within this segment
- Highest proportion of people in full time work
- Segment with a slightly younger than average age (41 compared to 43 years for the study sample)

Behaviours

- Generally positive health behaviours
- Exercise regularly
- Eat healthily
- Low prevalence of smoking and drug use



Live for Todays (LFT)



What are they like?

They definitely like to "live for today" and take a short term view of life. They believe that whatever they do is unlikely to have an impact on their health, so what's the point? They tend to believe in fate, both where their health is concerned, but also for other things in life.

They value their health but believe that leading a healthy lifestyle doesn't sound like much fun, and think it would be difficult. They don't think they are any more likely than anyone else to get ill in the future.

They tend to live in deprived areas which gets them down and they don't feel that good about themselves, but feel more positive about life than the "Unconfident Fatalists". They are the segment who are most resistant to change and don't acknowledge that their health needs to change, unlike the "Unconfident Fatalists".

INSIGHTS

Segment size

25% = 9.5 million adults



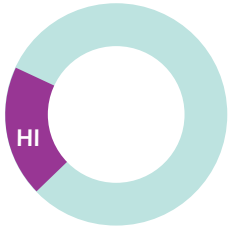
Profile

- Tend to live in more deprived areas
- Segment average age (42 compared to 43 years for the study sample)

Behaviours

- Exhibit fairly poor health behaviours
- Hold short-term view of life
- Fatalistic about life
- More likely to smoke and drink heavily
- Little concern for their future wellbeing

Hedonistic Immortals (HI)



What are they like?

They are people who want to get the most from life. They do not mind taking risks – as this is part of leading a full life. They feel good about themselves and are not that motivated by material wealth or possessions.

They know that their health is important to avoid getting ill in the future, but feel pretty positive about their own health at the moment and don't think they will be getting ill any time soon. Maybe because of that they do not really value their health right now. They do not have a problem with leading a healthy lifestyle: it would be fairly easy and enjoyable to do so, and they certainly intend to live healthily.

However they feel that anything which is enjoyable, such as smoking and drinking, cannot be all bad.

INSIGHTS

Segment size

19% = 7.2 million adults

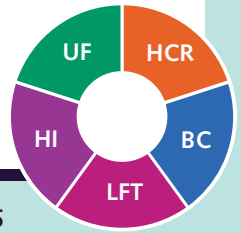


Profile

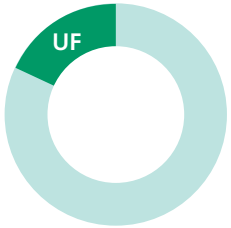
- Segment with a younger average age
- More likely to come from less deprived areas
- Segment with a younger than average age (36 compared to 43 years for the study sample)

Behaviours

- Motivated by enjoyment and taking risks
- Display lack of concern for their health and wellbeing
- Most likely to drink heavily
- Higher-than-average incidence of drug taking



Unconfident Fatalists (UF)



What are they like?

Overall, they feel fairly negative about things, and don't feel good about themselves. A significant proportion feel depressed.

They feel that a healthy lifestyle would not be easy or in their control. Generally they don't feel in control of their health anyway. They are quite fatalistic about health and think that they are more likely than other people of the same age to get ill.

Their current lifestyles are not that healthy, and their health isn't currently as good as it could be. They know their health is bad, and that they should do something about it, but they are demotivated.

INSIGHTS

Segment size

18% = 6.8 million adults



Profile

- Segment with an older average age (47 compared to 43 years for the study sample)
- Tend to live in more deprived areas
- Least likely to be in paid work
- More likely to be retired

Behaviours

- Exhibit the most negative health behaviours
- Hold negative perceptions of a healthy lifestyle
- Often fatalistic about their own health

Summary of motivational differences between the Motivation Segments

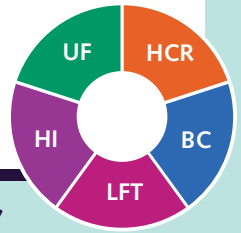
	Health Conscious Realists	Balanced Compensators	Live for Today	Hedonistic Immortals	Unconfident Fatalists
Value health	High	High	Med	Low	Med
Control over health	High	High	Med	Med	Low
Healthy lifestyle is easy/enjoyable	High	High	Low	Med	Low
Health fatalism	Low	Med	High	Low	High
Risk taking	Low	High	Med	High	Med
Short termism	Low	Med	High	Low	High
Self esteem	High	High	Med	High	Low

Key:

More positive motivation

More negative motivation

For a more detailed description of the five segments please refer to the Healthy Foundations presentation that can be found both online at **www.dh.gov.uk/socialmarketingportal** or on the USB drives.



Analysis by Deprivation

These five segments are present in all areas of England including the most affluent areas and the most deprived areas. The five segments have been divided by levels of deprivation using the Indices of Multiple Deprivation (IMD) resulting in 11 distinct segments.

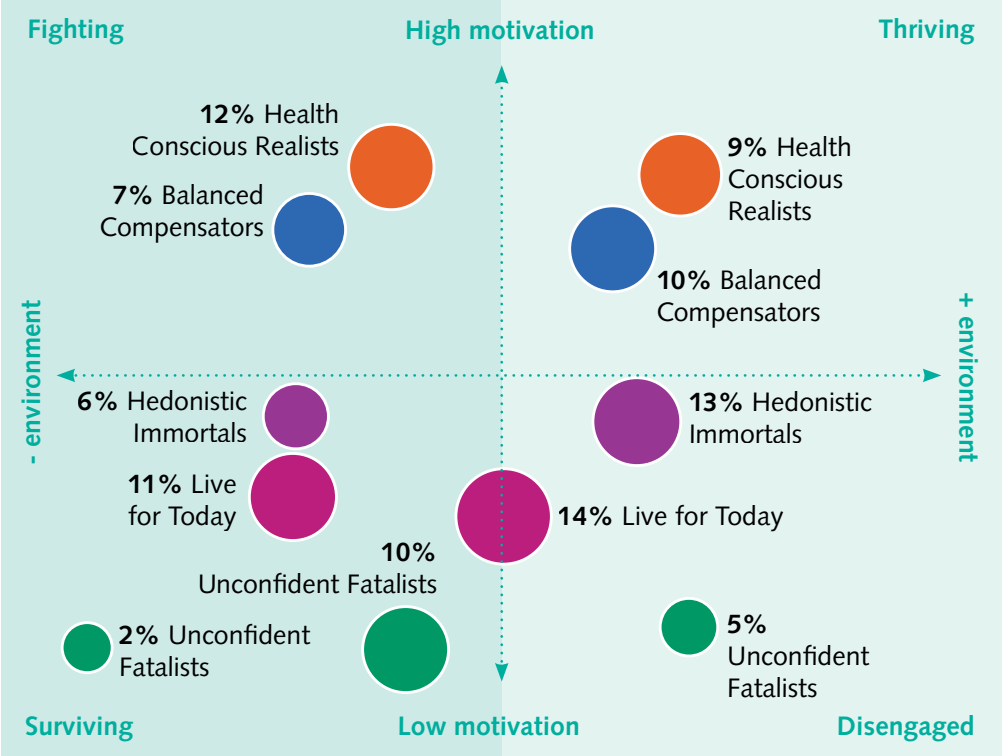
The percentages next to each segment bubble represent the adult population in England. Even the smallest segment – Unconfident Fatalists living in the most deprived areas of England – represents approximately 800,000 adults aged 16-74 (2% of the adult population).

The segmentation captures the dynamics between an individual's personal motivation to live healthily (the *motivation* dimension of the segmentation) and how these motivations vary within the context of their social and material circumstances (the *environment* dimension of the segmentation).

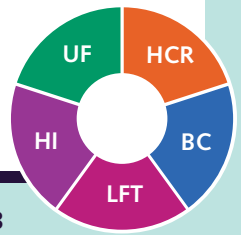
The segmentation also captures the variation in these measures by life-stage.

Looking at the segmentation chart, the quadrant names "fighters", "survivors", "thrivers" and "disengaged", summarise the general state of the segments within each quadrant.

Dividing the motivation segment by IMD (indices of multiple deprivation)



Note: A complex statistical procedure was used to split each of the segments into distinct groups, which maximised the differences in behaviour between the groups whilst capturing the different circumstances in which people live i.e. those living in more deprived areas and those living in less deprived areas. Most of the segments split into two distinct groups with the exception of the Unconfident Fatalists which split into three distinct groups. Unconfident Fatalists are represented in three places on the horizontal (environment) axis, while the other segments are shown only in two places.



Survivors

Hedonistic Immortals, Live for Todays and Unconfident Fatalists living in more deprived areas.

These tend to be people living in negative health environments who have a low level of motivation to look after their health. Within this group there will be many people with unhealthy behaviours, and a higher proportion than average will have poor health. Their position on the motivation scale indicates that they feel less in control of their health and have less confidence in their ability to do anything about improving it or preventing ill health. Their position on the environment dimension indicates that they will be living in more deprived circumstances, which will make it more difficult for them to change their lifestyle.

Moreover, in some of the most deprived communities in England, the social norms make it difficult for those wishing to change. For example, smoking prevalence can be over 50 per cent in some areas, making it harder to give up. If one of the main purposes of segmentation is to target resources where they are needed, these segments would clearly be a priority for appropriately tailored interventions and services.

Fighters

Health Conscious Realists and Balanced Compensators living in more deprived areas.

They live in negative health environments but rise above their norms, and have a higher level of motivation to look after their health.

These segments live in the same conditions as the "surviving" group; indeed, some of them may be in the same family. There may be a number of reasons why they have managed to maintain a healthier lifestyle and exhibit a degree of resilience to the deprivation surrounding them. Whatever the reasons which emerge from research, this group has potential to influence their "survivor group" peers.

Disengaged

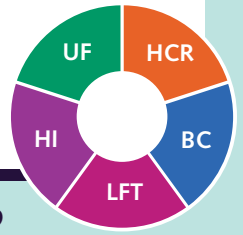
Hedonistic Immortals, Live for Todays and Unconfident Fatalists who are living in less deprived areas.

These people live in more positive environments and for a range of reasons have a low level of motivation or ability to look after their health.

Thrivers

Health Conscious Realists and Balanced Compensators living in less deprived environment.

People in this group are more motivated to look after their health and feel more able to do so. They tend to be surrounded by the resources and positive norms to make that happen.



Analysis by Life-stage

Discovery Teens

Freedom years < 25

Freedom years 25+

Younger settlers (no dependents)

Younger jugglers (dependents)

Older settlers (no dependents)

Older jugglers (dependents)

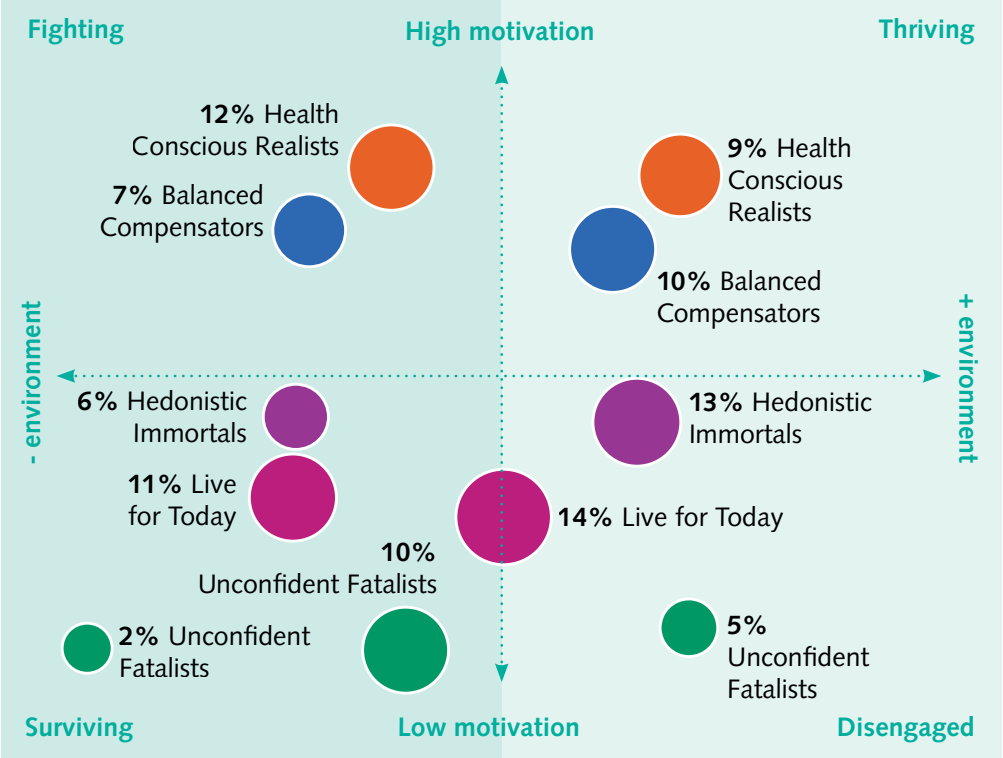
Alone again

Retirement with partner

Retirement no partner

As a person travels through different life-stages, there are numerous events and opportunities associated with that life-stage which can encourage healthy or unhealthy behaviours. In this segmentation, life-stage has been defined by ten groups. Within each group the distribution of the segments can be calculated. For example, the "Freedom years under 25" life-stage will have its own distribution of Balanced Compensators, Unconfident Fatalists, and so on.

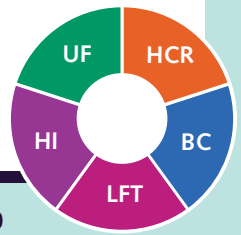
Dividing the motivation segment by IMD (indices of multiple deprivation)



Further information about the Segmentation Model will be available online at **www.dh.gov.uk/socialmarketingportal**. This includes:

- Contact details for local 'superusers', who will provide technical support in each region
- Regional contacts
- The qualitative and quantitative full and summary reports
- The Healthy Foundations survey
- The 'profiling tool' – see **A profiling tool**

A full explanation of the life-stages is available in the **Appendices**.



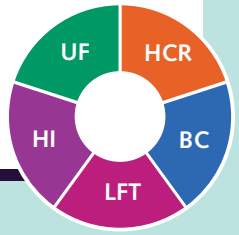
A profiling tool ('golden questions')

The Healthy Foundations profiling tool is intended to provide health practitioners with a means to develop a deeper understanding of their local population. It is a robust and reliable tool that can be used to segment respondents to a high degree of accuracy (c. 88%) using just 19 'golden questions' on a local health survey.

Respondents are asked to rate, or agree or disagree with statements on a range of topics, from the control they have over their own health, the extent to which they enjoy a healthy lifestyle, or feel that it is important.

Practitioners can ask the 'golden questions' at ward, PCT or any other level to segment a particular audience and obtain further insight into a local community and the behaviours that shape health outcomes. Employing such insight will result in a more holistic way of helping people to change their unhealthy behaviour or to maintain healthy behaviour – rather than always taking a disease- or issues-based approach. There is rarely a 'one-size-fits-all' solution that will work across the population. It is hoped that future social marketing and health promotion programmes will be built on shared insight into audiences, clearly defined through segmentation analysis.

The profiling tool will shortly be available online for you to try out.



How practitioners are using the Segmentation Model

Here we provide first-hand accounts from some of the PCT 'early adopter sites' that are already using the Segmentation Model.

"The idea is that the segmentation is based mainly on primary care and other health and social care data."

NHS Tower Hamlets

"At Tower Hamlets we've been working with Experian, the information services company, to produce a bespoke segmentation for the borough. Our aim is to link Experian's classification tool, MOSAIC, which provides in-depth understanding of consumer behaviour, with the Segmentation Model in order to provide a detailed picture of our local population.

The idea is that the segmentation is based mainly on primary care and other health and social care data, supplemented by other lifestyle and commercial data used by Experian. We will also link it in with data from a Health and Lifestyle survey carried out by Ipsos MORI in Tower Hamlets in 2009.

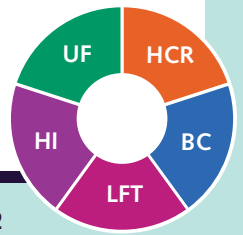
Our area has very high levels of deprivation, and health issues can rarely be solved by traditional medical interventions. We are looking at behavioural drivers to better understand the health inequalities, needs and potential for change among local people.

We know that there will be little motivational data within the bespoke Tower Hamlets MOSAIC, so our plan is to link the data contained in the Healthy Foundations Life-style Segmentation Model with our local segmentation using the TGI hooks that will be present in both datasets. We can then see how well the Healthy Foundations segmentation matches the MOSAIC segmentation, which should help us to identify motivational and attitudinal types.

From there, we will map our motivational insights against service use and assumed service preference. If the match appears valid, we can begin using the motivational data to design interventions that are targeted, tailored, and hopefully very effective."

Tim Madelin,
Senior Public Health Strategist

"Our aim is to link Experian's classification tool, MOSAIC, which provides in-depth understanding of consumer behaviour, with the Segmentation Model."



DH: Healthy Foundations Pilot Site Ashton, Leigh & Wigan PCT

"The Healthy Foundations Segmentation Model is being used to better understand the characteristics and motivations of populations in relation to awareness and uptake of lifestyle services across the borough of Wigan in order to inform future commissioning strategies.

The pilot work in Wigan will initially focus on an analysis of Health Trainer service uptake by using the Segmentation Model within the service evaluation. Work is being undertaken in partnership with the University of Central Lancashire (UCLan) to attempt to retrospectively categorise service users against the population segments using the People & Places geo-demographic tool. The algorithm, which has been developed as part of the Healthy Foundations programme, will be used with new clients to identify the population segment they belong to.

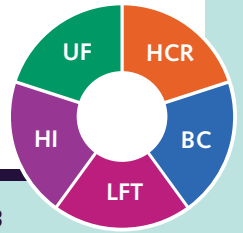
On-going evaluation work involving the use of diaries, quantitative data collection and focus groups will then be used to assess the impacts and experience of users against the different population segments.

The evaluation will support developments specific to the Health Trainer service, but will also inform the way that the service interacts and is positioned alongside other behavioural change interventions such as Stop Smoking services, community weight management, specialist weight management and Find & Treat (local Cardio-Vascular Disease screening programme). The Segmentation Model will be used to influence local commissioning strategies for lifestyle and behavioural change interventions and to support more effective targeting of programmes and interventions in order to stimulate and support behaviour change."

Claire Roberts,
Public Health Development Manager

"The pilot work in Wigan will initially focus on an analysis of Health Trainer service uptake by using the Segmentation Model within the service evaluation."

"The Segmentation Model will be used to influence local commissioning strategies for lifestyle and behavioural change interventions."



Brilliant Futures and East Cambridgeshire Health and Wellbeing Partnership

"Brilliant Futures are providing coaching and consultancy services to the East Cambridgeshire Heath and Wellbeing Partnership. The Partnership wants to research the local population in order to shape behaviour change interventions aimed at reducing health inequalities. The project is targeting Littleport, the most deprived area in East Cambridgeshire.

We recommended that the Partnership made use of the Healthy Foundations Segmentation Model to provide insight into the motivations and environmental drivers of health behaviours amongst the population of Littleport. We also suggested that they use the Model to devise possible intervention approaches by segment.

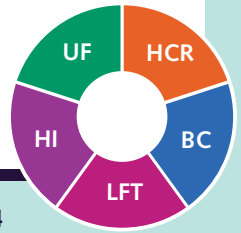
The information generated by the Model will be used alongside insight from stakeholders and other geo-demographic profiling data held by the PCT.

The Partnership has responded very favourably to our suggestions, and is keen to try the new approach. The project will begin with primary research using the Healthy Foundations profiling tool, with 250 face-to-face, door-to-door interviews with people over 16 in Littleport. The proposed interventions will then be tested with the target audience via existing community channels before development begins in earnest."

Richard Donaldson, Senior Associate

"We also suggested that they use the Model to devise possible intervention approaches by segment."

"The Partnership has responded very favourably to our suggestions, and is keen to try the new approach."



"We have had lots of discussions around joining up social marketing activity in Bolton."

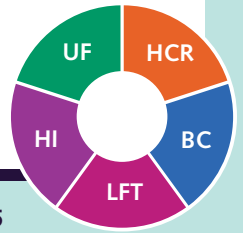
NHS Bolton

"NHS Bolton is planning a joint piece of segmentation work with our local authority and the information and marketing company CACI. We have had lots of discussions around joining up social marketing activity in Bolton and we believe the Healthy Foundations Segmentation Project has the potential to add value to this work.

We are also undertaking a commissioning review of 'wellness services' in Bolton. The health needs assessment phase has been completed and a stakeholder visioning event is planned for June, 2010. An understanding of our local population segments, and what will work to change health behaviours, will be extremely useful to the review process – and this is where the Segmentation Model should prove invaluable."

Lesley Jones, Deputy Director Public Health

"An understanding of our local population segments, and what will work to change health behaviours, will be extremely useful to the review process."



NHS Dudley

"Here in Dudley we are using the Segmentation Model as a strategic tool to help bring about systemic change within the delivery of health services.

We have selected two segments from the Segmentation Model – Live for Todays and Unconfident Fatalists – to demonstrate the viability of segmentation to stakeholders and influence our local Joint Strategic Needs Assessment (JSNA) update.

We are currently reviewing existing programme services and interventions in order to decide which are best suited to the target segments. To help us do this we are using the Healthy Foundations profiling tool to match 'service bundles' with segment type. We are also using what we know about the type of interventions that may work within a given segment.

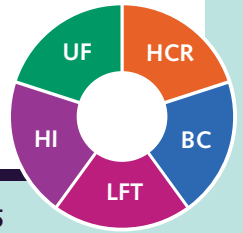
Our overall aim is to influence the commissioning process in the borough by showing evidence of increased efficacy and positive behaviour change. This process should also enable us to justify further funding for social marketing and segmented interventions in the future.

It is a long process, involving in-depth testing, research and evaluations, but if it pays off and we succeed in paving the way for improvements in health campaign delivery, then it will all have been worth it."

Claire Roberts,
Public Health Development Manager

"We have selected two segments from the Segmentation Model – Live or Todays and Unconfident Fatalists."

"Our overall aim is to influence the commissioning process in the borough by showing evidence of increased efficacy and positive behaviour change."



How DH is using the Segmentation Model

In this section we provide four examples of how the Segmentation Model is being used by the DH.

Change4Life

"In Summer 2009, the Change4Life team was given access to the Healthy Foundations database to help further our understanding of middle aged adults, the next target audience for the Change4Life campaign.

Data for adults aged 31 to 60 was cut by weight status (healthy weight, overweight, obese, very obese) and gave us some useful insight into their differences in terms of attitudes and behaviours. For example, key differentiators for people with healthy weight were that they were more likely to perceive a healthy lifestyle as enjoyable and have high self-confidence. For the obese, key differentiators were that they were more likely to say that a healthy lifestyle is not easy, have low self-confidence and have a high level of fatalism when older. These insights were used to inform our qualitative research, which in turn has been used to help develop our marketing strategy for our next target audience of 'middle-aged' adults."

Lucy Brady, Research Analyst, Planning and Insight Team, Department of Health

Mental Health

"Healthy Foundations data shows that there is a strong correlation between poor mental health (GHQ) scores and health risk behaviours such as smoking, alcohol, drug misuse, obesity, sexual health and insufficient physical exercise and fruit and vegetable intake. As the GHQ score increases, these health risk behaviours become more pronounced.

The only exception to this is alcohol which only shows a negative relationship with women. This pattern may reflect that alcohol consumption is high across society."

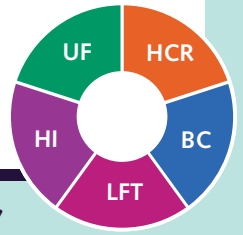
Dr Jo Nurse, National Lead for Public Mental Health and Well-being and responsibility for excess seasonal deaths, Department of Health

Cancer Services and End-of-Life Care

"The Cancer and End-of-Life Care branch, in conjunction with our strategic partners, Cancer Research UK (CRUK), have used the **profiling tool** to segment perceptions of cancer amongst the general public.

Our research is yet to be completed, but in the groups I viewed, it was clear that we were witnessing some kind of balancing behaviours (Balanced Compensators, Male, 50+). For example, one respondent consciously checked for lumps and anything out of the ordinary around his body. Unfortunately, he also smoked more than 20 cigarettes per day. As I understand the demographic, this behavioural pattern is consistent with the segmentation."

Justin Kerr-Stevens, Communications Manager, Cancer Services and End-of-Life Care, Department of Health



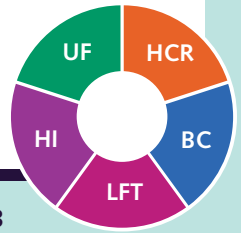
COPD

"We have used the health motivation profiles set out in the Healthy Foundations research and overlaid them on the segmentation work we have undertaken to support the prevention and early identification of chronic obstructive pulmonary disease (COPD). In doing this, we have used the Healthy Foundations segments to support the identification and design of targeted activity/ interventions which might motivate behaviour change. One key insight is that many within our main target group – routine and manual workers (R&Ms) – are Unconfident Fatalists. However, it is clear that changing the behaviour of this group could be the hardest to achieve, given they have the least positive environment and the lowest motivation to change.

A significant insight is to develop and deliver interventions positively – both in terms of environment and positioning.

An alternative and more realistic target segment to start with may be Live for Todays. This group is also heavily influenced by their environment but has a greater motivation to change and therefore could be easier to target. We also think that many younger R&Ms fall into the Hedonistic Immortals profile and that we therefore consider the motivations and potential interventions for this group differently."

Julia Crighton,
Service Engagement Manager,
NHS Medical Directorate,
Department of Health



The local picture

The Healthy Foundations survey findings provide robust estimates of segment sizes for the general population of England. But for smaller areas the sample sizes are too small to be usable.

As the case studies on the previous pages show, there are various ways the Healthy Foundations Segmentation Model can be used including:

- Using the profiling tool (19 'golden questions') as a stand-alone survey
- Using a smaller number of the 'golden questions' and adding them into an existing health survey
- Conducting qualitative research i.e. focus groups using the questions as a basis, to gain further local insights into barriers and motivators of your target audience.

Evaluation

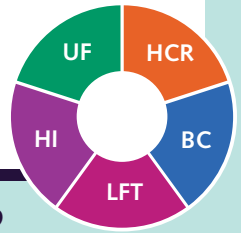
To assess whether the Segmentation Model has helped to target, tailor and deliver local health interventions, practitioners will need to evaluate their work.

A good evaluation with proper baseline and follow up measures will to enable practitioners to identify areas of strength and weakness, and establish key learning that will help to shape future interventions.

Here are some top tips for evaluation:

- Set measurable, achievable and time-realistic targets
- Establish links with networks of other health professionals; this will enable access to evaluation benchmarks, principles and frameworks
- Liaise with DH and share results
- Record methodology as well as outcomes.

As Healthy Foundations gains momentum, DH is keen to hear how practitioners have used the tools, and what the results are. Please get in touch to discuss plans and achievements. Our **contact details** are at the end of this document.



Embedding the Segmentation Model

The Healthy Foundations Life-stage Segmentation Model is a mechanism for delivering tailored interventions based on a holistic understanding of people and their motivations for change. Using the Tool will enable you to tailor your interventions to local needs, helping you to work more easily and effectively across the healthy priority areas. The Strategic Segmentation Model provides audience insights, helping to fill information gaps and lending more depth and detail to current knowledge. It can help you to identify service needs and will assist in the commissioning and delivery process.

It is a vital tool for addressing health inequalities at local and national level. However, to ensure the long-term success and sustainability of the Model, it needs to be adopted and embraced cross-organisationally.

To embed it fully, the Model should be promoted and used at all levels, and championed from top to bottom of your organisation.

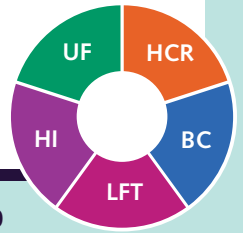
Key benefits

The Segmentation Model proposes a new approach to creating better health behaviour change interventions. Its solid evidence base means that it can be presented as part of a compelling case for the use of insight in health service delivery.

The key benefits that the Segmentation Model could potentially bring to an organisation include:

- **Deep and wide audience insight:** Builds a rich picture of your target audience to enable understanding beyond just health issues and uses quantitative and qualitative data sources, including attitudinal, demographic and behavioural data to help shape effective interventions
- **Support for the prevention agenda:** Helps early identification of those segments of the population who are more at risk of adopting unhealthy behaviours
- **People-centred approach:** Places citizens at the heart of approaches to achieving health equality
- **Saved time and resources:** No need to 're-invent the wheel', as the Segmentation Model is based on sound evidence and intelligence about what motivates people, how they behave, their perceived barriers to change and what interventions will help them change
- **Identification of local and national policy priorities:** Providing a cross issue analysis of people attitudes and behaviour will help Ministers, commissioners, senior managers and officials make more effective decisions about policy priorities and interventions.

So, if you have been inspired by what you have seen and heard about the Segmentation Model, don't keep it to yourself. Pass it on to others around you, and start to embed its thinking and vision into your everyday working life. This way we can achieve lasting positive change for better public health.



Frequently Asked Questions (FAQs)

Q How will HF help practitioners?

A The Healthy Foundations Life-stage Segmentation Project enables practitioners to:

- Provide a consistent and holistic approach to segmentation across the different public service agreement (PSA) target areas
- Develop a better understanding of how a person's attitudes and motivations interact with their social circumstances to lead to negative or positive change
- To better understand the common motivational and environmental drivers of multiple poor health behaviours
- Assist the commissioning process in developing targeted services
- Better targeted efforts and resources at specific groups in most need e.g the 'Live for Todays'
- Provide a quality benchmark for future segmentation research e.g. robust, cross-issue quantitative and qualitative research.

Q What HF tools will be available to practitioners?

A The Healthy Foundations Segmentation tools either being developed, or developed already are as follows:

- Using Healthy Foundations data together with information from established market research tools e.g the Target Group Index (TGI)
- Online reporting tool – allowing cross tabulation of specific research variables, segments and regions **www.dh.gov.uk/socialmarketingportal**
- Profiling tool ('19 golden questions') – for use at regional or PCT level
- This toolkit.

Early examples from Healthy Foundations Policy Areas (Change 4 Life), Mental Health and SHAs/PHOs will be available as work in progress examples.

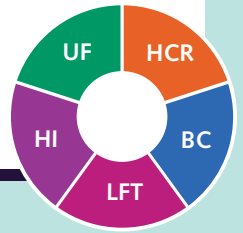
Q Who should I contact if I have a question or want to use the Healthy Foundations Segmentation Model?

A Your first point of contact should be the 'Superuser' in your region. To find out who this in your region visit **www.dh.gov.uk/socialmarketingportal** or refer to the Healthy Foundations presentations. Otherwise please contact the Healthy Foundations project team: **social.marketing@dh.gsi.gov.uk** or **020 7972 4638**.

Q How does the Healthy Foundations Segmentation Model differ from other segmentations models ?

A Whereas some other segmentations are specific to public health areas such as alcohol and obesity, the Healthy Foundations model has been developed to work across issues. Its holistic approach seeks to avoid the substitution of an alternative unhealthy behaviour for that targeted by the intervention – for instance, eating more when giving up smoking. If you are using other models, their segments may overlap with those of Healthy Foundations segments, so it is worth looking at both.

We are currently trying to ensure that the Healthy Foundations model is embedded into current policy.



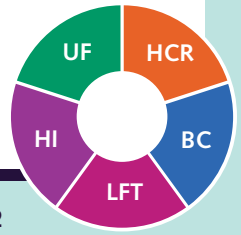
Q How much does it cost?

A Most of the Healthy Foundations segmentation tools and associated insight are free to access (via web portal for Government employees with a .gsi email account – registration required). If you do not have a .gsi email account but would like access to the web portal then contact the DH project team: **social.marketing@dh.gsi.gov.uk** or **020 7972 4638**.

Additional tools, and implementation of the segmentation, will have cost and resource implications for practitioners. However the aim of the Segmentation Model is to help practitioners and to make their work more targeted, more efficient.

Q How can a social marketing approach tackle health inequalities?

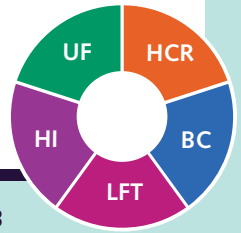
A A concern about interventions that aim to change behaviour is that they can contribute to a widening of health inequalities. Ineffectively targeted interventions can disproportionately affect those who are more able to act on the messages. Using insight and segmentation can limit this effect and ensure that interventions can better help those who need them.



Intervention options by segment

(**Note:** A longer version of the interventions options grid, is available via the social marketing portal.)

Intervention Type	Health Conscious Realists	Balanced Compensators	Hedonistic Immortals	Live For Todays	Unconfident Fatalists
Context Health Motivations	In control of their health, this group feel they are healthy, with high levels of resilience and independence. They perceive no need to compensate for risks, as they do not take them often enough. Low intensity intervention needed.	Enhancing health and wellness is important to this group, who are aware of multiple health issues and responsive to messages highlighting risky behaviour they sometimes engage in. This group engages in 'compensatory' health behaviours. Medium/low intensity intervention needed.	Reducing negative risk behaviour must be associated with enjoyable aspects of healthy behaviour, through medium intensity intervention. Anything enjoyable is perceived as healthy regardless of the risk or outcome.	This group live in the present with a fatalistic, short-term outlook. Unhealthy behaviours are a response to stress, escapism or lack of planning. This group lack self reliance and do not recognise a need for change. Need a high intensity intervention.	This group recognise the need for change. Need to address low levels of self-esteem, fatalism, lack of control and motivation, and low mood through a high intensity intervention. This group do aspire to lead a healthy lifestyle.
Approach	Non-prescriptive approach. 'Maintain wellness' rather than prevent illness. Primary Care setting preferred.	Encouragement to maintain positive behaviour and awareness that the risky behaviour may not be compensated by compensatory behaviours.	Tailored information reflecting their priorities. 'Sell' positive links between health and their lifestyle.	Ongoing monitoring, mentoring, evaluation Hands-on or practical approaches are best.	Present change as worthwhile. Support/hand-hold, take small steps and tackle mental health issues.
Personal Interventions	Wellness health check (outside of medical/ill health context). Personal and clear advice. Supported self management materials.	Health check available across gyms, primary or secondary care. Mentoring rejected by this group, however welcome advisory roles for behaviour change with their own friends. Supported self Management materials.	External trigger/wake up call. Personal and clear advice related to specific need. Incentives e.g free gym pass for completion of health diary.	Health Check – explicit personalised 'real status' away from a health setting to increase personal knowledge. Peer led interventions such as Health Trainers.	Behaviour change support in a private 1-1 environment. Packaged support sensitive to needs: psychological interventions e.g. IAPT Programme, then introduced to lifestyle. Structured single issue programmes. Free health checks.
Engagement	Already engaged with health/ services, so prefer facilitation based approaches.	Already engaged with health, so prefer facilitation through a range of sources. In control of own health, prefer to search for own information via internet, friends and family. Family viewed as the most positive influencers of health.	Prefer to be engaged through multiple channels/ influencers.	Won't 'shop around' for information/advice, so need to go to them. Friends are viewed as positive influencers.	Face to face engagement through known/trusted channels.
Service Utilisation and Satisfaction	Already engaged with health/ services, so prefer facilitation based approaches.	Very low levels of service use (but they are the healthiest). Average levels of satisfaction.	Average levels of service use and satisfaction.	Low level of service use (despite some health issues), including screening attendance. Average levels of satisfaction.	Low level of service use (despite some health issues), including screening attendance. Average levels of satisfaction.



Life-stage categories

Life-stages were constructed based on those suggested by the initial hypothesis. A validated life-stage model was constructed following the Healthy Foundations survey. The life-stages are based on a number of different elements:

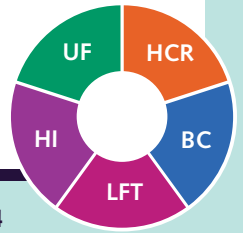
- Age
- Presence of children
- Presence of partner
- Whether they have significant caring responsibilities
- Working status (whether retired or not)

The following tables describes the variables which contribute to the life-stage categories.

Life-stage definitions

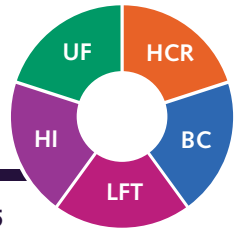
Category	Where this is derived from
Discovery teens	• Any respondent aged 12-15
Freedom years under 25	• Age 16-24 • Have no partner in household and have never had a partner • Have no children in the household and no children outside of the household • Have no caring responsibilities • Not retired
Freedom years 25 and over	• Age 25+ • Have no partner in household and have never had a partner • Have no children in the household and no children outside of the household • Have no caring responsibilities • Not retired
Young settlers	• Age 16-44 • With partner • Have no children in the household • Have no caring responsibilities • Not retired
Older settlers	• Age 45-64 • With partner • Have no children in the household • Have no caring responsibilities • Not retired

Category	Where this is derived from
Young jugglers	• Age 16-44 • Have children in household or have caring responsibilities • Not retired
Older jugglers	• Age 45-64 • Have children in household or have caring responsibilities • Not retired
Alone again	• Age 18+ (The majority are over 30) • Have no partner in household • Have no children in household • Have no caring responsibilities • Not retired • Have had a partner in the past or have children outside of the household
Retirement with partner	• Retired • With partner
Retirement without partner	• Retired • Have no partner in household



For more information

Email the Healthy Foundations Project Team:
social.marketing@dh.gsi.gov.uk or
Telephone **020 7972 4638**.



HM Government

change 4 life

Eat well Move more Live longer

CHANGE4LIFE ONE YEAR ON

In support of Healthy Weight, Healthy Lives

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning/ Clinical	**Estates** Commissioning IM&T Finance Social care/Partnership working
Document purpose	For Information
Gateway reference	13505
Title	Change4Life One Year On
Author	DH
Publication date	16 February 2010
Target audience	PCT CEs, SHA CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, GPs, Communications Leads, Directors of Children's SSs
Circulation list	
Description	This document reports on the first twelve months of the Change4Life programme.
Cross reference	Change4Life Marketing Strategy
Superseded documents	N/A
Action required	N/A
Timing	N/A
Contact details	Change4Life Marketing Team DH Communications Directorate Skipton House 80 London Road London SE1 6LH
For recipient use	

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First published February 2010

Published to DH website, in electronic PDF format only

http://www.dh.gov.uk/publications

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FOREWORD



In 2009, Change4Life came to life.

Responding to an urgent need to tackle the alarming rise in obesity, we launched not just a campaign but a societal movement, Change4Life, with a mission to encourage people to eat well, move more and live longer.

Change4Life set out to move beyond traditional communication, with an ambitious social marketing strategy to match the scale of the challenge: if we took no action, forecasts suggested that by 2050 only one in ten of the adult population could be a healthy weight.

Over the last year, I have seen the Change4Life movement extend across England, with a coalition of grassroots supporters, NHS and local government staff, commercial sector partnerships and non-government organisations joining forces with the Government to bring Change4Life to life.

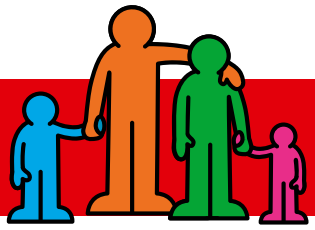
We have mobilised a network of trusted sources to help us communicate messages about how families can eat well and move more. You can now find Change4Life activity in schools, GP surgeries, community centres, even your local supermarket, ranging from reminders to eat 5 A Day, to a new rap composed by kids to promote healthier eating.

As the campaign developed, we launched a range of Change4Life sub-brands, such as Let's Dance with Change4Life, Bike4Life and Walk4Life, that have encouraged and supported people to get up and about and have fun. We have also extended the campaign to pregnant mums and families with babies aged 0–2 with Start4Life, and worked to promote Change4Life within ethnic minority communities.

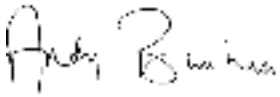
This report shows the fantastic progress we have made towards achieving our shared aim – to create a lifestyle revolution in which we all play a part in changing the behaviours that can lead to people becoming overweight and obese. As we enter Change4Life's second year, we have surpassed all our targets for year one and we are beginning to see the impact on families as they start to adopt new, healthier behaviours.

These might be simple swaps, like switching from full-fat to skimmed milk or walking instead of travelling by car or bus. But they all contribute to our goal of reducing obesity.

While we have made significant progress, this is no time to take our foot off the pedal, so this month we launch Change4Life to a new adult audience and we will be going even further in our mission to help everyone achieve a healthy weight.



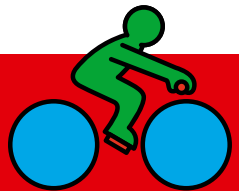
Unless we sustain the achievements of year one, we will still face an obesity crisis in years to come. With the Change4Life brand and the continued commitment and energy of the Change4Life movement, I believe we can support people to make the simple changes that will lead to us living healthier, longer lives.



Secretary of State for Health
Andy Burnham



1. EXECUTIVE SUMMARY



1.1 Background

Change4Life is the social marketing part of the Healthy Weight, Healthy Lives cross-governmental strategy for England.

In its first year, Change4Life focused on those families with children aged 5–11, who were at greatest risk of becoming overweight or obese.

1.2 The Change4Life movement

Change4Life's aim has been to inspire a societal movement through which government, the NHS, local authorities, businesses, charities, schools, families and community leaders can all play a part in improving children's diets and activity levels.

Change4Life has been promoting eight behaviours that help children achieve and maintain a healthy weight.

When families joined Change4Life, they received a questionnaire that asked about a typical day in the life of each of their children. This enabled us to send everyone who completed a questionnaire a tailored action plan with advice for each child. Beyond this, we sent 200,000 of the most at-risk families further support packs, which, through frequent reminders, tips and ideas, aimed to help people keep up good behaviours.

1.3 Achievements so far

We were set challenging targets for the first year of activity. All of the targets were exceeded.

	Year one Target	Year one Achievement
Reach (% of all mothers of children under 11 who had an opportunity to see the advertising campaign)	99%	99%
Awareness (% of all mothers with children under 11 who recalled seeing the Change4Life advertising)	82%	87%
Logo recognition (% of all mothers with children under 11 who recognised the Change4Life logo)	44%	88%
Response to *How are the Kids?* (total number of questionnaires returned electronically, by post or from face-to-face marketing)	100,000	346,609
Total responses (including website visits, telephone calls, returned questionnaires)	1,500,000	1,992,456
Sign-up (total number of families who joined Change4Life)	200,000	413,466
Sustained interest (total number of families who were proven to still be interacting with Change4Life six months after joining)	33,333	44,833

1.4 Are families doing anything differently?

According to our tracking study,[1] over 1 million mums are already claiming to have made changes to their children's diet or activity levels as a result of Change4Life.

When we compare our latest data with a year ago, about 180,000 more mums now claim that their families have adopted *all eight* of the Change4Life behaviours.[2]

Analysis of actual sales data provided by commercial partners suggests that Change4Life may already be having a positive impact on the types of food that families are purchasing.

We are working with other government departments, with industry and with a leading academic to underpin these early positive indications with more robust evidence of behaviour change.

1.5 Local and national partnerships

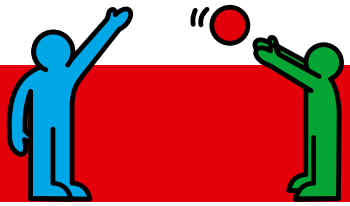
We believe that the success in the first year is a testament to the way in which communities supported Change4Life. For example:

- 44% of primary schools, hospitals, general practices, town and village halls, children's centres, pharmacies, nurseries, libraries and leisure centres displayed Change4Life materials.
- Over 25,000 local supporters used Change4Life materials to help them start conversations regarding lifestyles with over 1 million people.
- NHS staff ordered over 6 million items of Change4Life material to distribute to the public.
- Primary schools generated over 50,000 sign-ups to Change4Life.
- Local authorities and primary care trusts joined up their own activities and created new ones, such as street parties and roadshows.

In addition:

- We have worked with other government departments to launch Change4Life sub-brands, such as Swim4Life, Play4Life and MuckIn4Life.
- Three of the main health charities (Cancer Research UK, Diabetes UK and the British Heart Foundation) ran their own campaign in support of Change4Life, and other non-governmental organisations, such as Natural England and Sustrans, also supported the campaign.

1 See Annex 4 for details of the tracking and all extrapolations made from it
2 British Market Research Bureau (BMRB)



- Businesses supported the movement, for example by providing free gym access, money off fruit and vegetables, and low cost bikes.

1.6 Looking forward

The latest data show that obesity prevalence in children may be beginning to flatten out. This is good news. Change4Life can play a role in accelerating the pace of change towards the government's target of returning obesity levels to 2000 levels by 2020.

We will be using what we have learned about the power of partnerships and community engagement as we evolve the families' campaign for 2010 and 2011.

In the next 12 months, we will do more of the things that families have told us help them to change their behaviours and will test more ways to inspire them to do so. This will involve, for example, providing materials for schools to encourage children to make pledges to change their diet and/or activity levels, and developing a clearer role for the Change4Life sub-brands and Change4Life ambassadors.

We are also producing messages for pregnant women and parents of children under the age of two (under the Start4Life sister brand), for ethnic minority communities and for middle-aged adults.



2. INTRODUCTION



Change4Life is the social marketing component of the Government's much broader response to the rise in obesity, as set out in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (HM Government, 2008) and in *Healthy Weight, Healthy Lives: One Year On* (HM Government, 2009).

Change4Life was launched to the public in January 2009. In the spring of that year, the Government published the Change4Life marketing strategy (available at www.dh.gov.uk) setting out the rationale for the programme, how it was intended to work, and what targets had been set for the first 12 months of activity.

A commitment was made to report on Change4Life's performance against those targets, together with what had been learned about using marketing to influence behaviour, one year later. This report fulfils that commitment.

This document contains the work of a diverse team of people working within the communications directorate of the Department of Health, as well as their policy colleagues across government departments, regional and local counterparts and national and local partners. Ten specialist marketing and communications agencies contributed to the programme and to the thinking that led to it. Nine independent research agencies provided analyses used in this document. In addition, the Healthy Weight Healthy Lives Expert Advisory Group provided technical advice throughout the development and delivery of the campaign.

2.1 Context

The rise in obesity is one of the greatest health challenges facing our society. Already 30% of children and 61% of adults are overweight or obese.[3] If the trend is allowed to continue, by 2050 nine out of ten adults could be overweight or obese.[4]

Obesity is not a cosmetic issue. Becoming overweight or obese increases an individual's likelihood of developing (among other conditions) cancer, type 2 diabetes and heart disease, leading to reduced quality of life and, in some cases, a life cut short. The annual cost to society of obesity-related illness could reach £50 billion by 2050 at today's prices.[5]

Childhood obesity is particularly worrying, since there is a recognised 'conveyor-belt effect' whereby weight gained in childhood continues into adulthood.

Foresight called for a society-wide response to the rise in obesity, creating an environment that better supports people in developing and sustaining healthy eating and activity habits.

3 Health Survey for England 2008
4 Government Office for Science's Foresight Report (*Tackling Obesities: Future Choices,* 2008)
5 Government Office for Science's Foresight Report (*Tackling Obesities: Future Choices,* 2008)

The Government set out its response to the Foresight report in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*. The strategy focused activity across government in five areas:

- Children: healthy growth and healthy weight – early prevention of weight problems to avoid the 'conveyor-belt' effect into adulthood.
- Promoting healthier food choices – reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables.
- Building physical activity into our lives – getting people moving as a normal part of their day.
- Creating incentives for better health – increasing the understanding and value people place on the long-term impact of decisions.
- Personalised advice and support – complementing preventative care with treatment for those who already have weight problems.

Healthy Weight, Healthy Lives: One Year On and *Healthy Weight, Healthy Lives: Two Years On* (both available at www.dh.gov.uk) reported on progress against these five areas.

The Healthy Weight, Healthy Lives strategy is already delivering important changes to the environment and to the society families inhabit. All children are now entitled to five hours of physical activity in and out of school. Free school meals are more widely available and uptake of healthy meals has increased in both primary and secondary schools. A pilot programme has increased the quality of fruit and vegetables in convenience stores in deprived areas. Schemes such as Walk-Once-A-Week and the designation of 19 'Cycling Towns' and Cities have made it easier for families to walk and cycle. Nine 'Healthy Towns' are up and running, with schemes such as mass bike rides, healthy meal events, green gyms and cookery classes. Weight management services for both children and adults have been improved and healthcare professionals have new resources, such as the 'Let's Get Moving!' physical activity care pathway.

From the outset, it was envisaged that social marketing would play an integral part in the delivery of the Healthy Weight, Healthy Lives strategy, by engaging with individuals, families and communities to encourage them to take advantage of these environmental and societal changes and give them the skills, tools and knowledge to change their behaviours. This was recognised to be a long-term and substantial endeavour. A sum of £75 million was set aside for a three-year programme of activity.

2.2 Summary of the one-year marketing strategy

Change4Life is the first national social marketing campaign designed to prevent obesity in England.

It is based on a substantial body of research and insight, combining the academic evidence base with consumer market research. A summary of the research and insight can be found in *Healthy Living Social Marketing Initiative: A Review of the Evidence* (Medical Research Council, 2008) and in *Healthy Weight, Healthy Lives: Consumer Insight Summary* (HM Government, 2008).

Change4Life's initial focus is on families with children aged 5–11, particularly on those whose current behaviours and attitudes indicate that their children are at increased risk of excess weight gain. These families, grouped into distinct 'clusters' using a method that combined qualitative and quantitative techniques, account for approximately 64% of all families and are biased towards low income groups. Initially only clusters 1, 2 and 3 were defined as at-risk; subsequently, cluster 5 was also classified as high-risk.[6]

Change4Life's remit is preventative not remedial: the programme was not set up to recruit overweight or obese children into weight loss programmes but to change the way all of us raise and nourish our children, with the aim of creating a cohort of 5–11-year-olds who have a healthy relationship with food and activity.

Change4Life promotes eight different behaviours that parents should encourage their children to adopt if they are to achieve and maintain a healthy weight (see section 4.4). These behaviours were developed in consultation with the Healthy Weight, Healthy Lives Expert Advisory Group, the Chief Medical Officer and key stakeholders such as the Food Standards Agency.

Since there was no established model for changing these behaviours through a large scale campaign, we took advice from leading academics in the fields of child psychology, nutrition, physical activity and behaviour change, as well as adapting learning and combining best practice from other successful behaviour change programmes. A theoretical model of how families' behaviours might change was developed, with all assumptions being documented in the Change4Life marketing strategy.

The programme developed to support this model differed from traditional government marketing and communications campaigns. Rather than taking a top-down approach, the campaign set out to use marketing as a catalyst for a broader societal movement in which everyone who had an interest in preventing obesity (be they teachers, healthcare professionals, community groups, businesses, charities or individual members of the public) could play a part. This involved working across

6 See Annex 2 for more detail

government departments, recruiting local supporters and forming partnerships with non-governmental organisations and the commercial sector.

Resources were targeted at the families that had been identified as being at greatest risk of weight gain. All materials were researched with families from at-risk audiences in advance, to ensure that the messaging and tonality was both engaging and appropriate.

We consciously decided to avoid government branding, since our research told us that people were keener to be a part of a movement that was owned by all, rather than prescribed by the Government. Accordingly, one of our agency partners, M&C Saatchi, created the Change4Life brand, along with a suite of sub-brands (Walk4Life, Play4Life, Cook4Life, etc) and toolkits which were made available to partners.

It was also a deliberate decision not to use the word 'obesity' in the brand name, since evidence suggests that focusing on positive messages about healthy lifestyles, rather than directly on weight or obesity, is more likely to create effective behaviour change. Indeed, the campaign seldom refers to obese or overweight (and never to fat) children, since this can increase stigmatisation. Instead the campaign refers to 'dangerous amounts of fat in the body'.

The campaign involved:

- paid-for advertising (including television commercials, newspaper advertising and posters);
- sponsorship of Channel 4's *The Simpsons*;
- direct and relationship marketing (including a customer relationship programme, delivered both online and offline);
- digital communications (including a website, email marketing and online display advertising);
- public relations;
- partnership marketing (the creation and dissemination of messages and offers by Change4Life partners); and
- communications aimed at stakeholders (such as the health and teaching workforces).

The campaign also communicated with the public by means of materials distributed to healthcare professionals, via benefits mailings and through schools.

At-risk families were invited to join Change4Life and were sent a questionnaire (referred to throughout this document as *'How are the Kids?')* to assess their current behaviours. Of those who opted in to future contact, 200,000 received ongoing

Change4Life support, advice and information via a customer relationship management (CRM) programme.

To enable local use and implementation, the brand and its assets were made available to local authorities, the regional and local NHS and to local partners. We tried to provide a high degree of flexibility, enabling communities to decide what they needed and create their own marketing materials as well as more lateral solutions (for example, a Change4Life advice centre was opened in Luton, a Change4Life van toured East Lancashire).

Details of how these individual elements of the campaign performed are to be found in Section 4.



3. CHANGE4LIFE'S PERFORMANCE IN YEAR ONE

The targets for the first year of the campaign were:

- to reach 99% of families living in England (defined as an opportunity to see the campaign);
- for 82% of all mothers with children under 11 to recall the advertising campaign (as measured by the tracking study);
- for 44% all mothers with children under 11 to recognise the Change4Life logo (as measured by the tracking study);
- for 100,000 families to complete *How are the Kids?* questionnaires;
- for 200,000 families to join Change4Life (defined as registering their details with us);
- for 33,333 families to still be involved with Change4Life after six months; and
- to generate 1.5 million responses (calls, web visits or paper responses).

These targets were developed in conjunction with our communications partners and with COI, by examining what had been achieved by previous campaigns of a comparable size and by using COI's Artemis evaluation software.[7] Artemis forecasts the levels of response and 'conversion' (the percentage of responders who will then take the desired action), based on media spend and mix.

The campaign met or exceeded all of its targets, many of them in the first few months of the campaign.

3.1 Targets for reach and awareness

The campaign reached 99% of families by the end of January 2009.[8]

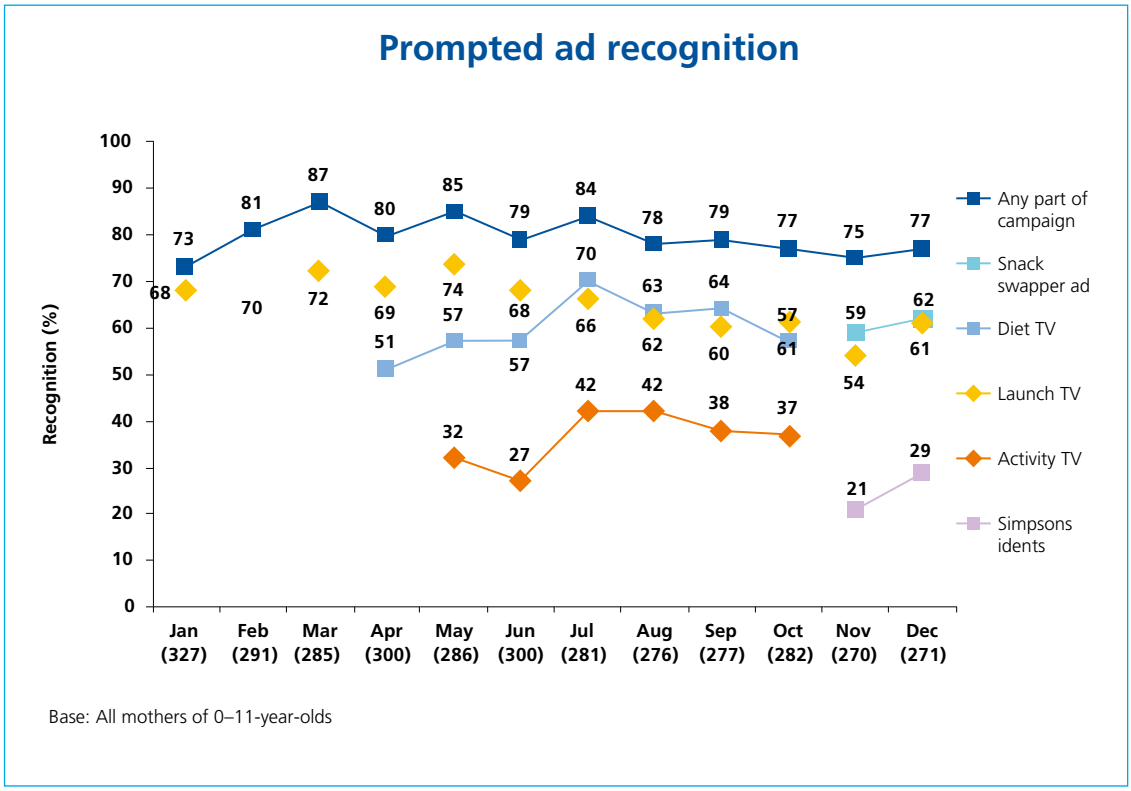
Awareness of the advertising campaign peaked at 87% in March[9] and remained high throughout the year.[10]

7 COI Artemis was specifically developed to better evaluate government and public sector campaigns whose principal objectives are to bring about changes in behaviour and attitudes rather than drive purchasing

8 Source: IPA Touchpoints

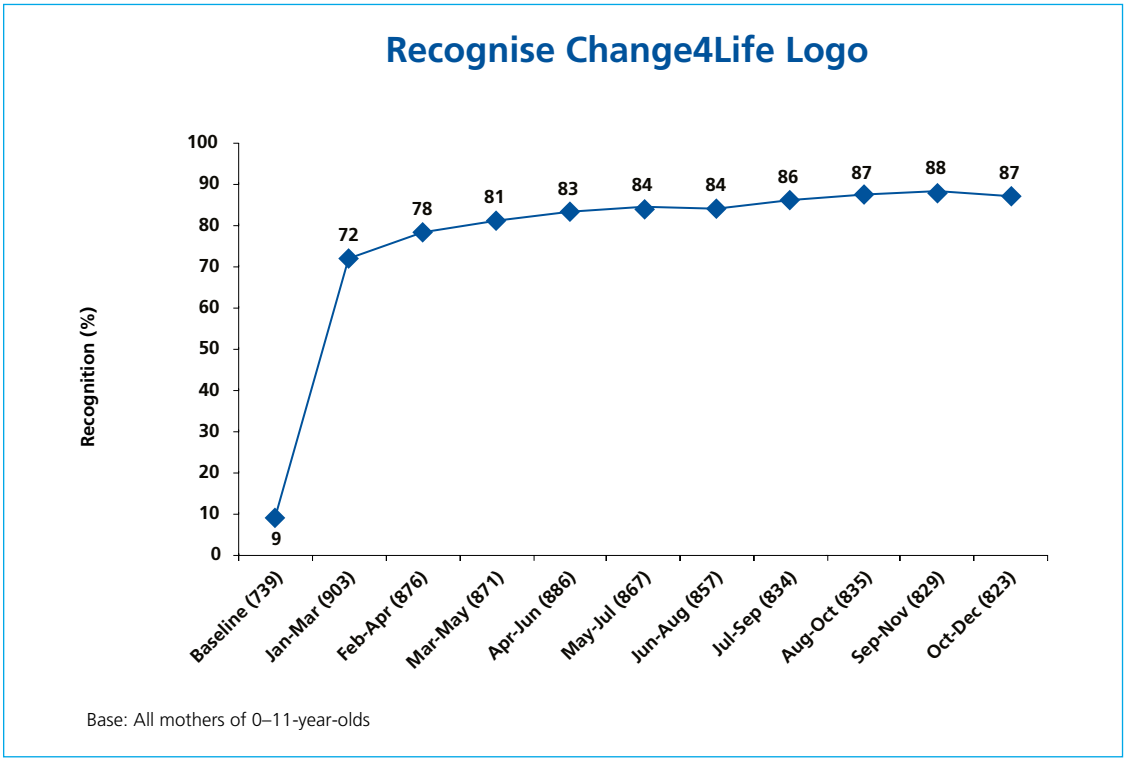
9 BMRB tracking study

10 Note: advertising awareness is reported using 4-weekly data, since it fluctuates considerably depending on television advertising. Since several different commercials ran during the year, the figure for 'any part of campaign' is the most reliable guide for total advertising awareness



Base: All mothers of 0–11-year-olds

Logo recognition exceeded its target, reaching 88% in September-November and closing the year at 87%.

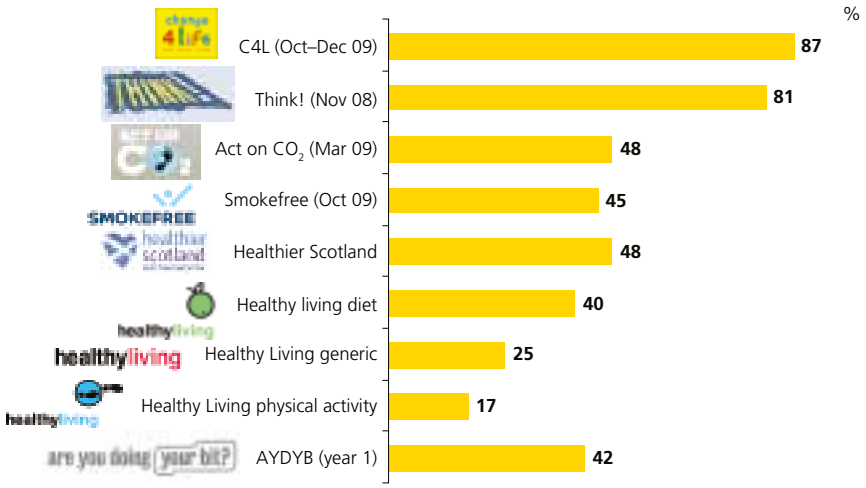


Base: All mothers of 0–11-year-olds

It surprised us that brand awareness was higher than advertising awareness, and on reflection, the target for logo recognition seems low. However, it was based on analysis by COI of other government logos, which typically plateau at between 40% and 50% recognition, some after years of campaigning. There are a few exceptions within Government, the most successful being the Department for Transport's *Think!* identity.

Unlike advertising awareness, which fluctuated in response to bursts of television advertising, logo recognition built steadily throughout the year. This suggests that awareness of the brand is driven not only by the advertising but by other factors, such as activity by commercial partners and NGOs, public relations and direct and relationship marketing, and also not-paid-for activity within communities (see Section 4 for more detail on this).

Logo awareness – vs other logos



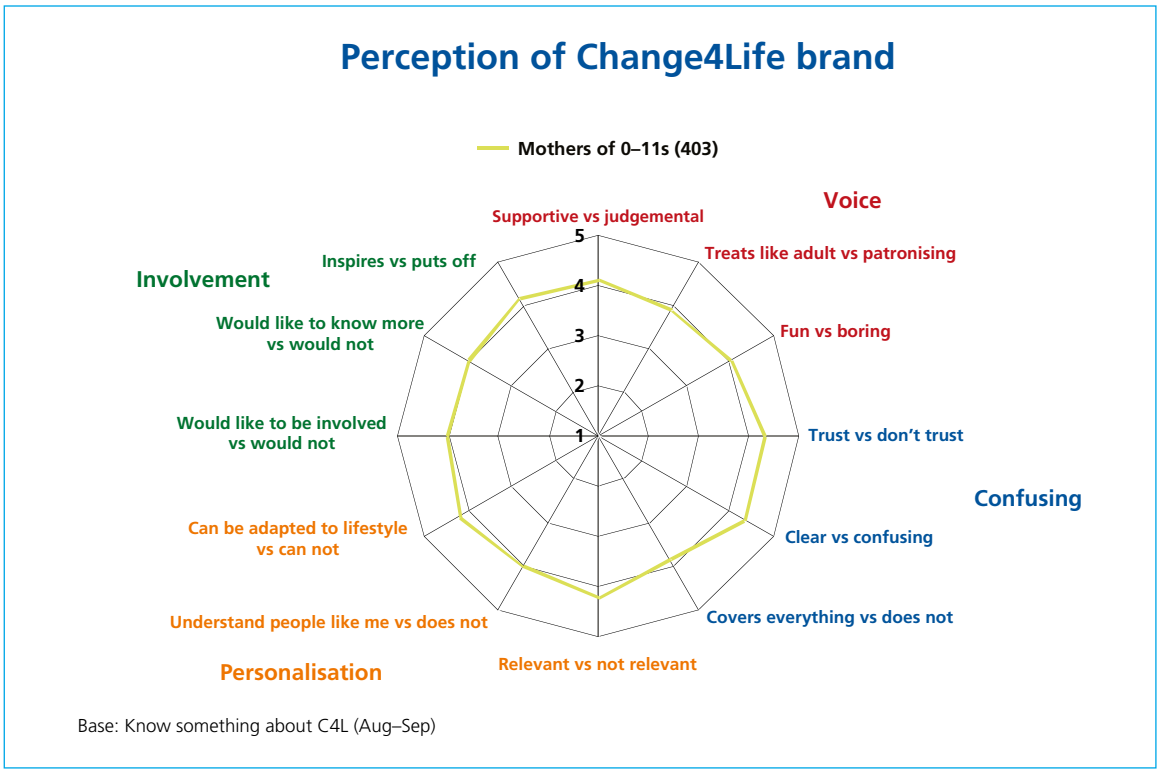
Such a high figure for logo awareness suggests that Change4Life is operating in a different way to other government brands: rather than simply 'kitemarking' information, it is acting like a commercial brand, with values that people can buy into and with which they can identify.

This is underlined by the scores on 'brand metrics' (questions that show how people feel about a brand), which show a high level of affinity between the public and Change4Life.

The chart opposite shows data on a five point scale, where a score of 5 would be the most positive score possible (i.e. if all 403 people chose the positive attribute for that measure) and 1 would be the most negative.[11]

11 Source: BMRB tracking study

The brand is extremely strong on all dimensions, most especially being clear, trusted, relevant, adaptable to lifestyle and supportive not judgemental.



3.2 Targets for engagement

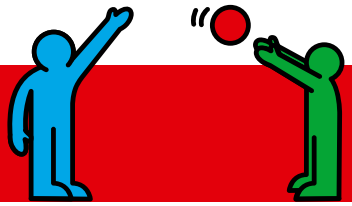
In the first 12 months 413,466[12] families joined Change4Life – that is they registered their details by telephone, post or on the website.

In England, 346,609[13] families sent in *How are the Kids?* questionnaires, of whom 288,487 (85%) provided enough information for us to provide them with a personalised response. Even though *How are the Kids?* is no longer 'live' or being promoted, responses continue to come in at average of over 200 per day.

Some 200,000 at-risk families were included in the postal (and more expensive) version of the customer relationship management (CRM) programme, which comprised four separate packs of additional information and resources (see Section 4). A further 90,000 people received a lower-cost electronic version of the CRM programme.

We had set a target of 33,333 families entering the CRM programme to still be interacting with Change4Life after at least six months. In order to measure continued interaction, we put coupons into the CRM packs to incentivise a response (e.g. 'send this back to receive a free ringbinder'). While response does not in any way signal

12 Source: Data Lateral
13 Source: Data Lateral



behaviour change, it does prove that the packs were opened, read and that the recipients were sufficiently interested to interact further with Change4Life.The second CRM pack (sent out at least six months after people joined Change4Life) received over 44,833 responses.

Counting all postal, online, face-to-face and telephone responses, Change4LIfe generated 1,992,456 responses, exceeding the target of 1.5 million.

These figures are impressive. Independent audits by COI concluded that Change4Life:

- had the fastest awareness build of any government campaign that they had ever monitored; and
- had (in *How are the Kids?)* the most efficient engagement tool in the COI Artemis database.[14]

3.3 Achievement against targets: summary table

	Year one Target	Year one Achievement
Reach (% of all mothers with children under 11 who had an opportunity to see the advertising campaign)	99%	99%
Awareness (% of all mothers with children under 11 who recalled seeing the Change4Life advertising)	82%	87%*
Logo recognition (% of all mothers with children under 11 who recognised the Change4Life logo)	44%	88%*
Response to *How are the Kids?* (total number of questionnaires returned electronically, by post or from face-to-face marketing)	100,000	346,609
Total responses (including website visits, telephone calls, returned questionnaires)	1,500,000	1,992,456
Sign-up (total number of families who joined Change4Life)	200,000	413,466
Sustained interest (total number of families who were proven to still be interacting with Change4Life six months after joining)	33,333	44,833

* Where the figure fluctuates month by month, the highest figure achieved is given; final figures for December were 77% for advertising awareness and 87% for logo recognition.

14 COI Artemis currently contains data for 54 campaigns across a variety of government departments, enabling comparisons to be made in terms of efficiency and effectiveness



4. PERFORMANCE OF INDIVIDUAL STAGES OF THE CAMPAIGN

The staging and shape of the year one activity was based on a hypothetical model of behaviour change. In developing this model, we drew heavily on the academic literature around behaviour change, on previous behaviour change programmes (particularly tobacco control) and on other interventions (often smaller scale, face-to-face programmes) that had successfully changed behaviours.

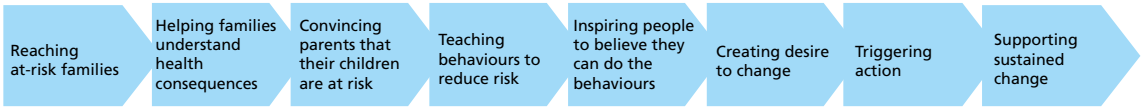
This model assumed that, for behaviour change to happen on any significant scale, people would first need to:

- be concerned that weight gain could have health consequences;
- recognise that their families were at risk and take responsibility for reducing that risk;
- know what they needed to do to change; and
- believe that change was possible.

Then people would need to:

- try new behaviours; and
- embed these behaviours into their daily routines so that they became habits.

This led to a working hypothesis for how behaviour change might be created, which looked like this:



It was always recognised that this model is overly rational and simplistic. We did not expect individual families to travel neatly and sequentially through each stage. Rather we assumed that individual families would move at their own pace, sometimes fast, sometimes slow, sometimes stalling, lapsing or even going backwards for a time. However, it was considered to be a reasonable overview of what might be expected to happen at a population level.

The model also provided a framework for deploying communications activity.

This was aligned into six phases:

- Mobilising the network.
- Reframing the issue.
- Personalising the issue.
- Rooting the behaviours.
- Changing social norms and inspiring trial of new behaviours – 'we're in'.
- Supporting change.

The next section of this report considers each of these phases and explores how well they met their individual objectives.

4.1 Mobilising the network

'Mobilising the network' started in 2008, before any direct communication to the public. The aim of this phase was to ensure that, when the public did attempt to change behaviours, it met an informed and supportive local environment.

An enormous amount of work was done in this stage by local authorities, primary care trusts, strategic health authorities, the government offices in the regions and commercial and NGO partners to prepare for the public launch.

The scope and scale of partnership working that has been achieved is unprecedented, and we worked with representatives from across the network to develop a governance framework and campaign guidance to ensure best practice (full details in Annex 3).

This phase of activity has not been time-limited. Harnessing the strength and creativity of everyone from national partners to local people is part of the creation of a broader movement, and is continuing.

4.1.1 Local supporters

In the context of Change4Life, a 'local supporter' may be someone from the community whose job it is to promote healthy lifestyles or an individual who has influence with our target audience (such as a member of a community-minded voluntary group, club or registered charity). What distinguishes them is that they are willing to do more than help their own families; they are willing to help others.

At launch, there were about 8,000 individuals signed up as local Change4Life supporters. By the end of 2009, there were over 25,000.

Our initial expectation was that local supporters would come primarily from the voluntary sector and from community-minded individuals, many of them parents themselves. Analysis of the local supporter database taught us that (among those who have given us their occupation) 70% are public sector workers, the largest single group (nearly 4,000 people) working in local authorities. While this is not altogether surprising (there is evidence that public sector workers are more community-minded than the general population[15]) it is a reminder that Change4Life is a movement not just of parents but of the people those parents look to and trust, many of whom have a pre-existing professional interest in obesity prevention.

15 See, for example: 'The Economics of Public Sector Motivation', Karlsson, Martin, Oxford Policy Institute, March 2008

Quantitative research[16] (*n*=500) with local supporters showed that the most common way in which they had promoted Change4Life was by facilitating conversations with people about healthy weight, eating well and moving more (75% of respondents said that they had done this), the next closest being displaying or giving out Change4Life leaflets (68%) and putting up Change4Life posters (67%). As many as 23% of local supporters reported that they had already spoken to more than a hundred people about Change4Life. By multiplying the mean number of people that those local supporters who were surveyed said they had spoken to by the total number of local supporters, Continental Research calculated that the 25,000 local supporters have already spoken to over 1 million people about Change4Life.

Asked whether they intended to sustain their involvement with Change4Life in the next year, only 5% of local supporters said that their involvement would decrease; 44% said they expected their involvement to increase and 51% said it would stay the same.

Local supporter case study: Wayne Carter at Bolsover District Council

Wayne Carter works for Bolsover District Council in Derbyshire and runs the Five 60 scheme, which aims to increase consumption of fruit and vegetables and the proportion of children doing sixty minutes of activity per day.

In the scheme, children and their families record their activity levels and consumption of fruit and vegetables over a 12 week period. For every three weeks completed, the family receive an 'exercise cheque', allowing the whole family to take part in a free exercise session at the district council's leisure facilities.

When Change4Life launched, Wayne registered as a local supporter as he felt that linking to the campaign and using the logo was a way to enhance his activity. He used the logo to reinforce the Five 60 promotional materials and ordered Change4Life materials to give to pupils.

Wayne said 'Change4Life helped to raise awareness of the need to tackle obesity. You saw the campaign everywhere: on the telly, in supermarkets, in the community, and I wanted to make the most of linking to it.'

4.1.2 Workforces

We targeted the health and schools workforces as routes in to our families, and designed resources for use both by healthcare professionals and by schools.

To tell workforces that Change4Life was coming, the Chief Medical Officer wrote to every general practice, the Chief Nursing Officer wrote to every nurse and the

16 Continental Research, December 2009

Secretary of State for Children, School and Families wrote to every head teacher, urging them to lend their support to the movement.

Materials sent to healthcare professionals



Note: Messaging to NHS workforces does use the word 'obesity' and features the NHS logo (in contrast to public-facing communication, which does not).

Healthcare professionals ordered over 6 million Change4Life materials.

A quantitative survey (*n*=251) of general practitioners, practice nurses and practice managers, conducted in June and July 2009, showed that the majority were aware of Change4Life and approved of its aims:

- 72% were aware of Change4Life.
- 87% said that they supported the idea of using government money on a campaign to prevent childhood obesity.
- 84% agreed with the statement 'the prevention of people becoming overweight or obese is part of my role'.[17]

Qualitative research with healthcare professionals who were using the materials showed that they found them useful as a 'conversation-starter'. The scale and mass

17 GFK Quantitative Research with healthcare professionals, 2009

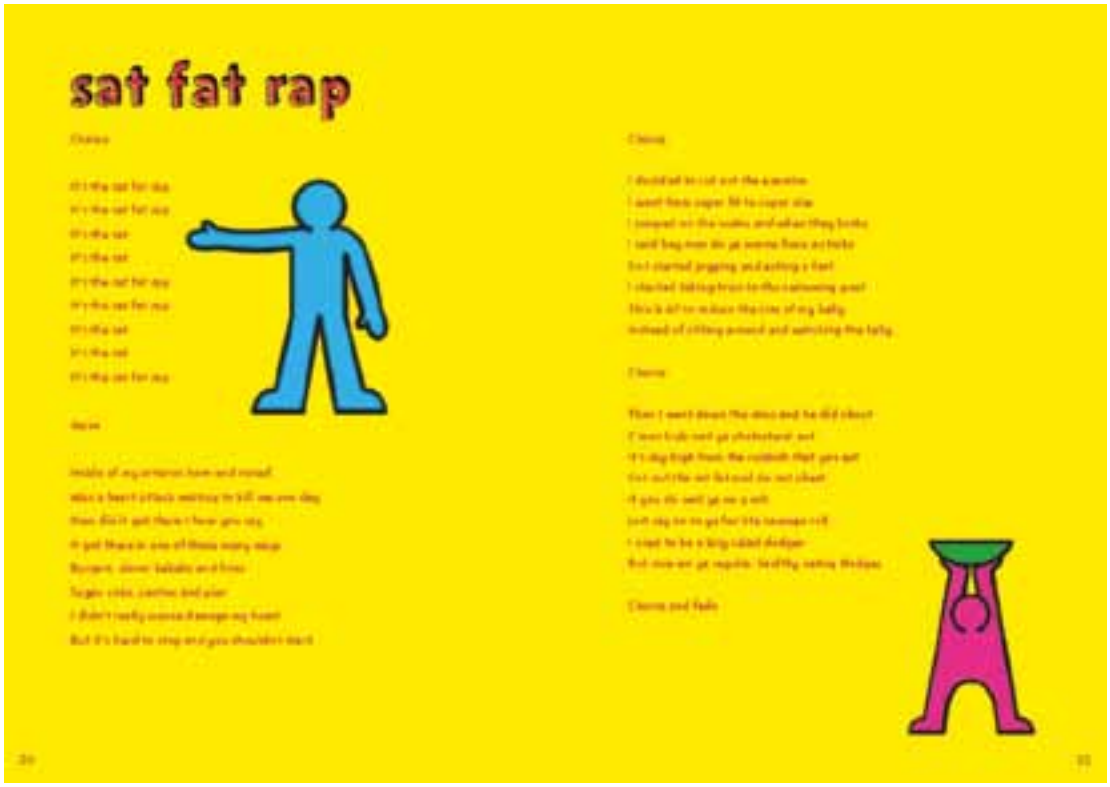
appeal of the campaign makes it easier to bring up the subject of diet and physical activity, as this quote illustrates:

'The materials are easy to use for our client group, because literacy rates are quite low. It's a very good tool to have a conversation.' (Practice nurse)[18]

How are the Kids? questionnaires were delivered to schools with their free fruit and vegetables. This delivery mechanism was the single largest driver of response to *How are the Kids?* delivering a total of 53,091 returned surveys to Change4Life.[19,20]

In addition, Change4Life branding appeared on healthy school food menus. Change4Life lessons and assemblies took place. We also heard about schools harnessing the creativity of children themselves, writing plays, music and lyrics in support of Change4Life.

The Sat Fat Rap, composed by the pupils at Shotton Hall School, Peterlee



Ways in which we will be working more closely with healthcare professionals and schools will be explored in Section 7.

18 GFK Qualitative Research with healthcare professionals, 2009
19 Source: COI Artemis/Data Lateral
20 Approximately 2 million questionnaires were sent to schools, although since they were unsolicited, we do not know how many were given to children. Even if all were distributed, this represents a response rate of 2.5%, which is extremely high for direct marketing

4.1.3 Non-governmental organisations

At the launch of Change4Life, it was important that there was a consistent message about the health consequences of obesity and that this message was delivered not only by Change4Life but also by other trusted voices.

For this reason we asked three of the main health charities – Cancer Research UK, the British Heart Foundation and Diabetes UK – to run their own campaign in support of Change4Life, using the same language and making the same key arguments ('nine out of ten of our children could grow up to have dangerous amounts of fat build up in their bodies' and 'children would be more likely to get type 2 diabetes, heart disease and cancer and could even have their lives cut short') as were made in the government campaign.

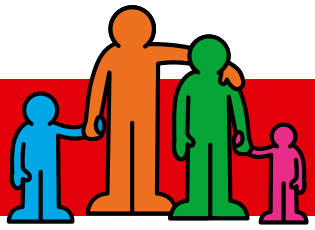
The charities produced this campaign in women's magazines:





This was the first time these three charities had come together to campaign on a single issue and we believe it contributed to the success of the 'Reframing the issue' phase of the campaign. The tracking study indicates that 23% of mothers recalled seeing the the campaign in March.

In addition, we also work closely with other non-governmental organisations (NGOs) such as Living Streets, Sustrans and Natural England, who also have an interest in promoting physical activity.



4.1.4 Commercial partners

We chose to work with commercial partners to deliver the Change4Life messages, not for their financial might but because of the close relationships that they have with the public and their proximity to the point of purchase and consumption, particularly of food products.

All national partners (including commercial partners) must agree to abide by the Change4Life terms of engagement and all applications for partner activity must be approved by the Department of Health. We estimate the value of the media already delivered (or committed to be spent by April 2010) by commercial partners as £7.5 million.

At the stakeholder launch, there were seven commercial organisations that had signed the Change4Life terms of engagement and made pledges to support the campaign. These seven were:

- Tesco
- Asda
- Association of Convenience Stores
- Pepsico
- Kellogg's
- Fitness Industry Association
- ITV.

In addition, the Advertising Association had pledged to put together a consortium that would deliver £200 million of media value (over four years) to the campaign.

At the time of writing, there are 183 national organisations, most of them commercial sector, signed up to Change4Life, 50 of whom are already delivering against their pledges.

We estimate the value of the media already delivered (or committed to be spent by February 2010) by partners to be £9 million,[21] with much more already pledged for future delivery.

Activity included providing lower-cost fruit and vegetables (by, among others, Tesco), promoting Change4Life in-store (for example the Co-operative produced till screen advertising), selling 70,000 family bikes at cost (Asda), sponsoring the London Marathon as the Flora Change4Life London Marathon (Unilever), funding breakfast

21 Advertising Equivalent Value to April 2010 forecast by Manning Gotlieb OMD. At time of writing this is being independently audited

clubs (Kellogg's, working with the charity ContinYou), funding free swimming for all customers (British Gas), producing and airing prime time television programming that showed how people could make changes to their lives (ITV's *The Feelgood Factor*), advertising active games (Nintendo Wii) and promoting the Change4Life sub-brands (for example PepsiCo's support for Play4Life).

Full details of all commercial partner activity can be found at www.nhs/change4life/pages/partners.



The public are already noticing the impact of the partnerships. In the latest period of the tracking study, 29% of mothers could spontaneously name at least one Change4Life national partner.

Case study: Fitness Industry Association and MoreActive4Life

The Fitness Industry Association represents both private sector and local authority fitness venues.

It was one of the original Change4Life partners and has committed to a three year plan of support under the MoreActive4Life sub-brand.

The first phase of activity, during the summer of 2009, saw over 200,000 people take part in 'taster sessions' (opportunities to try new activities for free) at 1,100 participating venues.

Participants filled out questionnaires to assess their FIA 'Healthy Living Index', which combines self-reported data on activity, diet, general lifestyle and emotional well-being.

Data collected by the FIA indicate that 80% of those taking part had a starting Healthy Living Index of average or below average and that participants improved their HLI by 20% over six weeks.

The FIA will launch the second stage of its MoreActive4Life campaign in 2010. The FIA has worked in partnership with MEND[21] to develop a brief behavioural intervention specifically designed to enable the health and fitness sector to proactively target sedentary people. This combines evidence-based behaviour change techniques with nutrition education and varied forms of graded physical activity.





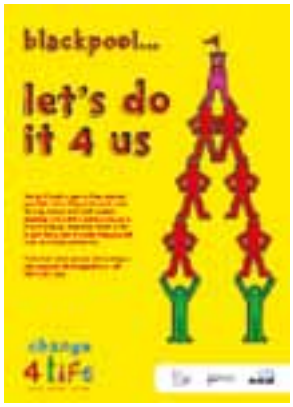
22 MEND is a social enterprise dedicated to reducing global overweight and obesity levels. MEND stands for Mind Exercise Nutrition… Do it!

4.1.5 Local and regional partners

Change4Life created assets that could be taken and adapted by the local and regional NHS and by local partners.

Uptake of these assets has been high. The flexibility of the assets has enabled local areas to create new products that address local issues and make the best use of local knowledge.

Change4Life in Blackpool



Change4Life in East Lancashire



In addition to the activity that regions paid for themselves, a fund of £1 million was set aside from the central money and regions were invited to submit bids for this via their strategic health authority (SHA). All submissions needed to propose a marketing or communications initiative within Change4Life that was specific to a local need or circumstance. Bids were co-signed by the SHA communications director and the regional director of public health.

Eight awards were made from this fund and the table below gives examples of the activities that were organised as a result of this financial support.

North East	A Change4Life play (developed in partnership with Shotton Hall School community arts team in Peterlee); a Change4Life comic (distributed to primary schools, doctor's waiting rooms and children's hospital wards in the region); sponsorship of regional events (including regional Cancer Research Race for Life events and TESCO Great School Run); a Change4Life art project (working with The Baltic in Gateshead to develop a school arts project focusing on 'what Change4Life means to me')
North West	Change4Life 'Down Your Street' events (a radio partnership between Greater Manchester Public Health Network and Manchester Key 103 and a Change4Life radio awareness campaign plus a radio partnership with CFM Radio in Cumbria
Yorkshire and the Humber	Change4Life was the headline sponsor at the Countryside Live event; in addition, dance was promoted via youth dance hubs
East of England	A regional communications campaign and a cookery theatre at the Royal Norfolk Show
London	A Change4Life branded marquee at major community festivals over the summer
South East Coast	A Change4Life/Bike4Life event stand at the South of England Show. The NHS South East Coast Best of Health Awards conference (promoting Change4Life to NHS Colleagues); the launch of an Eat Out Eat Well Award, and a dance promotion campaign across Kent in association with ActivKent and Kent County Council
South Central	A catalogue of Change4Life branded items (such as lunchboxes, aprons, cycling bands and pedometers), a Change4Life image library (to provide a free resource for all local supporters)
South West	A series of highly targeted events focusing on signing up priority cluster families to Change4Life and to sign-post them to Change4Life activities/partners in their area; a communications campaign focusing on healthy fruit and vegetable displays in the independent retail and community food sectors

During October 2009, we asked the British Market Research Bureau (BMRB) to conduct a local audit to assess how much Change4Life material (excluding the mass media campaign) was visible at a local level. Staff visited 400 venues (general practices, pharmacies, hospitals, primary schools, children's centres, nurseries, children's play centres, leisure centres, libraries and town/village halls) chosen for their proximity to 50 randomly generated postcodes throughout England. Staff recorded

any non-paid-for materials visible within the community. The auditors were able to see Change4Life materials on display in 27% of all venues. Change4Life was most visible in general practices (40%), children's centres and leisure centres (36% each), children's play centres (33%) and primary schools (32%). The researchers also interviewed staff and asked whether there were any materials on display in areas of the venue that they were not able to visit (such as changing rooms) and whether materials had previously been on display but had since been taken down. Taking into account these responses, 44% of venues have displayed Change4Life materials at some point.

There was some regional variance in the amount of material on display. Since the tracking study was conducted in the same randomly generated postcodes, BMRB were able to map the observed data back to the tracking study to assess whether a high level of community-sponsored material correlated to increased levels of awareness and knowledge of Change4Life. The analysis showed no statistical difference in the levels of awareness of Change4Life between areas that had high or low levels of community-sponsored materials (which is unsurprising since these measures are close to saturation levels and are driven by mass media). However, there were significant differences in responses to two questions. People who lived in areas that had high levels of community-sponsored communications were significantly more likely to say that they *knew a lot about Change4Life* (17% vs 3%)[23] and to say that they *had passed Change4Life information on to families and friends* (21% vs 8%).

4.2 Reframing the issue

The first stage of the public campaign set out to reframe obesity from a cosmetic to a health issue.

The campaign launched with television advertising supported by a website and a customer information line.

While the paid-for advertising was substantial, the launch also generated significant free publicity. An independent audit[24] showed that, by the end of February, 1,317 separate articles had been written about Change4Life, 95% of which were positive. The auditors placed a value on this coverage of £12,457,572.

23 TNS BMRB October 2009
24 Metrica, 2009





The advertising reached 99% of the target audience during the launch phase and was recalled by 87% of mothers.

It also succeeded in helping parents make the link between the behaviours that cause excess weight gain and poor health outcomes, for example:

- 85% of mothers agreed that the Change4Life advertising 'made me think about my children's health in the long term';
- 81% agreed it 'made me think about the link between eating healthily and disease'; and
- 83% agreed that it 'made me think about the link between physical activity and disease'.

Awareness of the link between behaviour and poor health outcomes also increased.[25]

25 Source: BMRB tracking study. Q1 (Jan-March) data are compared with the baselines as March marked the close of the 'Reframing the issue' phase

	Food that children eat now could affect their chances of developing...		Physical activity that children do now could affect their chances of developing...	
	Pre stage %	Q1 %	Pre stage %	Q1 %
Diabetes	48	**55**	29	**39**
Cancer	24	**29**	19	**25**
Heart disease	52	57	42	**48**

(Note: bold type indicates that the change is statistically significant.)

4.3 Personalising the issue

The 'Personalising the issue' phase was designed to help people recognise that their own families may need to change their current behaviours.

The main marketing mechanic for this phase was the *How are the Kids?* questionnaire on children's diet and activity. *How are the Kids?* was positioned as an opportunity to see how modern life was affecting the individual's family and to start a dialogue with Change4Life. It was not designed to be a scientific study but to generate engagement with our target audience.

The *How are the Kids?* questions were constructed around the eight desired behaviours and were designed to encourage the reader to re-evaluate their children's performance against these behaviours – to make the issue personal.[26]

***How are the Kids?* schools pack**



26 *How are the Kids?* was a means of encouraging participation and not a risk-profiling tool. While the programme generated a vast amount of data, we recognise that it is not an accurate picture of what people are really doing

The survey was available both online and on paper, and was 'door-dropped' directly to high-risk cluster areas, delivered face to face via field marketing, supported with direct response television, made available in doctors' surgeries, pharmacies and post offices, distributed as loose inserts in women's magazines and posted as an online version on the website.

Those who responded received a review of how they scored against the relevant questions, with tailored recommendations for each child.

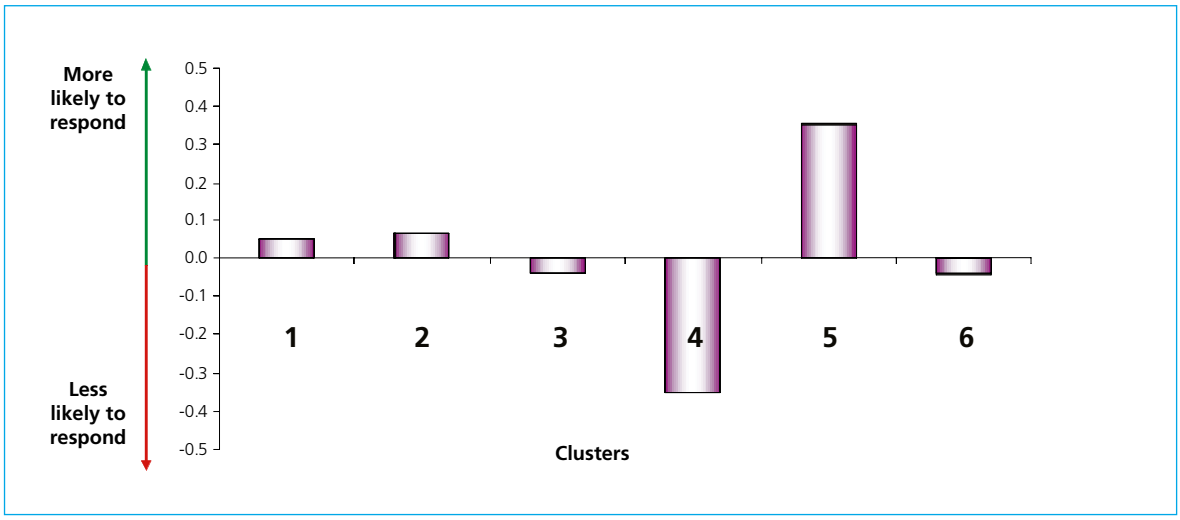
How are the Kids? action plan

We had been set a target for 100,000 responses to *How are the Kids?*

In the event, 346,609[27] families in England sent in *How are the Kids?* questionnaires, of whom 288,487 (85%) provided enough information for us to provide them with a personalised response. Even though *How are the Kids?* is no longer 'live' or being promoted, responses continue to come in at an average of 200 per day.

The success of the *How are the Kids?* initiative was recognised at the Direct Marketing Awards, where the campaign was awarded the gold for the best customer acquisition campaign, the gold for best launch campaign, the silver for best direct response print advertising, and three bronze awards (best use of door drops, best use of field marketing and best use of email marketing).[28]

Response to *How are the Kids?* was higher among at-risk segments, particularly the lower income segments (1, 2 and 5), confirming that Change4Life is engaging the right target audiences and not just reaching already healthy, affluent households (segments 4 and 6).[29]



27 Source: Data Lateral
28 Entries available to read at www.dmaawards.org.uk
29 Source: COI Artemis

4.4 Rooting the behaviours

Achieving and maintaining a healthy weight requires that parents help their children to:

- reduce their intake of fat, particularly saturated fat;
- reduce their intake of added sugar;
- control portion size;
- eat at least five portions of fruit and vegetables per day;
- establish three regular mealtimes each day;
- reduce the number of snacks they eat;
- do at least 60 minutes of moderate-intensity activity per day; and
- reduce time spent in sedentary activity.

Prior to the launch of Change4Life, only one of these (eat at least five portions of fruit and vegetables per day) had any real traction with the public (via the 5 A Day initiative). DH set its agencies the challenge of developing seven new vivid descriptors for the remaining behaviours. The descriptors they generated were:

- Cut Back Fat
- Sugar Swaps
- Me Size Meals
- Meal Time
- Snack Check
- 60 Active Minutes
- Up And About.



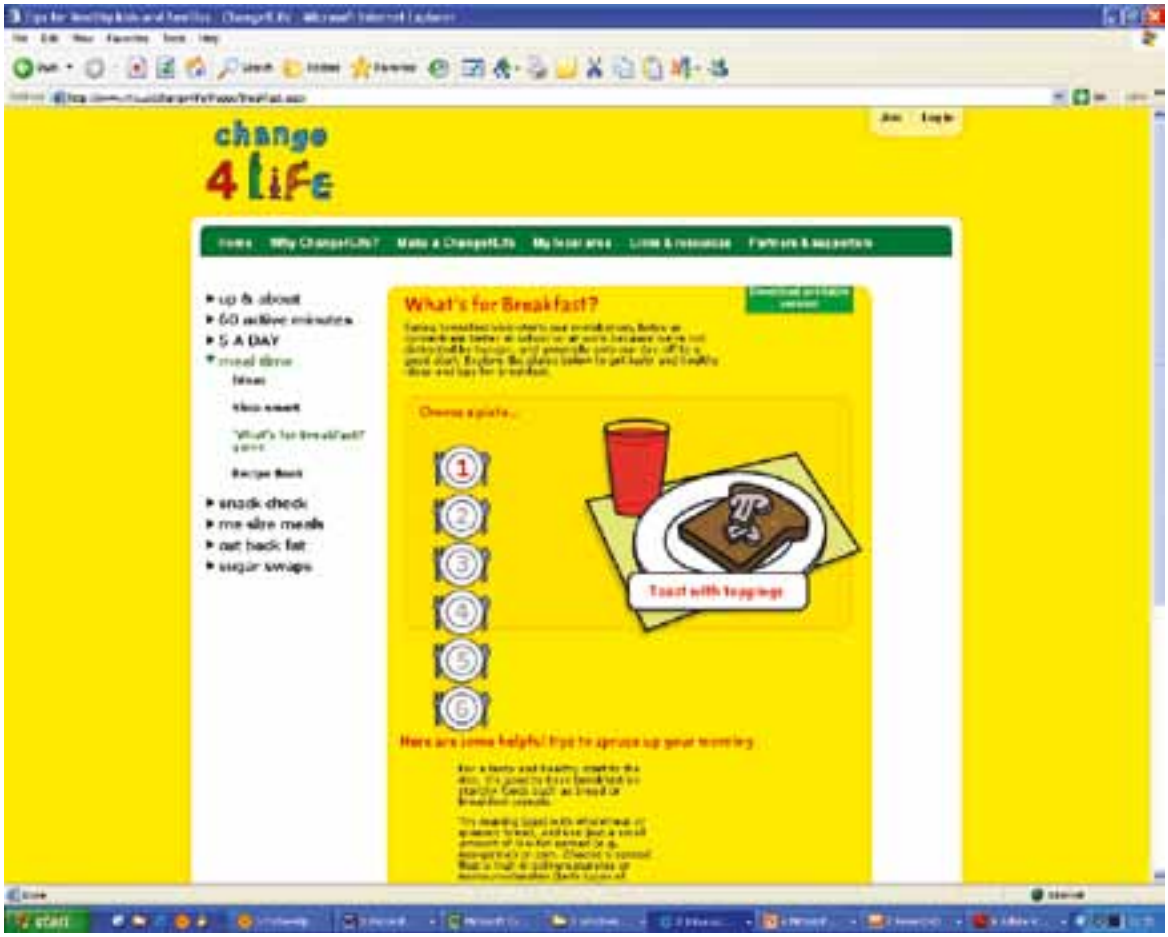
Each individual behaviour was brought to life via a 'sourcebook' of advice and information, which could be used by anyone developing marketing materials



Members of the Healthy Weight, Healthy Lives Expert Advisory Group were instrumental in developing these behaviours and in building confidence across the Department of Health, other government departments, the NHS and the academic community.

The eight behaviours were initially promoted to the public via a wall chart and by interactive tools on the Change4Life website.

Online 'What's for Breakfast?' tool, supporting the Meal Time behaviour:



In addition, three television commercials were made. The first supported Me Size Meals; the second 60 Active Minutes and the third supported Snack Check and Sugar Swaps. For the third, a 'Snack Swapper' tool was developed and distributed via schools, media partners and through the helpline.

There have been encouraging increases in awareness of the eight behaviours:

Behaviour	January 2009 (327) %	October–December 2009 (823) %
5 A Day	80	73
Sugar Swaps	6	26
Me Size Meals	4	36
Snack Check	5	15
Cut Back Fat	14	21
Meal Time	5	14
60 Active Minutes	8	26
Up And About	9	13

Source: BMRB Tracking Study

The significant increases are in those behaviours – Me Size Meals and 60 Active Minutes, Sugar Swap and Snack Check – that have featured in the television advertising, although the trend is positive in most cases.

There is a decline in awareness of the 5 A Day behaviour. We will continue to monitor awareness of this behaviour, to assess whether it needs more support.

Further analysis of the Me Size Meals behaviour is included in Section 6.

4.5 Changing social norms and inspiring trial of new behaviours – 'we're in'

It can be difficult for people to try something new. We know that for people to move from the intention to change to actually changing their behaviour, they need to believe that change is both possible (i.e. believe in their own ability to change) and normal (i.e. believe that people like them are already making changes).

The 'We're in' phase of the campaign seeks to normalise the desired behaviours by providing proof that other people are already changing. It also aims to inspire people to try new behaviours by providing incentives and trial opportuntities.

4.5.1 Regional press partnership

The objective for regional press was to target at-risk areas and showcase stories of Change4Life making an impact at a community level. Regional press was used to generate stories and images of families as they were making their own changes, with an aim of creating a virtuous circle of normalisation.

Amra, which represents over 190 regional newspapers, was chosen for this activity.

Amra used locally sourced case study material to showcase local activity and reported on upcoming and relevant events which fitted the Change4Life movement.

Example of the Amra sponsorship: the *Crewe Chronicle*



Make the leap to a healthier family life

change 4 life

Swimming lessons are a splash hit

swim 4 life

Club members get on their bikes to boost fitness

bike 4 life

Find out how you could be more healthy – visit www.crewechronicle.co.uk/change4life

The activity ran from w/c 29 June to w/c 21 September. We are currently working with Amra to evaluate this activity.

4.5.2 Other local activity

Local activity also contributed to the 'We're in' phase.

Case study: Greater Manchester takes Change4Life 'Down Your Street'


The Diary

Come dancing, Middleton

In the summer of 2009, the Greater Manchester Public Health Network partnered with Key 103 (Manchester's music radio station), Greater Manchester Fire and Rescue and Greater Manchester DriveSafe to deliver a series of community-based street parties. Key 103 asked listeners to send in their stories about why they thought Key 103 should come down their street. Streets were chosen in areas with high levels of deprivation and high numbers of children under 11 years old.

During the lead up to the parties, the Key 103 media van visited all 10 Greater Manchester boroughs, with local healthcare professionals and local authority staff on hand. On board the van were a range of Change4Life activities for the community to engage with. Over 1,500 people visited the bus and podcasts were created at each site to allow a wider public to be engaged.

Four street parties were held in: Harpurhey (Manchester), Curzon Green (Stockport), Stalybridge (Tameside) and Carmine Fold (Middleton). Celebrities (Peter Andre, Alesha Dixon, Daniel Merriweather, the Noisettes and JLS) attended the parties.

During the street parties 328 people (divided into two samples of adults and children aged 5–12) were interviewed. Of the adults surveyed, 58% said that they had been inspired to make changes within their family as a result of Change4Life. Among children, 65% said that they had been inspired by the campaign.

The campaign website attracted 14,936 unique users with 645 click-throughs to the main Change4Life site.

Across the nine weeks of the campaign, Change4Life was mentioned at least once per hour every day on Key 103 by a presenter or in a promotional trail. Change4Life messages were heard on air by 853,017 adults (36% of the Greater Manchester population) an average of 31 times.

Many NHS, local authority and non-governmental organisation (NGO) partners also organised their own activity; for example Active Luton opened a Change4Life advice centre in the Arndale Centre, which provided advice about diet and activity as well as information about local facilities, such as free women-only swimming classes, to the local community.



4.5.3 Impact of the sub-brand activity

Commercial partners supported sub-brands, which have provided inspiration and opportunities for people to try new behaviours. For example:

- Bike4Life is supported by Halfords, Sky and Asda (who sold 70,000 bikes at cost as part of its support).
- Breakfast4Life is supported by Kellogg's.
- Play4Life is supported by JJB Sports, Pepsico and Unilever (Flora).

- Swim4Life is supported by Kellogg's and British Gas (which offered a free swim to all its customers).



Across government, the Department for Children, Schools and Families campaigned around Play4Life; the Department for Culture, Media and Sport (DCMS) promoted the cross-government free swimming offer as Swim4Life; the Department for Transport took up both Bike4Life and Walk4Life as part of its sustainable transport policy; Defra promoted intergenerational conservation volunteering as MuckIn4Life; and the Food Standards Agency aligned its Eat Well programme as EatWell4Life. By April 2009, £1.5 million had been spent on the campaign by other government departments.[30] This was early in the campaign and we hope to repeat this analysis so that we continue to monitor cross-government support as it builds.

30 Advertising equivalent value calculated by Manning Gottlibe OMD

Case study: Defra and MuckIn4Life

The MuckIn4Life brand was developed with Defra to support its conservation volunteering agenda.

MuckIn4Life aims to help people have fun and be healthy whilst taking part in free environmental activities for all the family.

The Muckin4Life website



Independent research conducted for Defra[29] at the events found that:

- 94% of those who visited the MuckIn4Life stand said that they would be more likely to spend more time outside in green spaces in future;
- 86% agreed with the statement 'I now have more ideas of how to get the children involved in environmental activity'; and
- 32% said they were likely (11% said very likely) to volunteer for a conservation/environmental project.

31 HPI Research, 2009

Beyond central government departments, there was also enthusiasm for the sub-brands. Forty-five applications were made to create sub-brands, with 16 (including ideas as diverse as Hula4Life and Skip4Life) created to date.

Case study: Manchester and Points4Life

In November 2008, Manchester was successful in its bid for funding from the Healthy Community Challenge Fund to become a Healthy Town.

Points4Life will launch in Manchester in the summer of 2010. It is an innovative approach that seeks to make activity and healthier food choices easier for the local community.

Developed by NHS Manchester and Manchester City Council, Points4Life is the world's first citywide wellness incentive programme, rewarding people for making healthy and active choices.

Members earn Points4Life when they buy healthy food through partner retailers and by participating in physical activity with a range of partner organisations.

The rewards depend on the number of Points4Life earned, with a range of rewards such as leisure and entertainment experiences, gadgets and money-off vouchers, as well as chances to win money-can't-buy prizes.

Members who reach their Points4Life goals – representing achievable steps towards a healthier lifestyle – qualify for bigger rewards.



To facilitate uptake of the sub-brands, a number of toolkits were provided to enable local service providers to promote sub-brands and, where appropriate, run associated events. Independent research with local supporters found that the most-used toolkits so far are Walk4Life (with 25% of local supporters claiming to have used it) and Breakfast4Life (20%).[32]

32 Contintental Research, December 2009

Case study: Swim4Life

In qualitative research[31] with our target audiences, mothers reported that their children often wanted to go swimming and that they valued swimming as an important life skill that was also fun to do. However, cost was a significant barrier to participation.

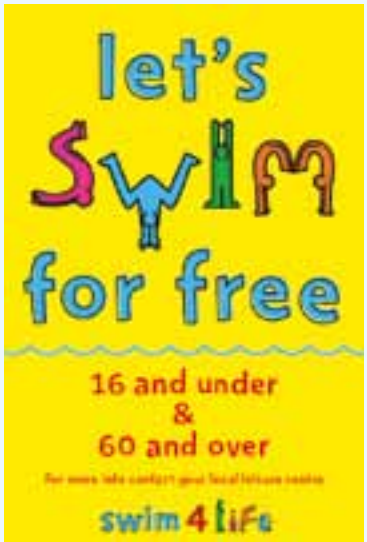
The free swimming programme, launched in April 2009, is a £140 million programme designed to increase participation in swimming in England and lead to subsequent health and economic benefits.

The initiative is based around local authorities providing free swimming for children aged 16 or under and for adults aged 60 or over. Free swimming along with a variety of other initiatives, will contribute to the target set out in the London 2012 Olympic Legacy Action Plan to get 2 million more adults more active by the London 2012 Olympics.

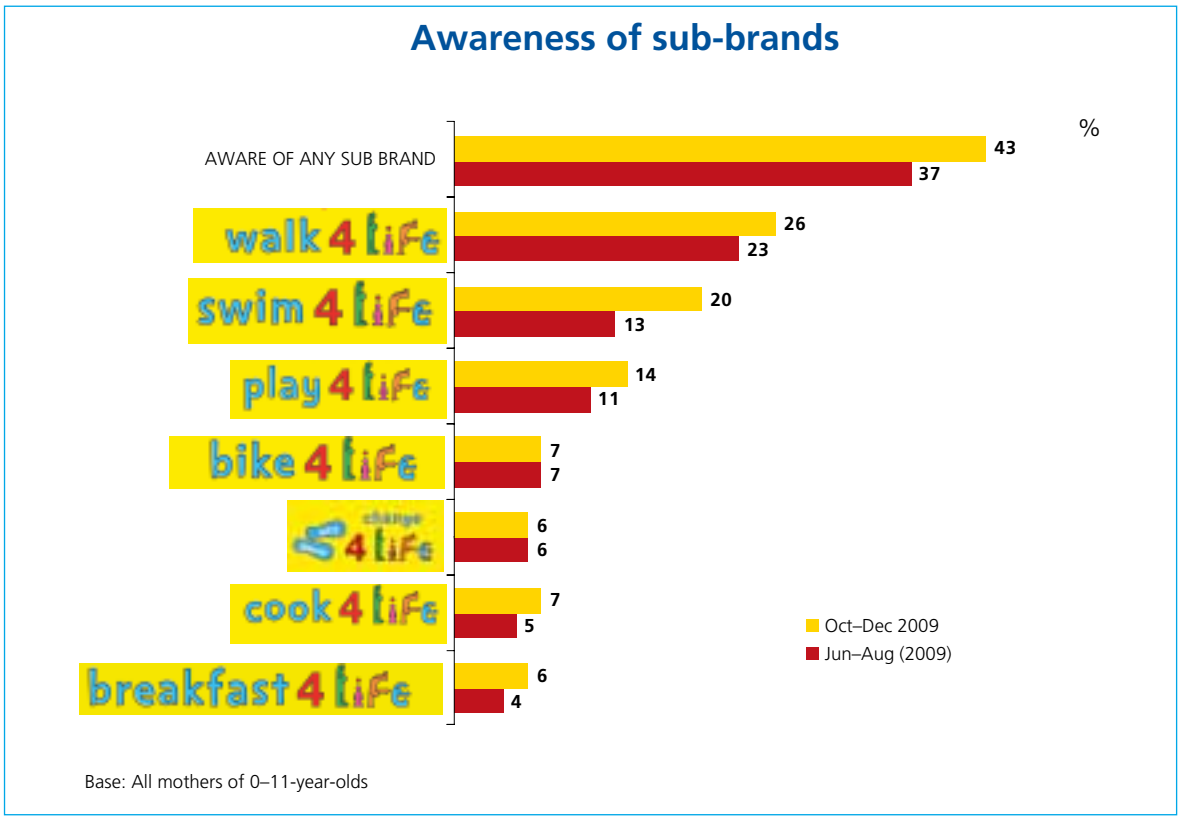
The programme is funded by five government departments: DCMS, DH, DCSF, the Department for Work and Pensions, and Communities and Local Government.

Free swimming is publicised under the Swim4Life sub-brand with a centrally funded poster campaign in participating areas, as well as assets that could be used by local partners. Additional public relations activity has included a competition for children to design a new swimming stroke.

Between April and September, there were over 6.8 million free swims for children under 16 and over 3.5 million free swims for the over-60s.



Public awareness of the sub-brands grew in consequence of the sub-brand activity.



Recommendations for how the sub-brands will be deployed in future are included in Section 7.

4.6 Supporting change

Change4Life messages and information can be accessed through many different channels. However, we also provided an intensive programme for families who were likely to need most support.

Of the 413,466 families who joined Change4Life, 387,906 (85%) provided contact details and gave us permission to continue sending them further communications.

From among these, we prioritised 200,000 families (using postcodes to determine those households that were most likely to be at risk) to enter a customer relationship management programme, which comprised four separate packs of information and resources, designed around the calendar of family life and delivered to their homes.

In addition, over 90,000 others who had opted in to further communication received an electronic customer relationship management (CRM) programme.

CRM pack 1 ('Your Summer Survival Kit') contained an activity book, the offer of a free ringbinder and either a snakes and ladders game (with dice) or a pedometer (for families with older children).

CRM pack 2 contained three booklets (Me Size Meals, 5 a day and Swaps).

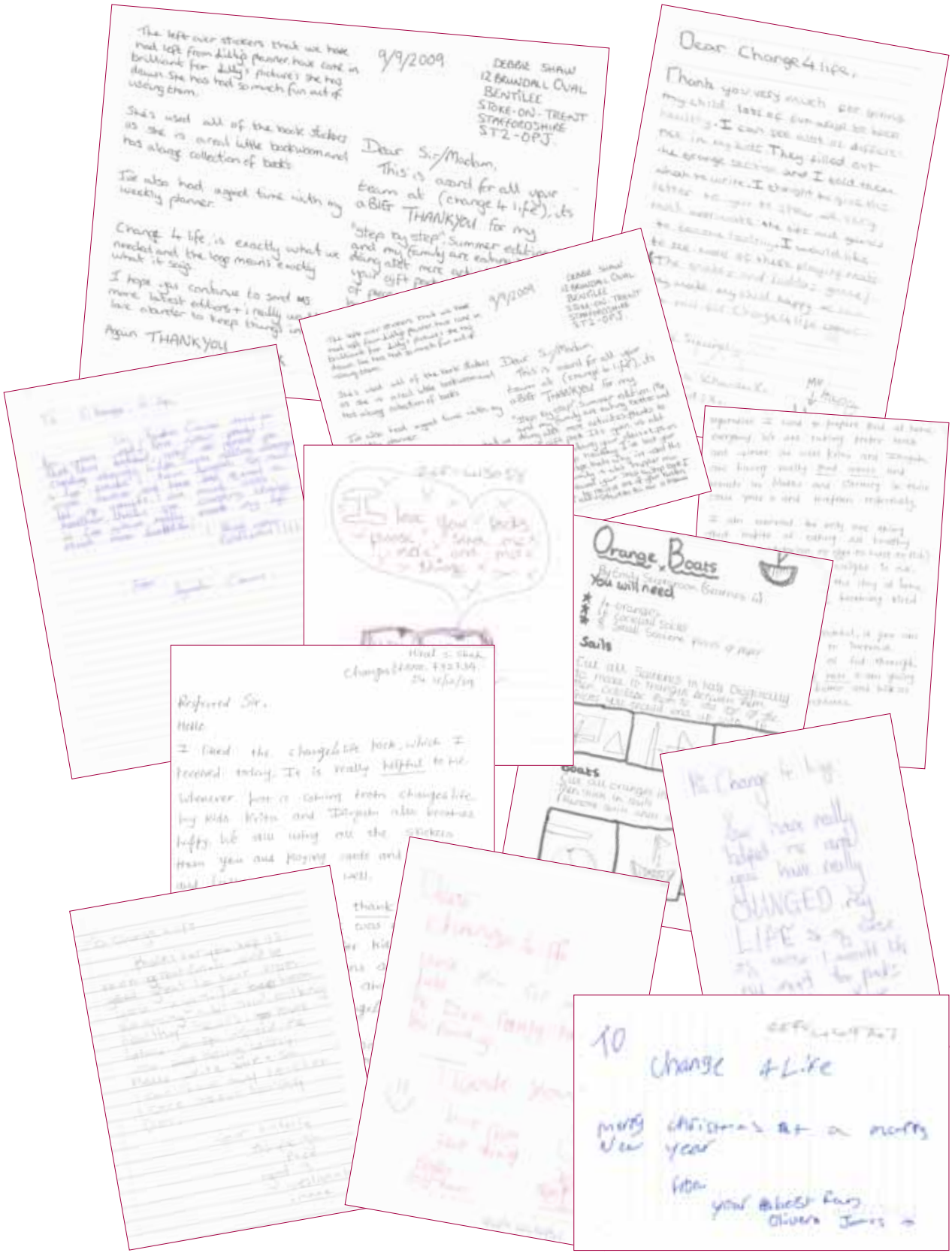
As discussed, we know that at least 44,833 people were opening the packs and reading at least the letter (since they returned a coupon to us).

In addition, we asked the people who received CRM2 to tell us whether or not the pack had been useful to them. Analysis of responses from the first 8,000 coupons received shows a high degree of customer satisfaction with the pack.

What do you think of this pack? Base: those answering this question	**4537 (%)**
Brilliant	76
Good	22
OK	2
Not very useful	*

We also asked people for their comments on the Change4Life programme as well as their suggestions for what could be improved. Over 23,000 people hand wrote responses to this question. A selection of their responses is included opposite.

From the 23,000 handwritten responses to the CRM pack



Outside the CRM programme, we realised that there was considerable appetite among the public for interactive products and tools that would provide stimulus to change their behaviours and would help them track the changes that they were making. For example, we included a response mechanism on the Change4Life 8 Behaviours wall chart that invited people to phone Change4Life if they would like to receive another wall chart. 17,738 people took up this opportunity.

For this reason, we set our agencies the task of creating an integrated communications package around the Snack Check (reducing consumption of unhealthy snacks) and Sugar Swaps (reducing consumption of added sugars) behaviours. This package involved the creation of a product (the 'Snack Swapper'), advertising (a television commercial), public relations (including distribution of the Sugar Swapper in women's magazines), partnership activity (including free distribution through schools and the NHS) and an online version.

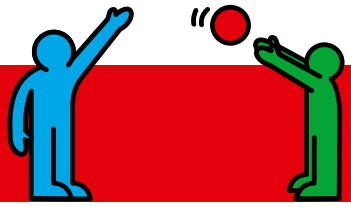


Over 2.5 million Snack Swappers were distributed to the public, supplies were exhausted and Snack Swappers gained their own online following through blogs, Facebook and Twitter posts.


Did anyone see the snack swapper advert?
ELE
Member
I saw an advert the other day which had details how to get a snack swapper for your kids. Did anyone see it as i cant find any information to get one??
Thanks
Quote
Joanne H(321)
Member
I think its the change for life thing on the website you mean if you google that you should be able to find the snack swapper
Quote



5. WHAT HAVE WE LEARNED FROM THE FIRST YEAR?



We are aware that others may wish to replicate some or all of the Change4Life programme and, to this end, we thought it worthwhile documenting what we believe to be the important factors in its performance to date (as well as outlining some things which, had we our time over again, we might have done differently).

5.1 Critical success factors

We believe the following have been critical to the success to date:

- **Embedding Change4Life within the broader policy context.** The campaign is not an add-on, it is an integral part of Healthy Weight, Healthy Lives. It has helped to bind the policy together and explained it to the public.
- **Basing the campaign on the latest evidence,** including evidence generated through ongoing campaign research and monitoring, sharing that evidence base widely and seeking expert opinion to guide decisions where the evidence base is limited.
- **Engaging specialist suppliers**, all of whom, while outstanding in their own field, are also capable of working together in a spirit of cooperation.
- **'Open source' marketing**: the creation of sub-brands and allowing partners to create their own sub-brands, content and programmes, encouraging them to feel that they are part of a bigger initiative.
- **Building a coalition of partners**, including commercial sector, non-governmental organisations and other government departments.
- **Working to engage the local NHS and the schools**. Pre-existing networks, such as regional obesity leads, regional physical activity leads and healthy schools coordinators have all worked hard to promote the movement in their areas.
- **The Change4Life brand identity**, created by M&C Saatchi (and the claymation television advertising developed by Aardman Animation) captured the imagination of the public and made it possible to land some hard-hitting messages in an engaging and charming way. It has also provided a rallying call for those already working in the area.
- **The *How are the Kids?* mechanism**, created by EHS Brann. *How are the Kids?* was the entry point into Change4Life for 63% of those who joined. Without it, we would have ended the year with a database of only 149,458 families, about 50,000 short of our target. In addition, we know that families who joined Change4Life through *How are the Kids?* engage more frequently with other aspects of the programme.

5.2 If we had our time over again, what would we do differently?

The campaign was developed (and is being delivered) at great speed. Our advice to others contemplating such a programme would be:

- **Spend more time on the 'Mobilising the network' phase**: on reflection, we underestimated the amount of time it would take to engage properly.
- **Start the CRM programme sooner:** many families waited months for their first CRM pack; we should have had the CRM programme ready to go out to families as soon as they joined Change4Life.
- **Develop more products for professionals** such as teachers and doctors who have a professional interest in combating obesity.

5.3 Did the programme represent good value for money?

When we spend public money on an intervention, we need to consider whether it represents good value.

This section provides answers to the following questions:

- Was the investment in Change4Life deployed efficiently?
- Did the government investment attract other marketing spend relating to obesity that would not otherwise have happened?

5.3.1 Was the investment in Change4Life deployed efficiently?

5.3.1.1 Buying review

An independent review of the media buying for the Change4Life campaign[34] highlighted considerable savings across all media channels:

- Securing sponsorship of *The Simpsons* for less than 50% of the market price.
- Over-delivering launch TV by 20% (achieving 20% higher ratings than paid for).
- Added value of over £700,000 across press partnerships and display advertising.

In all, over £6 million worth of media savings were made across the year, the equivalent of 40% of the actual spend.

5.3.1.2 COI Artemis

COI's Artemis tool holds data for 54 government campaigns and enables government departments to assess the cost effectiveness of their activity.

COI Artemis measures:

- cost per response (includes all calls, texts, web visits and survey returns);
- cost per active response (the cost for a response where the individual went on to do something active, such as order fulfilment materials); and
- cost per intermediate conversion (the cost for a response where the individual registered their details, gave us more information about themselves or opted in to an ongoing relationship with Change4Life).

The original COI Artemis forecast (based on the media plan) was for 100,000 returns at an average cost per response of £5, cost per active response of £22 and cost per intermediate conversion of £27. These forecasts were themselves bullish: the average cost per response across government campaigns is £13, the average cost per active response is £115 and the average cost per intermediate conversion is £303.

How are the Kids? delivered a cost per active response of £10 and cost per intermediate conversion of £15, making it the most cost-effective response mechanism in government.

		How are the Kids?	
	COI Artemis average	**COI Artemis forecast**	**Actual**
Cost per response	£13	£5	£5
Cost per active response	£115	£22	£10
Cost per intermediate conversion	£303	£27	£15

5.3.2 Did the government investment attract other marketing spend?

The original investment in the DH campaign attracted:

- £1.5 million in spend from other government departments.[35]
- A further £7.5 million of national partner activity.[36]
- £12,457,572 in free media space for the launch.
- £532,393 in free media around the sponsorship of Channel 4's *The Simpsons*.
- £200 million in commitments by the Advertising Association consortium.
- Considerable as-yet-unquantified activity by local supporters, regional and local NHS, local authorities, schools and healthcare professionals.

35 Advertising Equivalent Value to April 2010 forecast by Manning Gotlieb OMD. At time of writing this is being independently audited

36 Advertising Equivalent Value to April 2010 forecast by Manning Gotlieb OMD. At time of writing this is being independently audited



6. IS THERE ANY EVIDENCE THAT FAMILIES' BEHAVIOURS ARE CHANGING?

In the original marketing plan, we stated that we would not expect to see significant behaviour change in the early stages of the campaign. However, even at this stage, there are promising signs that people may be changing their behaviours. This evidence is drawn from two sources:

- the tracking study; and
- basket analysis.

6.1 What does the tracking study tell us?

As part of the monitoring of Change4Life, we commissioned a tracking study, fielded for us by the market research company, BMRB. The tracker is continuously in operation, and interviews 300 mothers with children aged 0–11 every month.

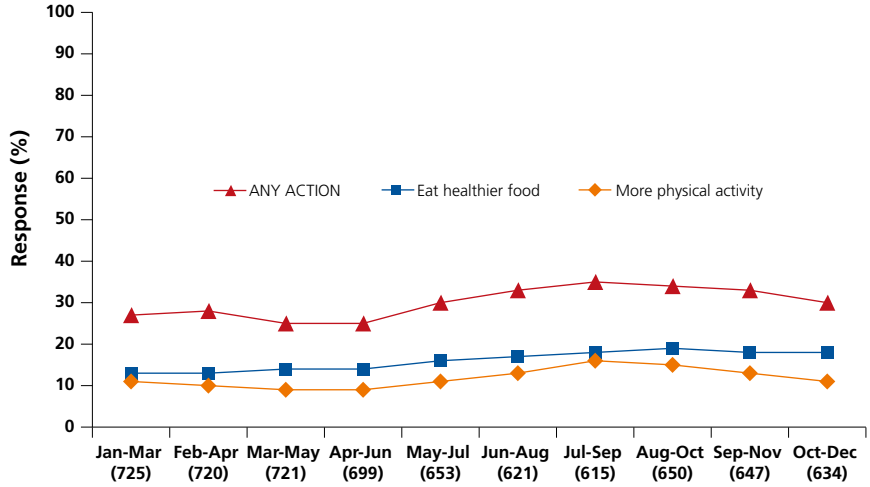
The tracker asks mothers about their own behaviours, the behaviours of their children, and their beliefs about what constitutes a healthy diet, as well as checking for awareness of the campaign, specific adverts, sub-brands and behaviour descriptors.

Data is collected face-to-face in the respondents' homes. Fieldwork began in December 2008, before the launch of Change4life in order to provide a 'baseline'.

The tracker is a rich resource, allowing us to see how attitudes and claimed behaviours change throughout the year and giving us, in the final quarter, the opportunity to make year-on-year comparisons. However, we exercise caution when interpreting the data in the tracking study, since we know that there is a risk that the campaign could increase the social desirability of certain responses.

The tracker shows a high degree of claimed change, with three in ten of those mothers who were aware of Change4Life claiming to have made a change to their children's behaviours *as a direct result of the campaign.* This equates to over 1 million mothers claiming to have made changes in response to the campaign.

Action taken as a result of seeing the ads (prompted)



Base: All mothers of 0–11-year-olds who have seen any ads
*denotes that these are statistically significant

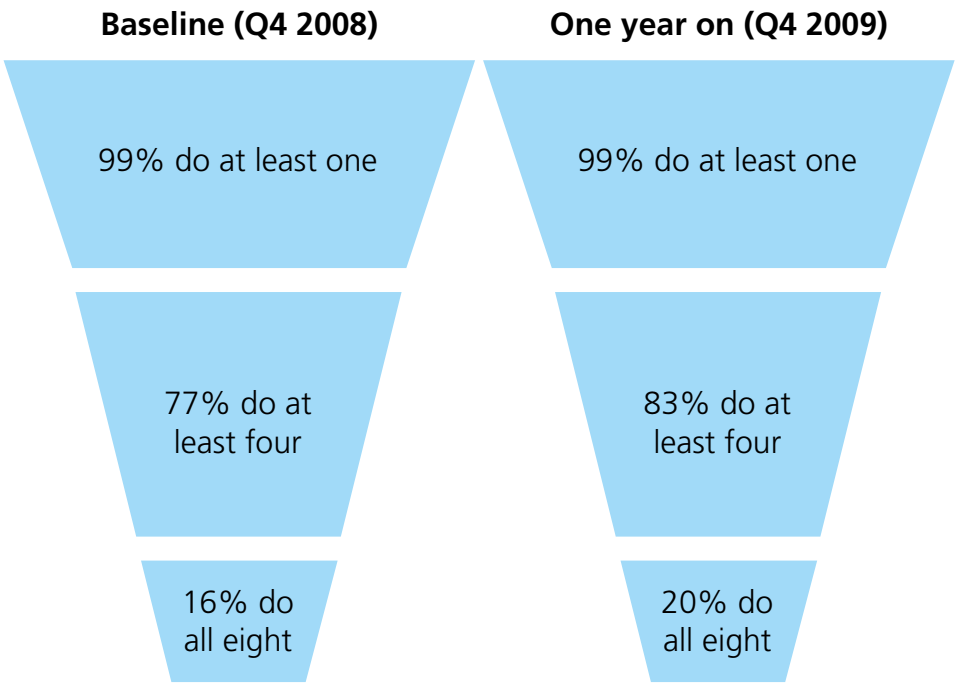
It is interesting that some people claimed to be changing their behaviours as soon as they saw the advertising, although there is a steady increase from the beginning of the 'Rooting the behaviours' phase, which peaks in the summer and then declines slightly at the end of the year. It seems likely that there is some seasonality to family behaviours, with physical activity being more popular in warm weather and comfort-eating more tempting in the cold. Clearly we will need to look at more than one year's data to see whether year-on-year trends are changing.

It is perhaps more useful to look at what people are claiming to do and to do, and actually do, without the halo of the Change4Life brand. The tracking study asks people about the eight behaviours right at the beginning of the questionnaire, before the Change4Life branding has been revealed (and without using the Change4Life versions of the behaviours). We asked about these behaviours before the campaign launched and throughout the activity, so it is possible to make year-on-year comparisons.

Almost all mothers (99%) claimed that their children did at least one of the Change4Life behaviours at the pre-stage and this remained constant throughout the year.

Encouragingly, however, the number of mothers claiming that their children do all eight behaviours increased from 16% at the baseline to 20% by quarter four. This also showed seasonality, climbing steadily throughout the year (18% in the spring, 20% in the summer and 24% in the autumn, dropping slightly in the winter).

Trend in mothers claiming their children have adopted the Change4Life behaviours



The proportion of families having adopted at least four of the behaviours has also increased (in other words, the campaign has not only encouraged families who already had relatively healthy lifestyles to become even more healthy; it has also persuaded people with much less healthy lifestyles to make an effort to improve their health).

If the claimed data equate to actual change, an extra 4% of families (about 180,000) are now practising all eight behaviours.[37]

37 See Annex 4

Case study: What is happening with portion size?

Portion size is one of the behaviours we have promoted most. The tracker provides us with a rich source of data around portion size. It measures mothers' beliefs about what constitutes a healthy portion size, their awareness of the 'Me Size Meals' behaviour, and their claimed adherence to this behaviour.

In all cases, we see a positive trend following the Me Size Meals advertising:

	Baseline (Dec 08) (656) %	Final quarter Oct–Dec 09 (727) %
Proportion strongly agreeing:		
It's better to give children smaller portions and then they can have seconds if they want	31	42
Proportion strongly disagreeing:		
As long as my children aren't overweight, I don't worry about what they eat	38	40
The most important thing is to fill up my kids, so I encourage them to clear their plates	17	34
Proportion aware of Me Size Meals behaviour	4	36
Proportion claiming to serve child-sized portions	60	69

In addition, the proportion of mothers claiming that they now limit the amount of food on their own plates has also increased significantly from 35% at the baseline to 42% one year later, suggesting that changes made for children may also have, in the case of this behaviour, a positive effect on parental behaviour.

6.2 What can basket analysis tell us?

'Basket analysis' uses data provided by retailers to track actual shopping behaviour. It employs a variety of methods, including geo-demographic profiling of store loyalty card data (to see what sort of people bought what sort of products) and the use of in-home scanners (so that panellists, who have already provided demographic information, can automatically upload data on all of their purchases). Individuals give their consent for their information to be used in this way, and the data is presented anonymised and aggregated.

To understand whether Change4Life might be beginning to have a measurable impact upon the food that our at-risk audiences were buying, we commissioned dunnhumby to analyse data from the Tesco Clubcard database.

6.2.1 Exploring the relationship between joining Change4Life and food purchasing

In a pilot study using objective measures of actual purchasing behaviour, dunnhumby analysed purchases (using the Tesco Clubcard database) of 10,000 of the families who were most engaged with Change4Life.[38]

The analysis compared purchases made at Tesco during September, October and November 2009 (the intervention period) with the same three months of 2008 (i.e. pre-Change4Life). To factor out the impact of pricing and sales promotion, dunnhumby created a control group of 10,000 non Change4Life families who were demographically comparable and whose purchasing in 2008 matched the intervention group.

Profiling by dunnhumby confirmed that the Change4Life households did indeed contain a large proportion of lower income families (confirming that the people who are engaging with Change4Life are from the right target audience segments.)

The analysis found differences in the purchasing behaviour of the intervention group relative to the control. In particular, there were changes in the purchases of beverages among Change4Life families, favouring low-fat milks and low-sugar drinks. More in-depth analysis will be undertaken to confirm this.

6.2.2 Next steps

This is the first time we have employed this kind of analysis. These initial results are encouraging and suggest this will be a useful method to track changes in behaviour.

In the coming months, we will be refining the methodology to get a clearer understanding of the overall diet of Change4Life families.

6.3 Building a Change4Life funnel

In all behaviour change programmes there is a degree of attrition between those who want or intend to change their behaviours and those who make a change, and also between those who make a change or try a new behaviour and those who keep it up or succeed in embedding that change into a habit. In the original marketing strategy we considered two examples from other campaigns: tobacco control and 5 A Day. In the case of tobacco control, we saw that, while 75% of smokers report that they

38 'Most engaged' was defined as families who had joined Change4Life and had responded to at least one of the CRM packs

want to quit, only 45% will make a quit attempt in a given year. Of these, only one in fifteen (3% of smokers) will succeed in becoming smokefree. In the case of 5 A Day, the attrition rate is less acute: 52% of the population report that they want to eat five portions of fruit and vegetables per day, 40% try and about 14% (about one in three) succeed in doing so regularly.

In the marketing strategy, we hypothesised that the success rate for Change4Life would fall somewhere between these two: the Change4Life behaviours being harder to implement than 5 A Day (there being eight of them) but not so hard as smoking (which requires the conquering of an addiction). As a working hypothesis, we suggested a conversion rate of one in six for people participating in the Change4Life CRM programme; that is, for every family who succeed in embedding all eight behaviours, we would need to recruit at least six into the programme. Outside of the programme, we proposed a much weaker conversion rate (since people would not have the support and frequent reminders available to those in the CRM programme) of one in twelve.

The tracking study data would suggest that the conversion rates proposed in the original marketing strategy were overly cautious: as we have seen, 1 million mothers reported that they attempted to change their children's behaviours as a result of Change4Life; and an extra 180,000 mothers now claim that their children now do all eight behaviours. This equates to a conversion rate of 1 in 5.5.

Within the CRM programme, the conversion rate also seems to be better than expected. We sent the CRM materials to 200,000 families. We know for certain that 44,833 were still interacting with the programme after six months. This equates to a conversion rate of about 1 in 4.5.

We should, however, remember that we are not comparing like with like. In the case of smoking and 5 A Day, people are telling us about their own behaviour; in the case of Change4Life, parents are telling us about their children's behaviours and this alone could account for the apparently high conversion rate. We will need to look at the forthcoming academic research (see annexes for description) to see whether people's claimed behaviours are an accurate reflection of the changes they are actually making.

6.4 What did we learn about the behaviour change model and how will we refine our thinking as a result?

As we look back over the year, it would appear that our hypothetical model of how we might influence behaviours served us well. The issue does indeed appear to have been reframed (more people believing that excess weight gain in childhood leads to poor health outcomes) and personalised (more people believing that their families are at risk). Taking time to carry out these stages seems to have paid dividends, since response rates and conversions have been high.

Two things stand out as areas for refinement:

- Whether or not people are actually changing their behaviours, they seem to *want to* change their behaviours from the moment they engage with the campaign. As we move forwards into 2010/11 we will seek to ensure that every interaction with the campaign provides an immediate stimulus or prompt to do something differently.
- The local media partnership is still to be evaluated. However, our sense is that this activity was less convincing in providing social proof (increasing the belief that others like you are already changing their behaviours) than the activities of local supporters (who held over 1 million face-to-face conversations with the target) and the regional and local NHS and local authorities. Next year, we will explore ways we can better use the assets that the central marketing team holds (such as the *How are the Kids?* dataset) to provide social proof as well as looking to provide more mechanisms to stimulate local activity.

6.5 Are trends in obesity changing?

In November 2009, the National Heart Forum published *Obesity trends for children aged 2–11 years and 12–19 years*. This compared previous forecasts of obesity prevalence based on Health Survey for England (HSE) obesity data to new updated forecasts based on data between 2000 and 2007. This suggested that obesity might be levelling off in children.

One month later, data from the National Child Measurement Programme (NCMP) for the 2008/09 school year and from the HSE for the 2008 calendar year both showed that the trend in childhood obesity was flat when compared with the previous year.

While the new data are encouraging, they show a levelling off, not a decline. Rates of obesity are still unacceptably high and it would be dangerous to become complacent at this stage.

Many of the children who were measured by the NCMP and HSE were measured before Change4Life launched and their weight will depend on their experiences some time before that, so no credit can be ascribed to the campaign. However, Change4Life did not mark the start of government (or NGO) activity in obesity. If the trend is levelling off, we should look to other causes such as initiatives that had already started in schools plus the many local initiatives and the actions of individuals and families.

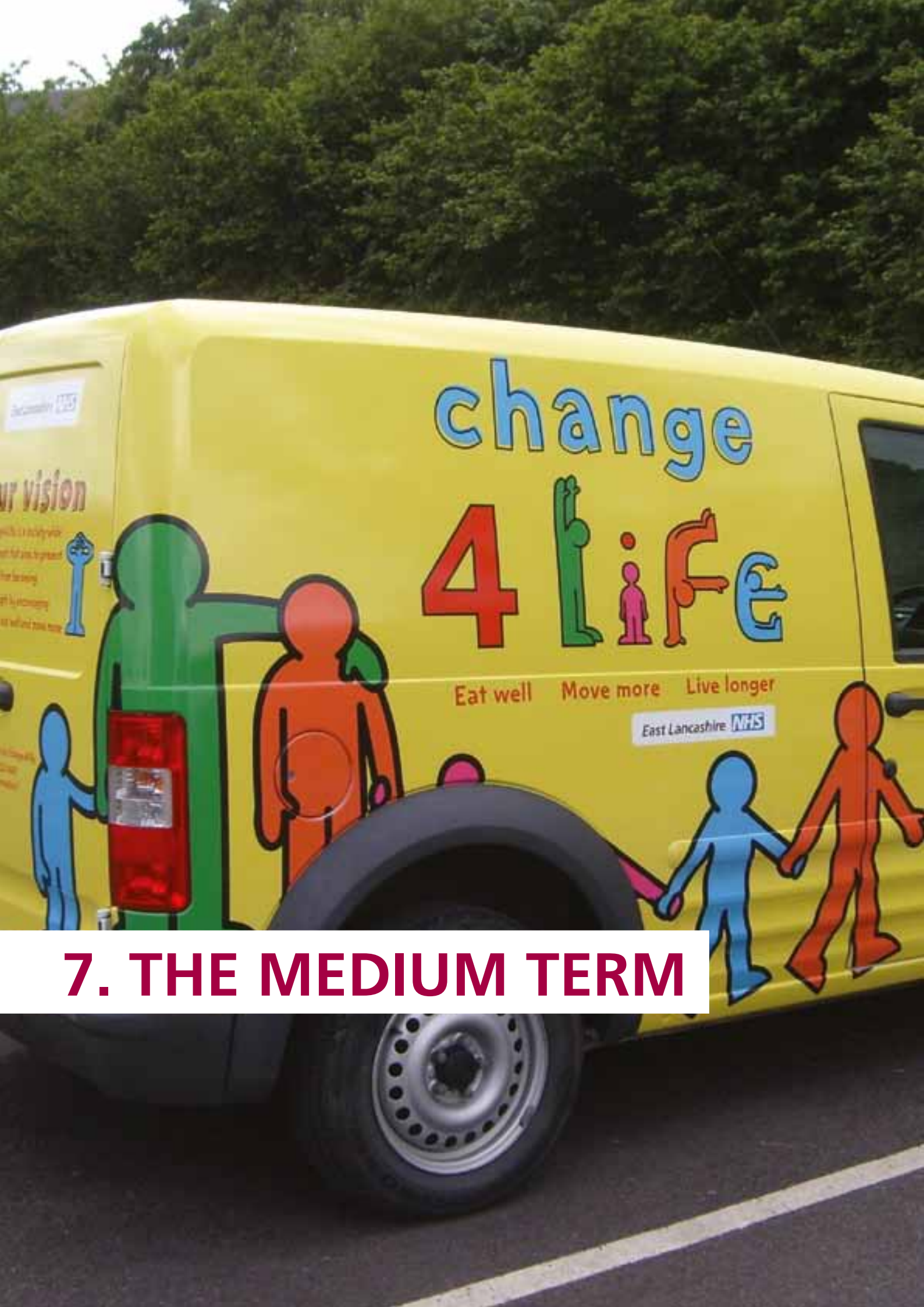
There is, however, an opportunity to accelerate the pace of change towards the government's target of reducing the proportion of people who are obese or overweight to 2000 levels by 2020.

We believe that Change4Life can continue to play a critical part in this by bringing together national work, grass roots programmes and individual efforts into a bigger societal movement.

6.6 Risks

The Change4Life programme is still only 12 months old, but, in the changing economic climate, there are considerable risks to the programme:

- The targets for the first year of Change4Life are only interim steps towards a much bigger objective – that of reducing the level of childhood obesity. Evidence suggests that lasting effects can only be brought about with sustained intervention.
- Change4Life has evolved as the evidence comes in and as new opportunities arise. There is, however, always an anxiety that the brand will be asked to stretch too far or do too much too early in its development.
- We have succeeded in creating a programme that partners want to support. There may now be the temptation to withdraw central funding and 'let the partners deliver it for us', but we doubt that partners would continue their support if there was no central activity. Local partners in particular may not continue their efforts if they do not see evidence of continued commitment from the centre.



7. THE MEDIUM TERM

In the next 12 months, we will do more of the things that families have told us help them to change their behaviours and will test more ways to inspire them to do so. This will involve, for example, providing materials for schools to encourage children to make pledges to change their diet and/or activity levels, developing clearer roles for the Change4Life sub-brands and Change4Life ambassadors.

We are also producing messages for pregnant women and parents of children under two (under the Start4Life sister brand), for ethnic minority communities and for middle-aged adults.

7.1 How the families campaign will evolve

As we look to the next year, our task is to maximise opportunities for behaviour change, in particular our focus will be on activities that encourage people to try unfamiliar or hard-to-adopt behaviours.

7.1.1 Evolution of the advertising campaign

We will continue to run the 'Rooting the behaviours' advertising, and will use the 'Snack Swapper' model (where the advertising features a tool that is also distributed to the public to help them change their behaviours).

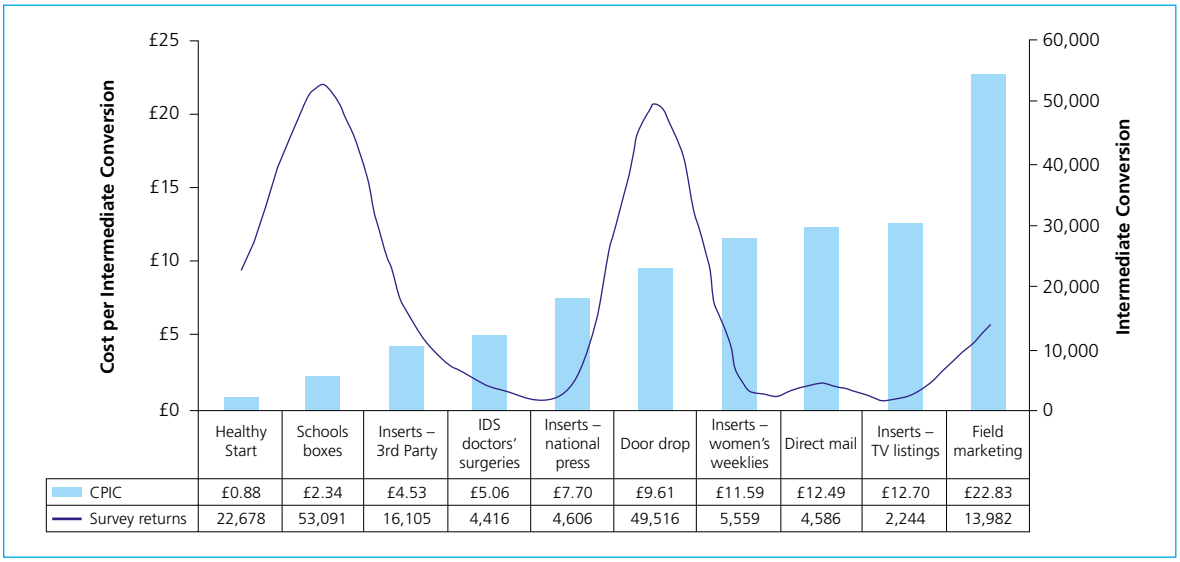
We will also set up a media test in which we will deploy different levels of advertising, and different combinations of adverts in different regions, in order to assess the relationship between the families campaign and the forthcoming adults campaign. In this way, we aim to maximise the benefits of both strands of the campaign in the most cost-effective manner.

7.1.2 Using government channels even more

The COI Artemis results indicate that government-funded channels (such as distribution through schools and doctors' surgeries and including the questionnaire in the Healthy Start mailing) outperformed paid-for commercial channels (e.g. magazines), both in terms of the overall levels of response and the cost per response.

The following chart shows both the total number of families who completed a *How are the Kids*? survey with enough data to generate a personalised response (shown by the solid line and the right hand scale) and the cost per intermediate conversion (shown by the solid blocks and the left hand scale).

Total response and cost per intermediate response by channel



	Healthy Start	Schools boxes	Inserts – 3rd Party	IDS doctors' surgeries	Inserts – national press	Door drop	Inserts – women's weeklies	Direct mail	Inserts – TV listings	Field marketing
CPIC	£0.88	£2.34	£4.53	£5.06	£7.70	£9.61	£11.59	£12.49	£12.70	£22.83
Survey returns	22,678	53,091	16,105	4,416	4,606	49,516	5,559	4,586	2,244	13,982

The most cost-effective response mechanism was the Healthy Start mailing, generating intermediate conversions for an astonishing 88 pence (against a government average of £303), although the total number of returns at 22,678 was limited by the absolute size of that mailing. The schools boxes was the most successful mechanism in terms of absolute numbers, generating over 53,000 conversions at a cost of £2.34.

These compare with more expensive channels, such as inserts in TV listings magazines, which generated 2,244 conversions at a cost of £12.70 each.

Field marketing is the *most* expensive means of generating responses. However, field marketing took place in areas of high deprivation and was intended to give families with low literacy skills help with questionnaire completion. So while the cost is high, it secured nearly 14,000 responses from families who otherwise might not have been able to join Change4Life.

In future, therefore, we plan to focus more on Government channels, and de-prioritise paid-for distribution channels, making the campaign more cost-effective.

In addition to using government channels to spread our messages, we will also invest in tailored materials that meet the needs of our partners and support them as they attempt to change people's behaviours. One example of this will be the launch of a bespoke programme for schools called SmallSteps4Life, developed by the Food Standards Agency.

SmallSteps4Life

SmallSteps4Life is the food spearhead programme developed by the Food Standards Agency to support Change4Life and the healthy active lifestyle strand of the London 2012 domestic education programme.

The SmallSteps4Life programme aims to encourage primary and secondary pupils to set themselves small, achievable lifestyle challenges, either as individuals or as groups, around the three themes of healthy eating, getting active and feeling good.

Programme elements include the SmallSteps4Life website, which, through challenge tips, games, and classroom resources, will enable schools to promote their activities and share their experiences so as to inspire other schools across the UK. The website will also help to maximise accessibility and offer an engaging and interactive rich experience for schools and young people. There will be a local engagement programme as well as hard copy resources for schools.

SmallSteps4Life launched to teachers in October 2009 and will launch UK-wide in February 2010.

7.1.3 Developing *How are the Kids?*

We recognise that we have, in *How are the Kids?* a property that can be further developed. During the campaign's second year, we will do two things:

- Send a second questionnaire to everyone who completed the first one; remind people of their positive intentions, help people reflect on their behaviours, celebrate successes and congratulate them on their progress.
- Pilot a localised *How are the Kids?* which will enable primary care trusts and/or local authorities to collect data and engage directly with their populations.

7.1.4 Increasing sub-brand activity

The sub-brands promote single issues with either a food or an activity focus (for example cooking is promoted via Cook4Life and swimming is promoted via Swim4Life).

Sub-brands are uniquely positioned to give people realistic ways of trying out for the first time something that is unfamiliar (e.g. access to free/reduced-price equipment; guided walks or cookery classes).

To date, DH has developed seven sub-brands: Walk4Life, Swim4Life, Bike4Life, Play4Life, Let's Dance, Cook4Life and Breakfast4Life.

Beyond the seven DH-created sub-brands, 45 partners have applied to create new sub-brands. The 16 approved to date include MuckIn4Life (Defra), MoreActive4Life (the Fitness Industry Association) and Skip4Life (Birmingham PCT). In theory, there is no limit to the number that could be developed, although we have recently changed our guidelines to encourage partners to look first at the existing suite of sub-brands before submitting an application to create another.

The speed at which the Change4Life sub-brands have been created and launched is unprecedented. Most commercial brands establish themselves for *years* before they launch a single sub-brand. Very few brands ever develop seven or more. We cannot think of a prior example of any brand that has launched so many sub-brands in so short a time as Change4Life has done. The willingness of the market to accept so many sub-brands suggests that they are meeting a real need both for partners and for the public.

Originally, it was envisaged that partners would join forces and campaign collectively behind sub-brands. However, this has not happened and has resulted in a proliferation of sub-brand names, with partner activity fragmented. While this helps to create a sense of buzz and movement around Change4Life, it is organic and unscripted and probably duplicates a lot of resource. We believe that there is now an opportunity to create a structured programme of activity that uses the sub-brands more effectively, particularly as a means of galvanising partner support at a local level.

From existing 7 sub-brands (which we will continue to support) we will prioritise the following:

- Let's Dance
- Bike4Life
- Walk4Life

In addition we plan to introduce a new sub brand:

- Football4Life

We chose these sub-brands to focus on because:

- they focus on areas which require equipment, coaching or specialist skills; and
- they all have broad popular appeal.

7.1.5 Harnessing the talent of Change4Life 'Ambassadors'

A wide variety of engaged organisations and individuals could already be considered as Change4Life Ambassadors, including national partners, local supporters, CEOs of charities, the Chief Nursing Officer, community leaders and journalists. They help to act as advocates and endorsers or add credibility to our message.

However, our focus in 2010 will be to build on the level of 'ambassadorial' support that we can harness from both mums (peer-to-peer awareness raising, endorsement, feedback mechanism and test bed, recruitment of new mums, etc) and celebrities (helping to secure media coverage, broaden the message to specific audience groups or clusters, add credibility, etc).

7.2 New audiences for years two and three

7.2.1 Start4Life marketing strategy

While Change4Life sets out to change common behaviours that lead to weight gain in children aged between 5 and 11 years old, there is an opportunity to ensure that those children who are being born now grow up with a healthy relationship with food and activity from birth. This opportunity is not about *changing* but about *starting well*. To meet this opportunity, Change4Life's first sister brand was created: Start4Life.



Start4Life promotes breastfeeding, healthy weaning and active play. Programme objectives are to increase breastfeeding continuation rates at 6 weeks and increase average weaning age from 19 weeks to 26 weeks. As with the Change4Life

campaign, consumer-friendly versions of the behaviours were designed, with creative, academic and health professional involvement.



Since the early years are so important to a child's future health outcomes (including but not limited to obesity), Start4Life will also provide links to (and will indirectly support) other programmes, such as the Healthy Child programme, that aim to promote child health and well-being.



Start4Life will target healthcare professionals, pregnant women, families with babies under 2 years old and those who influence them.

Start4Life launched to the public in January 2010.

It will be evaluated via:

- surveys with healthcare professionals (to establish awareness and attitudes to the campaign);
- monitoring of orders for campaign materials (to establish whether healthcare professionals are using the campaign);
- a quarterly tracking study of pregnant women and parents of babies; and
- monitoring of website visits.

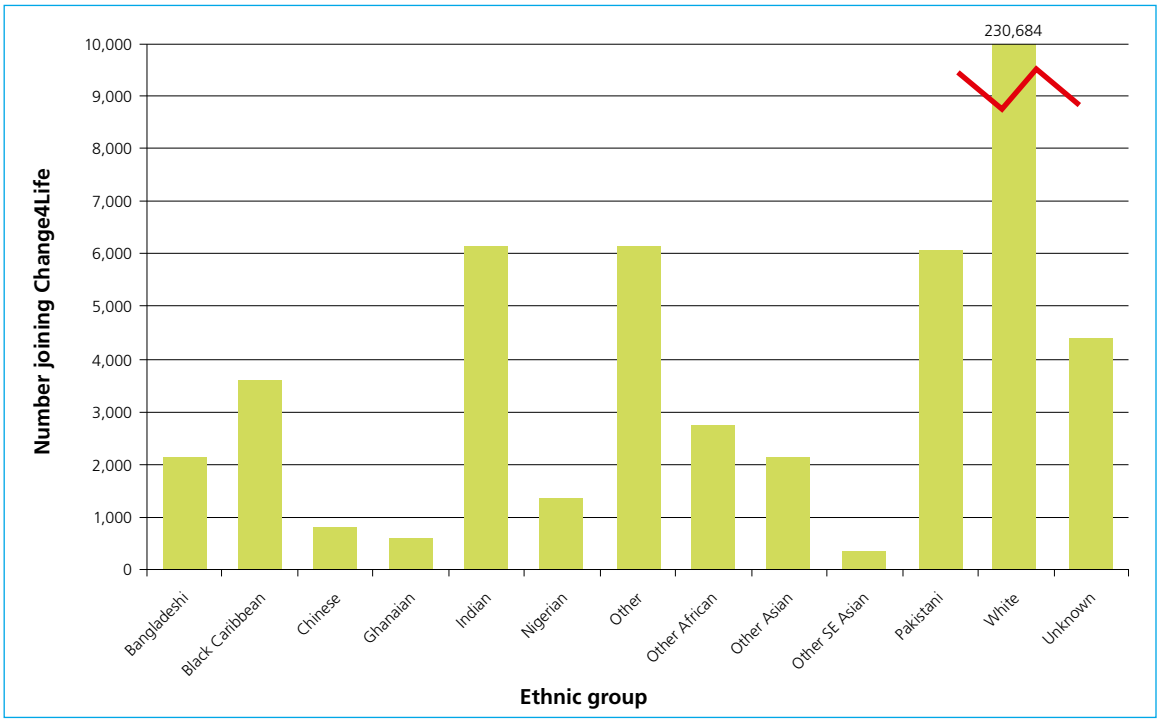
We will not at this time be engaging in any commercial partnerships for Start4Life.

7.2.2 Marketing strategy for ethnic minority communities

Analysis of data from that National Child Measurement Programme indicates that children from the Pakistani, Bangladeshi and black African communities are more likely to become overweight or obese than their white British counterparts:

	Overweight/obese in Reception class **%**	**Overweight/obese in Year 6** **%**
White	22.6	31.5
Asian or Asian British	19.1	35.6
Black or Black British	28.7	41.9
All children	22.6	32.6

Encouragingly, a significant number of ethnic minority families joined Change4Life in its early stages. However, it is more likely that these responders were born in Britain and more likely to access mainstream media.



The original *How are the Kids?* survey and the materials that were sent in response were only available in English. We have always recognised that tailored materials, using other languages and culturally specific advice would allow Change4Life to engage with other communities in a more meaningful way. In consequence, we appointed a specialist ethnic marketing agency and worked closely with primary care trusts and local authorities in three areas – Luton, Bradford and Lambeth & Southwark – to design bespoke programmes.

The ethnic minority campaign was launched in late 2009, in Luton, and includes:

- gatekeeper events, engaging with healthcare professionals and others working with the communities;
- community events, engaging authority figures (such as faith leaders) from within the communities themselves;
- working with respected celebrities from the communities;
- bespoke advertising, stressing the importance of obesity as an issue for these communities and making the link between current practices and weight gain;
- a culturally sensitive version of *How are the Kids?*, with tailored fulfilment materials, available in different languages;
- face-to-face marketing at community events and melas; and
- partnership marketing, including with commercial brands that target these audiences.



NEWS

Lambeth and Southwark West African community make a Change4Life

Local West African community leaders came together on Friday 27th November 2009 to back the Government's Change4Life movement, which gets families eating well, moving more and living longer.

Attendees at the first three gatekeeper events were invited to comment on how useful they found the initiative. Overall, we received a very positive response from stakeholders, with most of them confirming that they felt better informed about the communities and found the conferences useful.

The cookery demonstrations were a particular highlight and a number of community representatives were keen for us to replicate them in their local churches and centres.

Following the conferences we have so far received orders for 7,115 information leaflets (Urdu and Bengali bi-lingual versions and English only versions for our West African communities) and 1,120 posters, from a total of 415 organisations.

We are currently developing plans for a consumer campaign and will be co-branding the British Asian Sports Awards.

7.2.3 Marketing strategy for adults

Obesity peaks in the 45–65 age range: 30% of adults aged 45–54 are obese (and 69% are overweight or obese).[39]

For this reason, from February 2010, Change4Life will launch a campaign for adults.

The objectives behind the Change4Life adults campaign are to:

- encourage adults who are overweight, or on a trajectory to obesity, to lose some weight; and
- prevent the onset of lifestyle diseases such as type 2 diabetes, coronary heart disease and some cancers.

We have developed a set of behavioural goals in consultation with experts and stakeholders including the Food Standards Agency and the Healthy Weight, Healthy Lives Expert Advisory Group, which, if adopted, should help adults maintain a healthy weight and which can be adapted, where appropriate, to help people lose weight. Many of the behaviours are similar to the Change4Life family target behaviours; however, there are additional adult behaviours related to liquid calories and fibre.

These behaviours and early creative work were researched with the target audience. Our target adults found the behaviours easier to access when packaged under a core 'umbrella' proposition.

The most compelling umbrella proposition was 'Swap it, don't stop it', since this packaged diet and activity together and offered a positive exchange which not only motivated people to take up the behaviour change but also equipped them with strategies to carry this out.

The adults campaign launches to the public in February 2010. This will involve:

- a public relations campaign, using free editorial to highlight the changes that modern life has made to the lifestyles of people in the target audience;
- advertising launching Change4Life to the adult audience and promoting a 'swapper' tool to facilitate behaviour change;
- web-based tools and content contained within a dedicated part of the Change4Life site; and
- a partnership element, including an employee health and well-being programme.

39 Health Survey for England, 2007

7.3 Future audiences

Our intention has always been to extend the Change4Life campaign beyond families to other at-risk audiences. In the original marketing strategy we raised the possibility of a campaign for teenagers in the near future. We have, however, decided not to develop bespoke work for teenagers at this point:

- Our academic advisors told us that, while diet and physical activity behaviours do often deteriorate in the teenage years, they tend to improve again in adulthood (providing good habits were established in childhood).
- When seeking to influence teenagers, we have to recognise that we are in a competitive landscape with other health behaviours – alcohol, drugs, sexual health – which teenagers may find inherently more interesting and whose negative consequences may be more immediate.
- We have been advised by stakeholder groups (particularly the eating disorders charity, Beat) that we should guard against unintended consequences, particularly an over-focus on dieting and excessive exercising in teenage girls.

While we are not, therefore, designing a specific campaign for teenagers at this time, we are encouraged that the mainstream families campaign is landing far more squarely with teenagers than might have been expected:

- The tracking study indicates that 88% of 12 to 19-year-olds have seen a C4L advertisement.
- The *How are the Kids?* questionnaire included a surprising number of responses from families with children aged 11 to 16 – over 125,000 – for whom we designed a bespoke fulfilment pack.
- The programme contains offers, such as free swimming, that may be motivating to teenagers, and we anticipate that the forthcoming Let's Dance and Football4Life sub-brands will also appeal to this audience.
- Finally, we are working with the Ideas Foundation (a charity whose mission is to involve young people from lower-income backgrounds in the creative industries) with the aim of harnessing the creativity of young people to put forward ideas for how Change4Life might motivate 11–16s in future.

7.4 Beyond England

Change4Life was developed for England. However, we have held meetings with the devolved administrations, and, in February 2010, Wales will launch its version of Change4Life, including a Welsh-language version of *How are the Kids?*



During 2009, meetings were held with the American Health Secretary, and with Michelle Obama, to explore the possibility of adapting the Change4Life model for the USA.



8. THE LONGER TERM

All the evidence suggests that, for a lifestyle intervention to be successful, we will need sustained activity for a number of years. The progress to date on Change4Life is encouraging and we hope that central funding will continue for years to come. However, we recognise that we operate in a changing environment (and also that, as with any publicly funded campaign) we should respond to the emerging evidence and always seek to implement the most efficient funding model.

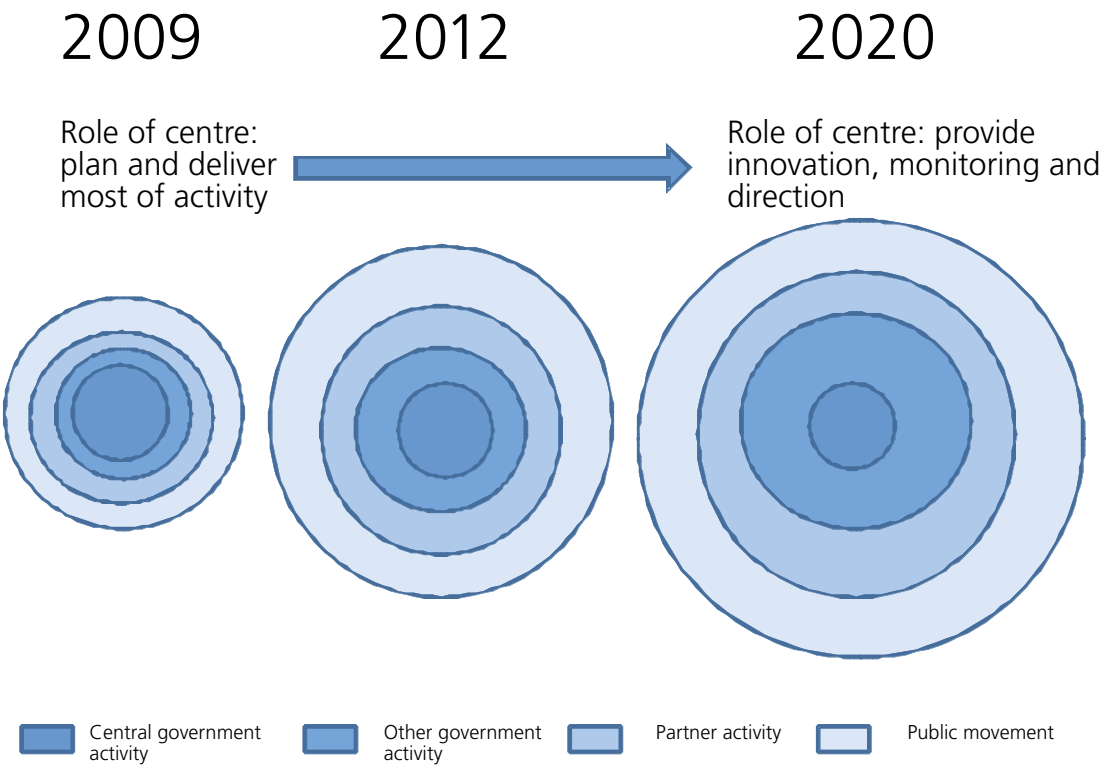
The purpose of this central funding was to provide a catalyst for a much broader societal movement, which happens at a grass roots and local level and is, to some extent, independent of Government control.

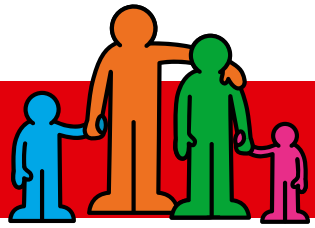
Once the local movement is under way, we anticipate that the role of the centre will change (although some central funding will always be needed to ensure that partners have something to join up with).

8.1 Increasing localisation

It is our ambition that, with time, the proportion of the total spend that comes from central funding could decline (as could the need for central control) as local funding and local solutions increase.

Role of the centre in future





There are some things which can be done more efficiently from the centre (and there are benefits in doing some things once, rather than asking each region to do the work themselves). Over time, however, the role of the centre shifts from the creation and delivery of most activity to a role that is about innovation (horizon-scanning and generating new ideas and products), monitoring (providing common evaluation tools and benchmarking regions against one another) and direction (sharing best practice and encouraging the roll out of success models).

8.2 Brand stretch

Change4Life was created to help prevent childhood obesity, by prompting changes to behaviours relating to food and activity.

However, the physical incarnation of the brand does not mention children, obesity, diet or exercise. While this was originally done for sound consumer-insight-driven reasons (the words 'obesity', 'diet', 'food' and 'exercise' were all unappealing to our target consumers; an excessive focus on childhood obesity made parents feel that they were being singled out and blamed by society for their children's weight), we have created a brand which might potentially have broader application. In the current challenging economic climate, it behoves us to explore whether the brand might be able to carry messaging beyond diet and activity and whether doing so would create economies of scale within the overall departmental communications budget.

It is interesting that, while we know that Change4Life is a prevention campaign in childhood obesity, to the public it already seems to have a broader meaning as a 'health and well-being movement'.

Indeed the brand has already moved beyond its original definition:

- Healthcare professionals are using Change4Life materials not just for prevention but to initiate conversations about weight loss.
- Local authorities and primary care trusts have also branded weight loss services (for adults and children) under the Change4Life umbrella.
- At the beginning of 2010, the brand began to target both Early Years and the non-family adult audience.
- Within the Change4Life adults campaign there will be messaging about the calorific content of alcoholic drinks.

However, it may be possible to go further. For this reason, we have initiated an exploratory project to assess how far the brand might stretch into other public health areas. This project will conclude later in 2010.



9. CONTRIBUTORS

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Communications agencies

- 23 Red (partnership marketing)
- Biss Lancaster (public relations, early years)
- COI (procurement, research, evaluation and strategic advice)
- Data Lateral (data management)
- EHS Brann (direct marketing and customer relationship management)
- Freud Communications (public relations)

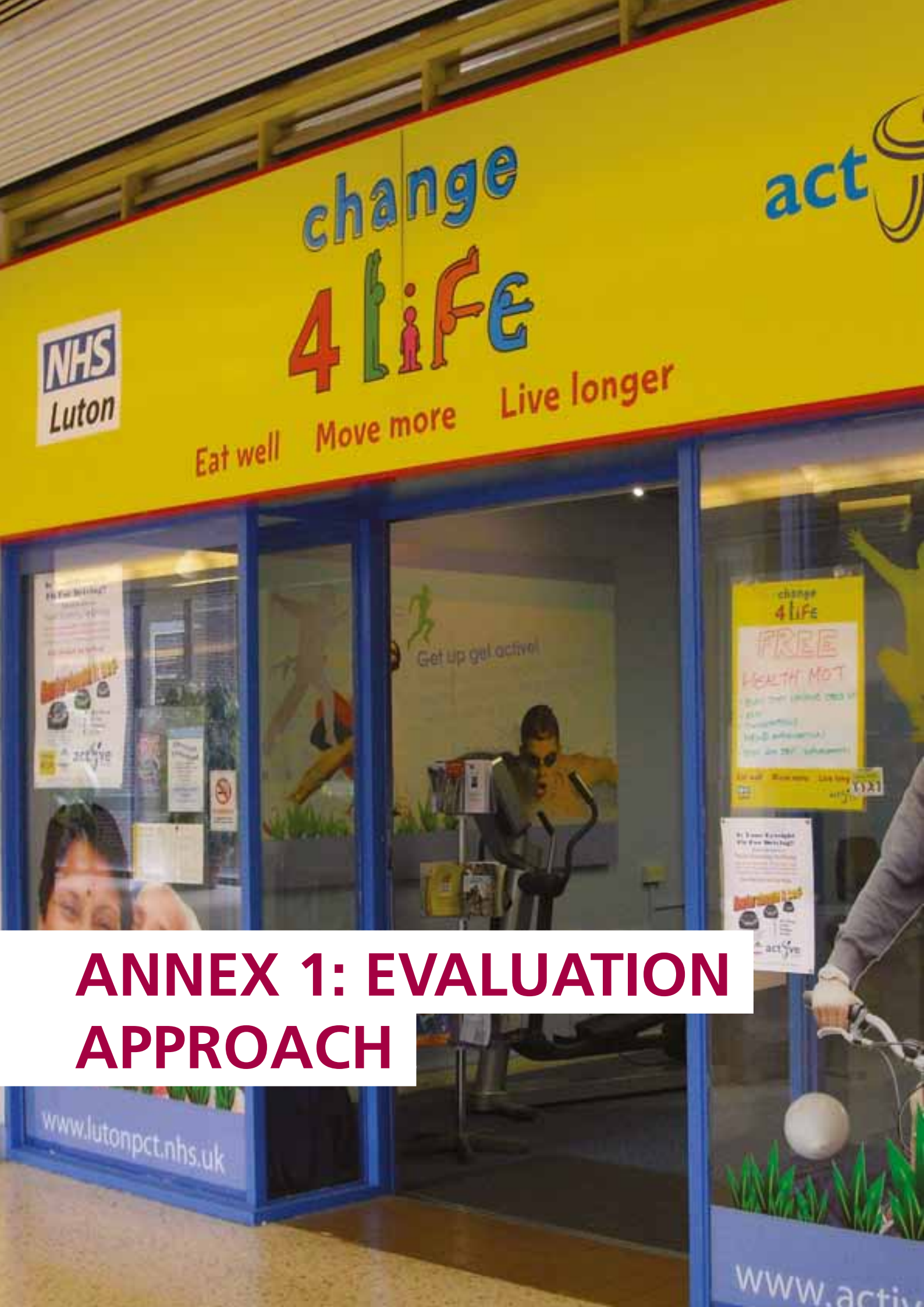
- M&C Saatchi (brand creation and advertising)
- Manning Gottlieb OMD (media planning)
- Media Moguls (marketing for ethnic minority communities)
- Profero (digital communications).

Research agencies

- 2CV
- BMRB
- BrandScience
- Continental Research
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ANNEX 1: EVALUATION APPROACH

The relatively few campaigns on obesity prevention to date have tended to be short lived and most have not been evaluated on the scale that would be desirable. In consequence, the project team finds itself pioneering a new approach to evaluation as well as government communication. In order to create a robust evidence base, 7% of the total marketing budget is being spent on research, monitoring and evaluation of campaign activity, and national partners are required to demonstrate how they will evaluate their own activity and to share any results with Change4Life.

There are three high-level themes to the evaluation programme:

- Monitoring campaign exposure and visibility to target audience.
- Investigating the impact on families.
- Tracking the development of a social movement.

Such a complex intervention necessitates a mixed-method approach to evaluation to ensure that we have a rounded view of the campaign. This approach makes use of best practice from market research (e.g. DH Marketing Evaluation Handbook), academia (e.g. MRC updated guidance on 'developing and evaluating complex interventions', 2006) and the commercial world. Some of the methods we are using to evaluate the campaign are still being finalised; however, we have already set up a number of strands.

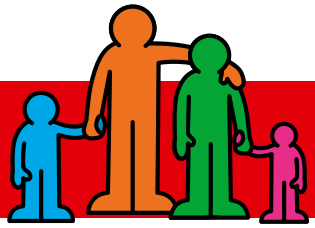
Monitoring campaign visibility

Several projects contribute to the measurement of the target audience's exposure to the campaign. The core source of information is a continuously fielded, nationally representative monitoring study conducted by the British Market Research Bureau (BMRB). This includes a series of standard measures (brand and advertising awareness, understanding of key messages, engagement with the campaign, awareness of the sub-brands, etc). Additional questions have been added to reflect the evolving nature of the campaign.

Measuring the impact on families

The fundamental question for the evaluation of Change4Life is 'what impact is it having on families' attitudes and behaviours?' A number of projects will support us in addressing this:

- The nationally representative monitoring study conducted by BMRB. As well as the measures of campaign awareness mentioned above, this survey also monitors intent to change and self-reported behaviour. The sample is representative of the English adult population with boosts in target audiences of mothers with children aged 0–11 and pregnant women. The survey is soon to include a boost of the future adult audience (aged 45–65).



- An academic study using a randomised design and control group to gauge the impact of Change4Life marketing materials upon family behaviour. The study is led by Professor Jane Wardle and Dr Helen Croker of UCL and contains a combination of quantitative and qualitative approaches.
- COI's Artemis database which holds response data for all government campaigns and enables us to assess the cost-effectiveness of marketing activity in terms of the volume and nature of responses generated.
- Longer term use of proxy data at a population and sub-population level. Over time, routine survey data will support tracking of behaviour change, body mass index (BMI) change and other longer term health outcomes (e.g. Health Survey for England, National Travel Survey and the National Diet and Nutrition Survey).

In addition we have commissioned two pieces of basket analysis (see Section 6 for explanation) using data provided by retailers. These will track purchases of healthy and unhealthy foods throughout the life of the campaign.

Tracking the development of a social movement

There is no standard approach to measurement and evaluation of a 'social movement', particularly at such an early stage in its genesis; therefore, the campaign is seeking to monitor progress at a number of levels:

- **Selected questions within the monitoring study.** These will provide an indication of target audience impression of the pervasive nature of Change4Life and whether they recognise, from having seen the Change4Life logo or messages, which commercial organisations are involved in the campaign.
- **A quantitative survey of delivery chain professionals.** An initial survey of general practitioners, practice nurses and practice managers was conducted in May–July 2009. The survey measured awareness, attitudes and response to Change4Life. The current intention is to repeat this with a wider set of professionals in 2010.
- **National partnership monitoring.** This includes measures such as partner pledges and activity, number of local supporter registrations and orders for campaign materials. Work is also being carried out to measure the financial contribution of commercial partnerships using a model for Advertising Equivalent Value.
- **A local audit.** This will independently assess the extent of local and national partnership activity in a number of communities. With extensive local variation in activity it will not be possible to assess all activity or generalise to a great extent from this work; however, the audit will be linked to the monitoring study, thereby providing local context to this data set. The first survey will be carried

out in November 2009 and will involve a day's audit of 50 locations, to include GP surgeries, schools, leisure centres, supermarkets, community centres, etc. This is a new methodology, which will be rerun if the results prove useful.

- **Buzz monitoring.** A project looking at keyword tracking online to see to what extent people are talking about Change4Life through this medium.

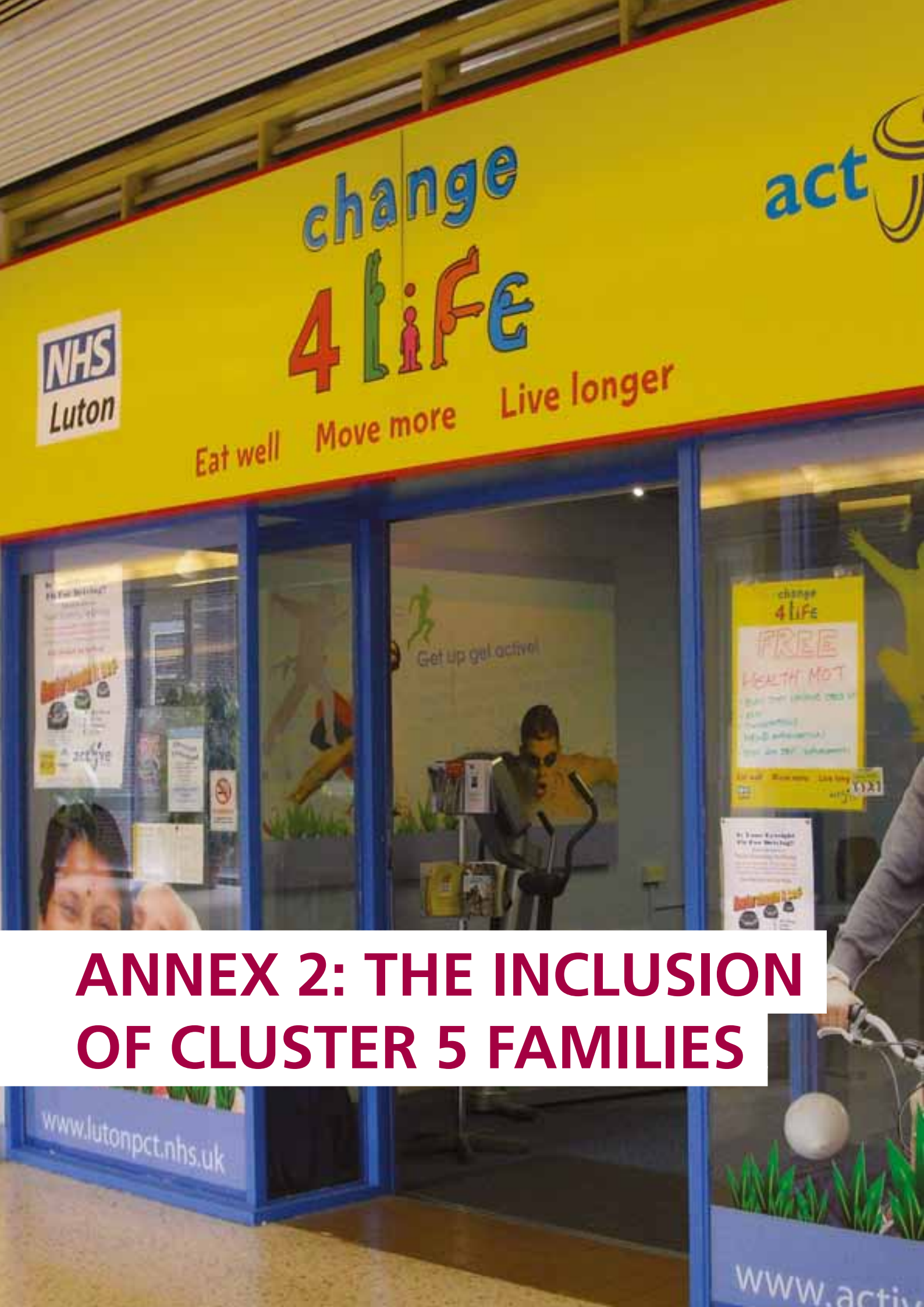
Links to policy and delivery programmes

A number of other evaluation projects have been commissioned by the policy team to explore the impact of other Healthy Weight, Healthy Lives policy activities, where Change4Life plays a role, either through use of branding or specific campaign materials. There will be opportunities to draw insights from these projects for the overall campaign evaluation. This could include examples of local adaptation, impact of Change4Life in specific settings and investigation of the combined effect of marketing and environmental change.

Particular examples include the evaluation of the convenience stores project and local and national evaluation of the nine 'Healthy Towns'. To some extent these are focused interventions and lessons may not be transferable to the campaign as a whole; however, they could give interesting case studies of the varied and innovative use of Change4Life for specific outcomes.

Longer term evaluation

Ultimately the team aims to establish whether there is a link between changes in behaviours and changes in weight, and between changes in weight and improved health in the longer term, thus allowing us to calculate the return on marketing investment in terms of savings to the state and quality adjusted life years (QALYs) to the individual.



ANNEX 2: THE INCLUSION OF CLUSTER 5 FAMILIES

Since writing the original marketing plan, a decision was taken to include Cluster 5 families within the definition of 'at risk'. The reasons for this decision are set out below.

In order that resources can be targeted to those families who have greatest need of them, a segmentation was developed,[40] which identified six different 'clusters', or groups of families, who held similar attitudes, behaved in similar ways and shared certain demographic characteristics.

The cluster segmentation was first developed using the TNS Family Food Panel[41] and bespoke surveys. The clusters were each given a risk category based on their self-reported weight status and self-reported behaviours and attitudes. Cluster 5 was classified as medium risk because, although parents may have been overweight, their children had lower levels of obesity and were less likely to be overweight, and these families also seemed to have lower levels of risky behaviour and stronger parenting skills than Clusters 1, 2 and 3. In practice, however, 'medium risk' meant that Cluster 5 were initially excluded from much of the activity and were scheduled to receive no more support than the low-risk clusters 4 and 6.

In order to develop the segmentation further, we recreated our clusters on the TGI[42] database to get a richer picture of the people – the media they are regularly exposed to and the brands they buy – to help us with our media targeting and campaign development. The TGI sample was larger and the data had been collected more recently than that in the original TNS sample; however, when carrying out the recreation, we found some nuances and differences that gave us new information on Cluster 5, in particular:

- Cluster 5 were exhibiting lower levels of the desired dietary and activity behaviours than previously thought. While Cluster 5 may have strong parenting skills, it appears that they are not necessarily using them to ensure their children have healthy diets.
- Cluster 5 contained more people from the lower (DE) socio-economic groups than originally thought. Families in lower socio-economic groups are a key audience for the Change4Life campaign, as they are at a higher risk of obesity than more affluent groups, and because of the wider health inequalities agenda.

40 See Healthy Weight Healthy Lives Consumer Insight Summary at www.dh.gov.uk

41 Taylor Nelson Sofres (TNS) Family Food Panel includes 11,000 individuals within 4,200 households who record their food and drink consumption in diaries. It is the UK's largest database tracking food and drink consumption

42 TGI = Target Group Index, is a continuous survey of consumer usage habits, lifestyles, media exposure and attitudes. It is widely used in planning marketing strategies and advertising campaigns

A recommendation was made that Cluster 5 be reclassified as high risk. This reclassification means that Change4Life is now targeting an even greater proportion (approximately 64%) of families with children aged 2 to 11. It also means that Cluster 5 families will receive information and support from Change4Life; for example, those who signed up for the CRM programme will have received a summer survival kit in July.

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6
Description	Struggling parents who lack confidence, knowledge, time and money.	Young parents who lack the knowledge and parenting skills to implement a healthy lifestyle.	Affluent families, who enjoy indulging in food.	Already living a healthy lifestyle.	Strong family values and parenting skills but need to make changes to their diet and activity levels.	Plenty of exercise but potentially too many bad foods.
Family diet	Seek convenience, eat for comfort, struggle to cook healthily from scratch.	Children fussy eaters, rely on convenience foods.	Enjoy food, heavy snackers, parents watching weight.	Strong interest in healthy diet.	Strong parental control but diet rich in energy-dense foods and portion size an issue.	Eating motivated by taste, diet includes both healthy and unhealthy foods.
Physical activity	Seen as costly, time-consuming and not enjoyable. High levels of sedentary behaviour.	No interest in increasing activity levels because parents perceive children to be active.	Believe family is active, no barriers to child's activity except confidence.	Family active although believe children not confident doing exercise.	Know they need to do more: time, money, self-confidence seen as barriers.	Activity levels are high, particularly among mothers.
Weight status	Mothers obese and overweight.	Families obese and overweight. Fail to recognise children's weight status.	Families obese and overweight. Low recognition of children's weight status.	Below average levels of obesity and overweight.	Parental obesity levels above average, children below.	Low family obesity levels but child overweight levels are a concern.
Demographic	Low income, likely to be single parents.	Young, single parents, low income.	Affluent parents of all ages, households vary in size.	Affluent older parents, larger families.	Range of parental ages, single parent families.	Average incomes, younger mothers, households vary in size.
Intent to change	High, but fear of being judged and lack of confidence are powerful barriers.	Currently low due to lack of knowledge, but willing to accept help once alerted to risks.	Low intent to change and likely to deny that problems exist.	Low intent to change but already leading a healthy lifestyle.	Low intent on diet but significant intent to change on physical activity.	Highest among the clusters for both diet and physical activity, so influencing them is not a priority.
Potential task	Build confidence, increase knowledge and provide cheap convenient diet solutions.	Increase understanding of risks of current lifestyle and develop parenting skills.	Encourage recognition of problem and awareness of true exercise and snacking levels.	Learn from successful techniques used by cluster.	Focus on increasing activity levels and educate on portion size.	Focus on providing cheap, convenient, healthy high-energy foods to fuel active lifestyle.



ANNEX 3: GOVERNANCE AND CAMPAIGN GUIDANCE

The scope and scale of partnership working on Change4Life is unprecedented and it is not without its risks. We have worked collaboratively with representatives from industry, and with NGO and other government department partners, as well as with the NHS to develop a governance framework and campaign guidance and resources to ensure best practice in partnership working.

Governance framework

Whilst final accountability and decision making responsibility must lie with ministers and the Department, we are committed to clear governance with strong senior representation from across a selection of partners to help guide the campaign, and have created a Change4Life Board.

The Change4Life Board is jointly chaired by the DH Director General of Communications and the Director of Health and Wellbeing.

The membership comprises:

- Mike Farrar CBE, CEO, NHS North West
- Claire Hughes, Company Nutritionist, Marks and Spencer PLC
- Dr Susan Jebb, Head of Nutrition and Health Research, Medical Research Council, Human Nutrition Research
- Tim Lefroy, CEO, The Advertising Association
- Sarah Lyness, Director, Policy and Communications, Cancer Research UK.

The role of the board is to review progress against the campaign objectives, advise on future direction and adjudicate on any disputes arising under the partnership terms of engagement (see below).

Before any national partner (commercial or NGO) can work with us they must sign the campaign Terms of Engagement. Amongst other things, the Terms require the organisation to support healthy diet and activity behaviours and the goals of the campaign. Local supporters are required to accept the campaign terms and conditions.

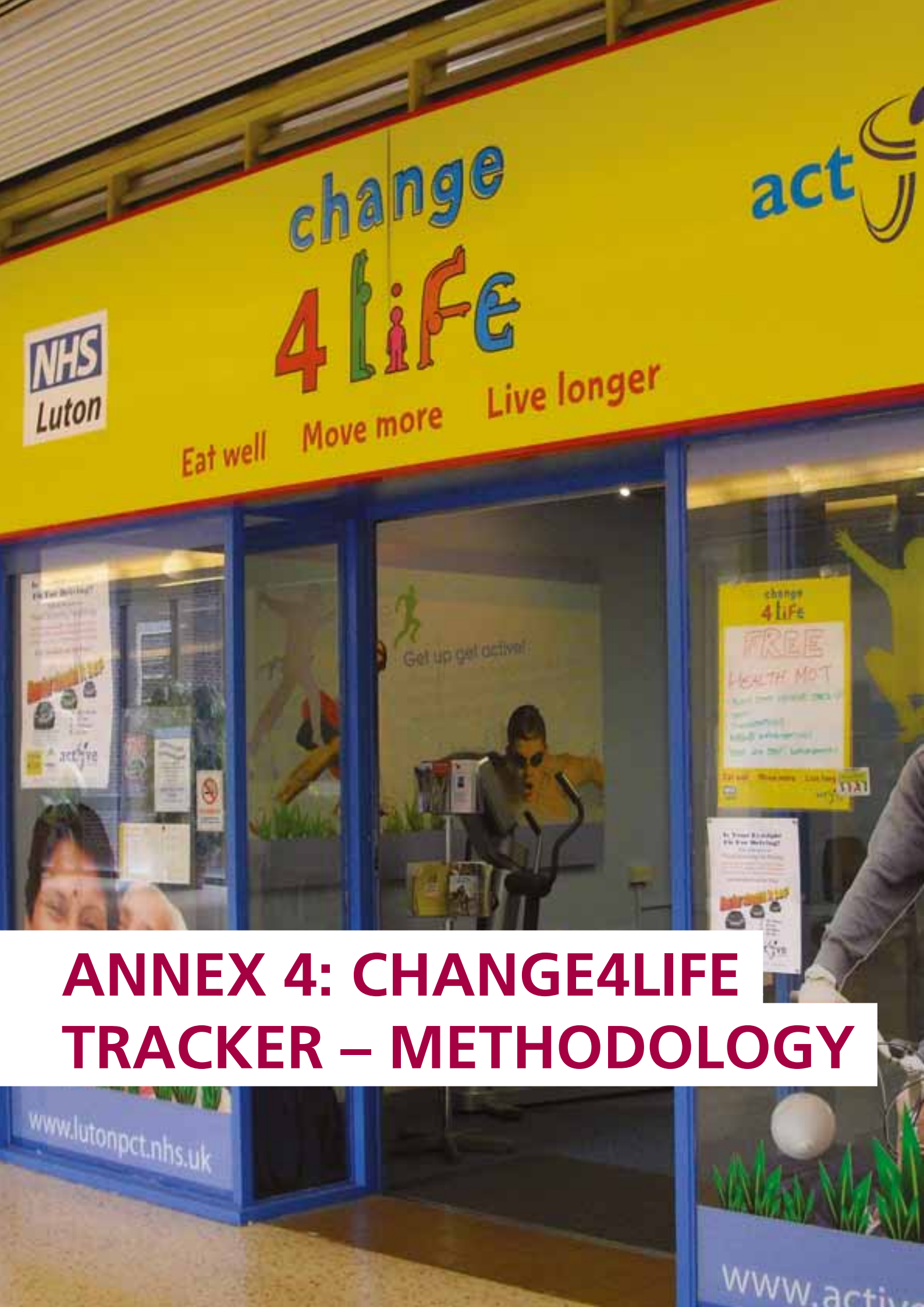
All national partners are also required to complete and submit activity application forms for approval by the Department of Health.

Campaign guidance and resources

Change4Life invites all partners to work with the campaign to achieve behaviour change objectives. Whilst we therefore promote 'open sourcing', we also provide guidance and tools to inspire partners and ensure that they use the brand consistently and in the right context. The campaign guidance and resources include:

- brand guidelines for national partners and the NHS;
- retail guidance, which sets out how Change4Life can be used in the retail environment;
- resources and reference materials; and
- toolkits.

All the documents referred to under the governance and campaign guidance and resources can be downloaded at www.nhs.uk/change4life/pages/partners.aspx.



ANNEX 4: CHANGE4LIFE TRACKER – METHODOLOGY

As part of the evaluation plan for the Change4Life campaign, a large-scale tracking study is being run to evaluate awareness of, and response to, the campaign and its impact on attitudes and behaviours. The tracking study is carried out by the British Market Research Bureau (BMRB). The survey commenced in November 2008, when a baseline of key measures was established, and the full study has been running since January 2009. The questionnaire is updated on a monthly basis in order to ensure that the latest campaign activity is monitored; however, the majority of core questions have remained consistent throughout in order to provide trend data.

All interviews are carried out face-to-face in homes using computer-aided personal interviewing (CAPI), which enables interviewers to show adverts, pictures, etc to respondents. The sample is drawn using random location sampling in England. The data is collected by continuous, dedicated ad hoc surveys with fieldwork taking place all the time, and for the minority group of pregnant women, through BMRB's Omnibus survey. By interviewing continuously, it is possible to track the impact of the campaign in its broadest sense, picking up the effect of campaign bursts and any other activity between the bursts, which is important as the movement grows. It also covers background 'noise' in terms of partner activity, other related activity and other influences such as seasonal effects, and economic factors such as the credit crunch. The tracker is reported on quarterly, although weekly summaries and monthly tables are provided.

A number of different groups are interviewed to elicit the views of those who are the campaign focus now and those who could become the focus in the future:

- At the broadest level there is a sample of all people aged 15+ in England, which provides the wider context to compare subgroups against and to see the wider impact of the campaign on those not specifically targeted. Approximately 300 people are interviewed per month (NB the number of interviews has decreased since Q1 and Q2 2009 – when approximately 500 per month were interviewed – now that there is a clearer idea of the audiences of most interest).
- Alongside the general public there is a 'booster' sample of mothers of 0–11s, approximately 300 per month. Within this group, target mothers (in clusters 1, 2, 3 and 5) are looked at specifically as the primary target of the families campaign.
- Since December 2009, a 'booster' sample of 100 45 to 64-year-olds per month has been interviewed. When this booster is added to the general sample it results in approximately 200 interviews with the target middle-aged adult audience per month.
- Approximately 100 pregnant women a month are interviewed using the BMRB Omnibus. From January 2010 pregnant women are interviewed on a 'three

months on, three months off' basis (resulting in a sample size of approximately 300 every six months).

- Finally, there is a sample of approximately 50 young people aged 12–19 per month made up of those aged 15–19 from the all-adult sample, supplemented with interviews with 12–14-year-olds identified in households interviewed in the general public survey.

Extrapolations made from the tracking study data

Over 1 million mothers are now claiming to have changed something in their children's lifestyles as a result of Change4Life. This was calculated as follows:

- Total number of mothers with children aged 0–11 in England: 4.59 million.[43]
- Percentage of mothers aware of Change4Life advertising in final quarter of 2009: 77% = 3.53 million mothers.[44]
- Percentage of those who claim to have changed something as a result of Change4Life: 30% = 1.06 million mothers.

About 180,000 more mothers are now claiming to have adopted all eight of the Change4Life behaviours. This was calculated as follows:

- Total number of mothers with children aged 0–11 in England: 4.59 million.
- Percentage of mothers claiming their children did all eight behaviours at baseline: 16% = 734,400.
- Percentage of mothers claiming their children did all eight behaviours one year later: 20% = 918,000.
- Additional mothers now claiming their children have adopted all eight behaviours = 183,600.

All calculations compare the end of 2009 data to the baseline (end of 2008) to factor out seasonality.

43 Labour Force Survey for England, 2008
44 BMRB tracker Q4 2009





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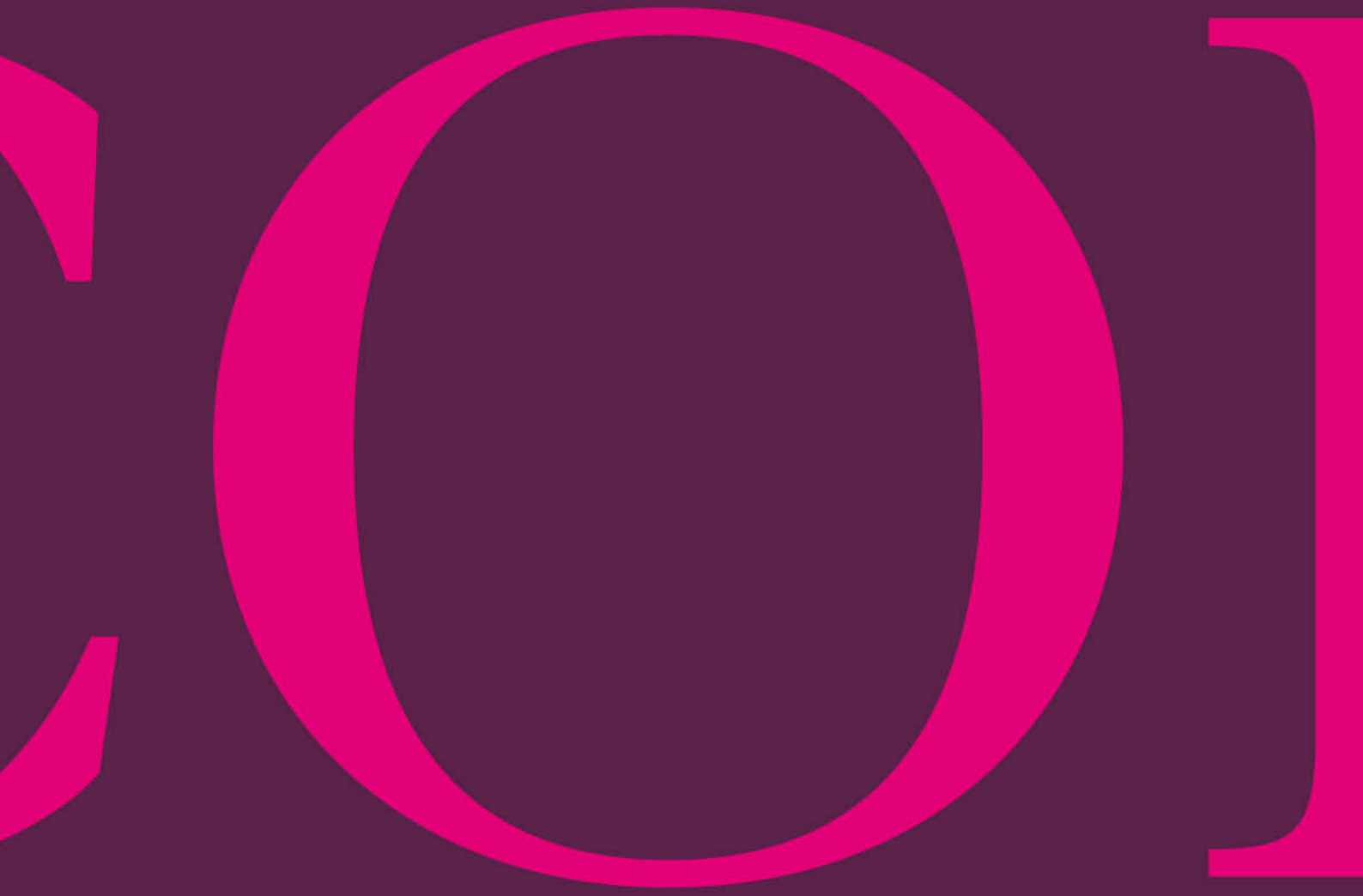
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Payback and Return on Marketing Investment (ROMI) in the public sector

How to evaluate the financial effectiveness and efficiency of government marketing communication

Beta version November 2009



COI

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Foreword

In the 2008 book *How public service advertising works*[1], Rebecca Morgan and John Poorta of Lowe Worldwide and Leo Burnett, say: “Although profit per se is not relevant to government campaigns, the most successful cases do think in terms of the financial value of the effect”.

It has always been the case that the stewardship of public expenditure should be achieved in the context of value for money and we believe that government communication, including the work of the COI, has demonstrated adherence to this principle through cost-effective campaigns, programmes and activities in support of the delivery of government information, policy and services.

At a time of great pressure on public finances, it is right to be looking closely at how communicators measure the benefits of what they achieve for what cost. We should be prepared with the facts and data that will enable us to learn from both the successful and the less successful and we should be able to explain worth, not just worthiness. There are some tried and tested ways of measuring the effectiveness and efficiency of communication campaigns and COI is working with the Government Communication Network (GCN) and with colleagues across government on improving and adding to these.

Important and urgent work on evaluation is happening across the spectrum of communication and we expect this paper’s contribution to be followed by a number of others in the coming months – although the secrets of evaluating some aspects of what we all do may take longer to crack. Work is underway, for example, on how behaviour change theory, social psychology and behavioural economics can help define the precise role for communication in delivering policy objectives. Reference to this precise role would be the starting point of evaluating communication interventions.

While this paper may appear ‘campaign’ orientated at present, and the examples given are mainly taken from larger campaigns involving advertising, the principles apply to all forms of communication activity.

But, beyond our knowing how well and why a message was communicated, was received and why it stimulated action, we feel it appropriate for public sector communication to consider how it can look more often at the extent to which society has benefitted, financially, from its investment in our actions.

Certainly, Government does not seek to ‘profit’ in the commercial sense from its policies and services but it does want to add value to the lives of the public, to the user of services, to the beneficiary of policies. To some, but not all, of these benefits to society can be ascribed financial value: the reduced cost to the NHS and Police of lowering drink driving; the reduced cost to administering the tax system from on-line

[1] How public service advertising works. Judie Lannon (Ed). COI, IPA, WARC: 2008.

self assessment; the financial benefit of recruiting the right number of appropriate quality teachers, service personnel and hospital staff.

Capturing what these financial benefits are – and calculating the extent to which a pound spent on marketing communication pays for itself – is the job of Payback and Return on Marketing Investment (ROMI); and the subject of this paper. Taken together, and with Payback as the more important to us, they make up but one of the evaluative tools in what should be a sophisticated evaluation toolkit available to, and used by, policy officials, communicators and marketers in Government.

This paper makes the point that not all government initiatives supported by communication are intended to provide benefits in terms of social or public value that can, or should be monetised. Further, there are some that will not be suitable for this level of analysis – some of the calculations suggested require the services of specialists, such as econometricians, or could only be achieved at disproportionate cost. That said, the default should be to go to the highest level of evaluation feasible and realistic, especially when substantial amounts of public money are being expended.

With the help of two leading practitioners, Les Binet and Sarah Carter of DDB, COI has prepared this paper with the intent of stimulating discussion, and further work across the GCN towards the development of a cross-government approach to calculating and using ‘Payback’ and ROMI, wherever feasible, to help design, monitor and account for Government communication campaigns.

It is deliberately comprehensive but we do not claim it to be definitive. We hope that this will be but one contribution to a lively debate, to the improvement of professional expertise and, perhaps, to mutual agreement on the use of these tools in the public sector.

We look forward to discussing it with you and colleagues from across Government, the communication and marketing industry, evaluators, academia and observers.

Mark Lund
Chief Executive

Editors' Note

The last 30 years have seen a major revolution in the way that advertising and other marketing communication is evaluated. Back in the 1970s, the consensus was that the effects of advertising were too subtle, intangible and long-term to be subjected to anything as crude as a cost-benefit analysis. Advertising clearly changed attitudes and beliefs, but the effect on behaviour and contribution to the bottom line were something of a leap of faith.

That all began to change in 1980, when the UK's Institute of Practitioners in Advertising (IPA) launched a new competition, the IPA Advertising Effectiveness Awards. The aim of the competition was simple: to prove and measure, beyond reasonable doubt, the effect of advertising in hard financial terms.

The IPA Effectiveness Awards (as they are now known) demonstrated that proper financial evaluation of advertising was indeed possible, and spurred the advertising industry on to raise their game. With over 1,000 detailed case studies now in the public domain, we have learned a lot about how to evaluate advertising properly, and that learning is now being extended to other channels like PR, sponsorship, and digital media.

As a result, it is probably fair to say that the UK now leads the world when it comes to the financial evaluation of advertising. Most campaigns are still evaluated using softer attitudinal data, of course, but most marketers in the private sector are at least familiar with concepts such as econometric modelling and ROMI these days. Companies are subjecting their marketing departments to increasing financial scrutiny in an effort to drive down costs, and the current economic climate will only accelerate that trend. We have entered a new "era of accountability" in business.

A range of resources exist to help commercial businesses measure the Payback from their marketing, some of which are listed at the end of this publication. Professional organisations, such as the IPA and the Incorporated Society of British Advertisers (ISBA) publish guides, run courses, and provide information online. Agencies and research companies provide consultancy services such as econometric modelling. But until now, the debate has focussed on private sector marketing. Financial evaluation of public sector communication has been much less common.

But public sector spending also needs to be accountable, and never more so than now, when the public finances are coming under pressure. It is time to start subjecting government communication to the same financial scrutiny as commercial advertising. And this guide is an important step towards that goal.

Government communication presents special challenges when it comes to evaluation. Whereas commercial firms tend to be clearly focussed on creating shareholder value, government campaigns can have quite complex objectives. Whereas businesses tend to demand payback over modest timescales – say one to two years – governments often have to take a very long term perspective. Whereas

marketers are trying to elicit fairly simple behaviour – usually to buy something – governments try to influence their citizens in quite complex ways. And whereas financial payback is the ultimate measure of commercial success, it is only one metric among many for governments.

Nevertheless, financial metrics should play an important role in any evaluation of public sector communication activity. Financial evaluation of this kind is not straightforward, but it is possible, and there are some general principles of best practice. This guide is an attempt to lay out some of those principles and to stimulate further research and debate on the subject.

As editors, our principle contribution has been to provide a commercial perspective. While many of the challenges faced by those trying to evaluate public sector communications are unique, there is still much to learn from commercial evaluation. Having helped to prepare more IPA cases than we care to remember over the last 20 years or so, we are familiar with most of the commonly used evaluation techniques.

But the learning should go both ways. We have been impressed and excited by the analytical rigour and professionalism of this project, and we feel that commercial organisations could learn a lot from the principles outlined in this report. Hopefully, this marks the beginning of a fruitful dialogue between our two worlds.

Les Binet Sarah Carter

Executive Summary

About this paper

Evaluation of the return delivered on investment by public sector marketing communication is carried out widely across government – and in some cases very well. But it is currently carried out inconsistently in terms of approach and methodology, and it is this inconsistency we wish to address. While not all communication interventions are suitable for a monetised approach to evaluation, the public sector recognises that it should be at least common practice and, at best, universal.

Having researched the field we have formulated **a set of definitions** that we recommend can be used in future as common terminology. We offer a pathway: **10 steps to Payback and ROMI**, to be followed in any analysis. We provide **six key principles** that should be borne in mind.

This paper also places Payback and ROMI in context as they are just two measures of financial effectiveness and value for money that sit alongside others, such as 'cost per response' or 'discounts on media space'. But, whatever other measures are used, we found that the process of calculating Payback and ROMI will usually be valuable, as it sheds light on exactly how marketing communication delivers value in monetary terms.

In researching past programmes, we did find that public sector marketing is capable of delivering very high returns (Payback) and can pay for itself many times over (ROMI). For example, it can be shown that the Teacher Recruitment campaign from 1998-2005 not only paid for itself; but also should provide returns of another £85 for every £1 spent.

It has long been accepted that all government marketing communication should be evaluated and our conclusion is that analysis of Payback and ROMI should be considered an integral part of that evaluation process. We recognise that there are occasions when they cannot be calculated. But where they *can* be calculated, Payback and ROMI can be used, alongside other 'hard' and 'soft' measures, to make strategic and tactical investment decisions and to demonstrate accountability and value for money in the spending of public funds.

We recommend the approach in this document is considered as a starting point by all government departments, bodies, and the agencies they work with when analysing financial return on investment in marketing communication.

That is not to say that we claim that this paper is the last word on what is a complex and evolving discipline. Rather, we see it as a beta version - something to set standards in best practice where there have been none - and a catalyst to a healthy debate among experts within and beyond the field of public communication.

What is in each section

The **Introduction** section explains the background to Payback and ROMI. It looks into government marketing communication, how it fits with other policy levers; such as legislation; and how it can deliver financial payback. Importantly, it defines three terms:

- **Payback** – the financial benefit that can be shown to result from marketing communication activity, at present values;
- **Net Payback** – the Payback, less the cost of the activity; and
- **ROMI (Return on Marketing Investment)** – the ratio of the Net Payback to the cost; or, the number of pounds returned for every pound spent, once the activity has paid for itself.

We recommend that these terms be adopted and that the term 'ROI' should not be used in the context of marketing communication as it may lead to confusion with other calculations. Further terms are defined in the introduction and there is an extensive glossary of terms at the end of the document.

The **Context** section looks at evaluation of government spending in general; current best practice for the evaluation of marketing in the public sector; and the state of play for marketing evaluation in the private sector. It addresses the role of Payback and ROMI as metrics - where we recommend that both Payback and ROMI should be included in a 'balanced scorecard' approach to the evaluation of marketing communication.

The **Guide to calculating Payback and ROMI** section details a 10 step process of analysis to reach robust estimates of Payback and ROMI. We recommend that anyone seeking to calculate these metrics should follow these steps as closely as possible.

1. Map objectives to outcomes and check expected contribution
2. Identify stakeholders and set the scope of analysis
3. Plan to measure campaign outcomes
4. Measure the impact of the campaign
5. Put a value on the impact of the campaign
6. Calculate Payback at present values
7. Calculate costs at present values
8. Calculate Net Payback and ROMI
9. Understand Payback and ROMI
10. (Optional) Advanced Payback and ROMI

The **Guide** is somewhat technical, so it will be of most use to those who have prior or current experience of measuring the effectiveness of marketing campaigns – and the more advanced concepts will be most easily utilised by those with a background in mathematics, statistics, or economics. However, we hope it is written in a way that

should make it accessible and of practical use to all public sector marketing communication professionals.

Case study examples are used to bring the **Guide** to life and there is a also a fully worked case study later in the document. It will be useful to refer to this as you read the **Guide**.

Step 4: Measure the impact of the campaign and *Step 5: Put a value on the impact of the campaign* are the two most challenging steps. This is because isolating the effects of communication from the effects of other factors – and assigning financial values to benefits – can be difficult in public sector marketing communication. When carrying out these steps, and the optional advanced steps, you may need to consult an econometrician, economist, mathematician, statistician or accountant.

Throughout the process, we recommend following six key principles:

1. Start with an understanding of what your campaign is trying to do and how it will work
2. Isolate the impact of your campaign from the effects of other factors
3. Make conservative but realistic estimates of the value of the impact
4. Be transparent: show all your working and list all your assumptions
5. Net Payback is usually more important than ROMI
6. Do not use Payback and ROMI to make decisions in isolation from other measures

The **Case Study – Teacher Recruitment** section revisits an IPA Effectiveness award-winning campaign which demonstrated outstanding Payback and ROMI. We have refined the calculations by following the steps laid out in our own guide. You may find it useful, when reading the case study, to turn back to the steps and see how they have been applied to the case.

Finally, the **Useful Resources** section provides help and further information to support you in carrying out analysis of Payback and ROMI.

1 Introduction

> *"The same prudence which in private life would forbid our paying our own money for unexplained projects, forbids it in the dispensation of the public moneys".*
>
> Thomas Jefferson, 1808[2]

In the current economic climate, there is more scrutiny than ever on government investment. Accountability – demonstrating benefit achieved and value for money – is high on the Whitehall agenda. That said, neither the need to improve the theory, techniques and practices used to evaluate public sector communication, nor the need to do this consistently across government, are new.

Initiatives to address these needs, such as the strengthening of the Government Communication Network; their *Engage* programme; and moves to share research and insight between departments, and between them and the COI, are making progress. But in a communication landscape that has transformed almost beyond recognition in recent years, evaluating the impact of marketing remains a significant challenge.

Communicators and social marketers want to know if their campaign is efficient and effective; policy officials want to know if their objectives are being served with value for money; ministers want to know that their policies are being given the best chance with the resources available; Parliament and the public want to know (and have the right to be informed) that public money is being well spent and achieving the promised returns.

The stakes are often high and the figures can be substantial: if obesity in England, for example, costs us £4.2 billion a year, £75 million spent on achieving some behavioural change through communication would only need to reduce obesity by 2% to pay for itself.

There is some hard, and a great deal of circumstantial, evidence that government marketing communication delivers significant return on the money spent on it by the taxpayer, but only a fraction of campaigns put figures on this return and use them to demonstrate success and inform future investment. Accurate measurement of financial Payback is also rare in the private sector: in the 2007 IPA Paper, *Marketing in the Era of Accountability*[3], analysis of 880 advertising industry case studies showed that only 39 could demonstrate valid Return on Marketing Investment (ROMI) calculations.

This document, Payback & Return on Marketing Investment (ROMI) in the Public Sector, is intended to address the need for a consistent, best practice approach. It is

[2] http://etext.virginia.edu/jefferson/quotations/jeff1310.htm
[3] Marketing in the Era of Accountability, Binet and Field, IPA, 2007

the first iteration of a guide illustrating how to evaluate the financial effectiveness and efficiency of government marketing communication in delivering its objectives.

It is important to stress at the outset that we believe that Payback is more important (because it measures benefit delivered) than ROMI (which measures efficiency). But the two are complementary and are treated together in this paper – both should be included in a balanced scorecard of a campaign.

It has been written by a team from COI Strategic Consultancy and edited by Les Binet, European Director DDB Matrix, and Sarah Carter, Strategy Director DDB London. Les is an industry expert on marketing evaluation and has written best practice guides on the subject, including the IPA paper referenced above. Sarah has co-edited, with Les, more than 40 award-winning IPA Effectiveness papers.

The guide draws on many successful campaigns delivered by a wide range of government departments and public bodies, many of which have been demonstrated to deliver financial benefits well beyond their costs. Referencing standard government practice in the financial measurement of benefits, academic research and private sector literature, it aims to provide a framework and supporting resources for use throughout government.

We will use the following terms throughout this document:

- **Marketing communication** – Communication by the government or public bodies, generally aimed at the public (or sections of it), with the purpose of raising awareness or changing behaviour
- **Campaign** – A co-ordinated, discrete programme of marketing communication
- **Effectiveness** – the degree to which a campaign meets its ultimate objectives
- **Efficiency** – the amount of effort required to run a campaign compared with the degree to which it meets its objectives
- **Impact** – the effect of the campaign, isolated from the effects of other factors
- **Payback** – the financial benefit that can be shown to result from a campaign, at present values
- **Net Payback** – the Payback, less the cost of the activity
- **ROMI** – the ratio of the Net Payback to the cost of the campaign

We recommend that these terms be adopted and that the term ‘ROI’ should not be used in the context of marketing communication as it may lead to confusion with other calculations. ‘Return on Investment’ is a wide term and we instead define ‘Payback’ and ‘ROMI’, which are more specific and appropriate for the purposes of this guide.

Further terms are defined in an extensive glossary at the end of the document.

1.1 Objectives of government marketing communication campaigns

> *"The need for government to communicate with the public is greater than ever as society faces challenges such as obesity, climate change and the recession. Government campaigns can help save lives and save money. Changing behaviour is difficult, but the benefits to the taxpayer and society can repay the investment many times over"*
>
> Mark Lund, Chief Executive, COI, July 2009[4]

Government marketing communication is managed by members of GCN and delivered by their departments and public bodies, either directly, or in partnership with COI. Along with policy, economic and legislative intervention, marketing communication campaigns are among the main levers available to Government in bringing about change. They can have a variety of objectives, which can be divided into six broad groups.

- They can aim to persuade individuals to **start** doing something they are not doing now - for example, wearing seatbelts whilst sitting in the back seats of cars, thereby reducing injuries and fatalities.

- They can aim to encourage individuals to **stop** doing something they do now. Lifestyle behaviours such as smoking, excessive alcohol consumption and reliance on fast food cause long-term damage to health. Stopping or reducing these behaviours can improve the health of individuals and lower the impact on the National Health Service.

- Their purpose may be to **prevent** individuals from doing something that they may do in future. An example of this are the ongoing efforts to inform young people about the risks associated with drug use.

- Government may want individuals to **continue** what they are doing now. Sustaining levels of blood donation, for example, is essential to allow the NHS to provide effective treatment.

- The public sector often needs to **recruit** individuals to work in vital services. The Armed Forces, the National Health Service and the Education system are just three areas of public service that depend heavily on the quality and quantity of new recruits.

- Finally, some campaigns may simply meet the duty of government to **inform** its citizens of its work, their rights and changes in legislation, without requiring action on the part of the individual. For example, communication of national statistics is an important service provided by government.

[4] http://www.guardian.co.uk/media/2009/jul/20/uk-government-advertising-marketing

1.2 The place of marketing communication in delivering change

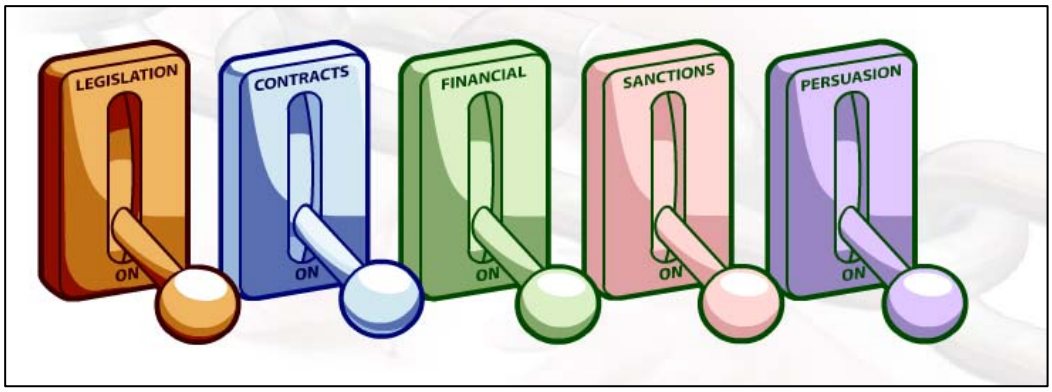
> *"Policy development cannot take place in a vacuum – it depends upon a dialogue with all the interested and affected parties. The delivery of public services relies upon effective communication between those delivering and those receiving services. More effective communication will lead to more effective government"*
>
> The Phillis Review of Government Communications, 2004[5]

Government aims to deliver change through *Delivery Chains*. A *Delivery Chain* refers to the complex networks of organisations, including central and local government, agencies, and bodies from the private and third sectors, which need to work together to achieve or deliver an improved public sector outcome defined through a central government Public Service Agreement (PSA) target[6].

Policy Levers can help to deliver change by giving government a control mechanism over the many different types of links between parts of the delivery chain[7].

There are a range of Policy Levers, from legislation to codes of practice, from contractual arrangements to financial incentives and from sanctions to communication campaigns.

Figure 1: Policy Levers



Of course, this is a simplification. Government can't just pull one of the levers and see what happens. But it can aim to intervene in a number of ways and see how different combinations of intervention work, in trying to reach the desired outcome.

[5] http://archive.cabinetoffice.gov.uk/gcreview/News/index.htm
[6] http://www.nao.org.uk/publications/0506/delivering_efficiently-strengt.aspx
[7] "Understanding the Civil Service" e-learning course

Figure 2: Smoking – Delivery Chain & Policy Levers

The 1998 white paper 'Smoking Kills' defined that the key objective of the programme was to help existing smokers quit. A target was set to reduce adult smoking from 28% to 25% by 2010.

The *Delivery Chain* for smoking cessation was complex and involved the Department of Health, the NHS (Strategic Health Authorities & Primary Care Trusts), charities such as Cancer Research, and required co-operation from tobacco manufacturers and employers.

The *Policy Levers* included legislation (increase in workplace bans, advertising ban on secondary media), contracts (increased size of warnings on cigarette packets), financial (increasing the cost of smoking), sanctions (fines for employers who did not comply), the availability of new services (Nicotine Replacement Therapy made available from the NHS) and persuasion (marketing campaigns).

Source: IPA Effectiveness Awards 2004 "Tobacco Control. How the Integration of Advertisers made Advertising more Powerful than Word of Mouth"

COI is currently developing guidance on the role of communication in behaviour-influencing interventions by government, to be published separately to this document. This guidance draws on key sources from the disciplines of social psychology, economics and behavioural economics (where the two overlap). It seeks to distil this information into some key factors that are important to consider for anyone developing communications that aim to influence behaviour, and seeks to develop a framework for applying these factors to the development of a communications strategy.

The guidance should help communication to be provided with realistic role(s) in the wider suite of interventions which are often required to facilitate behaviour change, and defining this role should make for more effective communication strategies, planning, resourcing, implementation and evaluation.

Ideally, robust and thorough analysis should be carried out, in the initial stages of policy development, to predict the total impact that is to be delivered. Crucially, as part of the process of defining the role of communication, agreement should be reached on the proportion of this impact that the marketing communication lever is expected to deliver versus other policy levers.

The discipline of predicting and evaluating the *financial* impact of Government policy as a whole is already well established, but for marketing communication this is not the case. This guide is the first step in establishing such a discipline.

1.3 Who feels the impact of marketing communication?

The impact of marketing communication campaigns may vary across a number of different stakeholders, parts of government and groups of citizens. At the initial stages of the Payback and ROMI process, this should be taken into account so that it is clear what benefit the campaign is expected to deliver, and to whom.

These will include, inter alia:

- **Target group** – a group of people at whom a campaign is aimed
- **Stakeholder** – any party whose actions could affect the outcomes of the campaign
- **Intermediary** – anyone at whom a campaign is aimed so that others may feel the benefit
- **Beneficiary** – anyone (including the service provider) who should benefit from the results of the campaign

1.4 How government campaigns generate impact and Payback

Unlike commercial marketing communication, government communication is NOT primarily about generating financial Payback. Nevertheless, it does have financial implications for stakeholders. And sometimes it is also possible to put a financial value on effects that do not at first glance appear to be financial in nature. Best practice and accountability would dictate, then, that a financial evaluation forms part of any evaluation commitment.

Whether campaigns aim to start, stop, prevent, continue, recruit or inform, the benefits that they aim to deliver can often be shown to deliver financial benefit or **Payback**. They will do so in quite different ways to private sector marketing – which usually delivers Payback through the generation of sales and profit.

With examples that are purely for illustration purposes, the ways are:

- ***Generating economic value***
    - Encouraging activity that will bring increased value to the economy. For example: the recruitment of the best teachers could improve educational outcomes for a generation of children, raising their potential earnings and economic output in future;
- ***Generating revenue***
    - Bringing in money to the Exchequer, usually through tax. For example, a campaign to encourage people to inform on benefit cheats;
- ***Saving public money directly***
    - Making savings that are indisputably a result of changed behaviour. For example, the campaign encouraging more people to complete tax returns online, which saved administrative costs;
- ***Saving public money indirectly***

    - Making savings that can be linked to changed behaviour. For example, smoking cessation campaigns hope to reduce the number of smokers, in turn reducing the cost of their likely future treatment on the NHS;
- ***Spending public money well***
    - Making efficient use of public money by spending it in the right ways. For example, inspiring but candid marketing can help the right people into the RAF application process, reducing administration costs associated with ineligible or unsuitable candidates and delivering a better quality of recruit;
- ***Enabling public money to be invested in priority areas***
    - Government may announce a new investment to benefit the public, so that Payback is actually more money *spent* rather than money saved. For example, a training bursary fund of £100m for young people could be announced and publicised, resulting in more young people taking up the benefit and the planned investment being realised. However, it should be noted that showing that you have spent money on something in order to improve it is not the same as showing that you have actually improved it;
- ***Campaigns with no Payback***
    - Some campaigns will deliver no financial benefit, as they aim to deliver benefits which cannot be quantified. For example, encouraging people to register to vote in local and general elections is part of the duty of the Government to inform the public of their democratic rights, but there is no recognised calculation for the value of this.

This guide will set out how to measure and isolate the impact of Government marketing communication campaigns and put a value on them in order to calculate the absolute value of the benefit, known as **Payback**, and the ratio of net Payback to cost, known as **ROMI**.

However, it should be noted that Payback and ROMI is about measuring the impact on the *ends*, rather than the efficiency of the *means*. This guide will focus on predicting, measuring and evaluating the material outcomes following a campaign, rather than looking at how it may have raised awareness or changed attitudes.

ROMI, rather than looking at how views or intentions on smoking have changed following a campaign, will, for example, examine the money saved by the NHS in several years' time because of those who give up smoking because of a campaign. Rather than looking at how teaching is seen as a great career opportunity by ambitious graduates because the adverts worked, it will look at how many graduates signed up for teacher training, how many will become (and remain) teachers as a result and the money that will be saved on supply teachers over the course of average teaching careers.

1.5 How long does it take for Payback to be delivered?

Government marketing communication often aims to deliver long-lasting changes to individual behaviour and to society as a whole, and it must be recognised that this will not happen overnight. Where a private sector marketing campaign might expect to deliver increased sales within weeks or months, a campaign such as Change4Life, which aims to reduce the burden of obesity on the NHS, will require years, if not decades, to demonstrate effectiveness and financial Payback.

In this guide, we will argue that the ROMI process should start during the planning of a campaign, be an integral part of evaluation throughout and culminate in a retrospective review. This leads us to three different perspectives that the analysis might take:

Predictive Payback & ROMI

- At the start of a campaign, analysis carried out to determine how Payback and ROMI will be measured and to predict the scale of Payback that is expected to be delivered

Projected Payback & ROMI

- During the campaign, examining leading indicators to provide estimates of the campaign's effectiveness and efficiency, feeding back into campaign design or adjustment

Evaluative Payback & ROMI

- The measures calculated as part of a retrospective evaluation of a campaign’s success. This calculation may not be possible for several years following the campaign.

In the Teacher Recruitment case study which forms part of this document, the analysis is **evaluative** because the outcomes driving Payback (the recruitment of teachers between 1998 and 2005) have happened. Even in this case, there is a degree to which the Payback and ROMI analysis is **projected** because it involves looking at benefits delivered 15 or even 40 years from the end of the campaign.

2 Context

2.1 Evaluation of government spending

Government departments invest in public services against fixed, three year Departmental Expenditure Limits and, through Public Service Agreements (PSA), define the key improvements that the public can expect from these resources[8]. The next review is due in 2011 and is unlikely to set out increases in spending given the economic climate at the time of writing this document. It is likely that departments will be faced with having to deliver outcomes with fixed or diminishing resource levels in the medium term and this will include communication directorates, who will be increasingly required to account for their investment in marketing and to demonstrate its value for money and its effectiveness.

HM Treasury sets Departmental Expenditure Limits and monitors delivery through a control and reporting framework, supported by two main bodies:

The **Office of Government Commerce** (OGC) is an independent office of HM Treasury, established to help Government deliver best value from its spending. It focuses on the accountability of large programmes and projects.

The roles of the **National Audit Office** (NAO) are to audit the accounts of all government departments and agencies as well as a wide range of other public bodies, and report to Parliament on the economy, efficiency and effectiveness with which these bodies have used public money.

Departments themselves must assess the impact and benefits delivered by investments, such as policy initiatives, new legislation and marketing communications, and they are financially accountable to the Treasury. Departments often develop and manage marketing communication campaigns through Central Office of Information (COI), which is accountable to the Permanent Secretary for Government Communication and the Minister for the Cabinet Office.

The Treasury Green Book is the central point for access to guidance on the economic assessment of spending and investment and is accompanied by extensive guidance from departments on how to carry out assessments in specific areas of government; for example, health, transport or the environment[9].

A recent development in the area of measuring social benefits is the Cabinet Office *Guide to Social Return On Investment (SROI).* The Office of the Third Sector within the Cabinet Office are running a new consortium project on SROI from 2008-2011, called *Measuring Social Value* – and the guide is a recent output, published in May 2009.

[8] http://www.hm-treasury.gov.uk/spend_index.htm
[9] http://www.hm-treasury.gov.uk/data_greenbook_detguidance.htm

2.2 Evaluation of marketing in the public sector

"I want everyone in the Government Communications Network to think: 'Given the work I did this week, did the taxpayer get good value for money?'"

Matt Tee, Permanent Secretary, Government Communication, July 2009[10].

Demonstrating effectiveness and value for money are two of the highest priorities for government communicators. COI, in conjunction with GCN and other government departments, is currently developing an evaluation service: a programme with the purpose of driving the improvement of marketing evaluation in the public sector. This improvement is much needed. As Matt Tee said in July 2009, "I think we've sometimes been averse to counting things in government communications because it's difficult[11]."

The development of the evaluation service will be an iterative process over the next few years, packaging together existing and new evaluation approaches in government communication, working with government departments on commissioned evaluation projects, in order to test and enhance the approach.

This document is the output of one work stream of this initiative and will feed into the overall, best practice approach to marketing evaluation being developed by the programme. Recent contributions to best practice in evaluation at two government departments outline some of the ideas that will be developed.

The **Department of Health**, working with COI, have recently developed a series of documents that summarise the Department's approach to best practice marketing evaluation. Developed through extensive consultation and a process of academic review, these led to the adoption by DH of these ten principles:

Figure 3: Ten Principles – DH Marketing Evaluation

The principles state that DH will:

Culture

- Hard wire evaluation into every stage of the marketing process focusing on active learning and rapid application
- Evaluate every piece of activity at a proportionate level, between 5% and 10% of total spend

Process

- Always develop a formal evaluation plan at the outset of the marketing process, including clear objectives.

Measurement

[10] GCN Newsletter July 2009
[11] Ibid

- Collect robust, consistent data on our marketing activity
- Ensure all marketing evaluations focus on a range (c. 10) of KPI measures that are critical to success – both in terms of behavioural influence and ROI/cost-effectiveness. We will not use awareness as an isolated measure of success.

Influencing behaviour

- Put behaviour change at the heart of our evaluation thinking, capitalising on existing behavioural theory.

Test-learn-refine

- Use a rigorous test-learn-refine process within and between channels.
- Try to test regionally prior to national exposure, and establish control regions if possible.
- A culture of evaluation is not an excuse for middle of the road mediocrity. We will embrace and test new marketing ideas and methodologies – and evaluate to determine their value.
- If a proposed activity cannot be evaluated appropriately, we will not do it

Source: The DH Marketing Evaluation Handbook, February 2009

The adoption of these principles is intended to deliver several key benefits, to include:

- Developing marketing interventions that are more effective in influencing consumer behaviours
- Improved marketing efficiency by investing in the things that work best
- More informed budgeting processes with reduced overspends and underspends
- Better forecasting of outcomes
- Better management of expectations regarding results

The **Home Office** has recently developed a best practice guide to the evaluation of marketing communication. This has been submitted as a resource to the Government Communication Network (GCN) Knowledge Bank, and is therefore available to communicators across Government.

Figure 4: Home Office Marketing Evaluation

"Evaluation is essentially a process to assess the quality and effectiveness of a project. It is a key element of any communications strategy – campaigns, media, agencies and our communications delivery model must all be evaluated to measure success. In doing so we can learn from our experience and feed back into the planning process to continuously make improvements and build on progress."

Source: Home Office: Evaluating communications – A best practice guide: Version 1 January 2009

2.3 Evaluation of marketing in the private sector

> "Be creative and measure what happens. If it works, do more of it. If it doesn't work, go back and be creative again"
>
> *The Four Pillars of Profit-Driven Marketing (Booz & Company), 2009*

The industry-famous quote, attributed to Lord Leverhulme, and American retailer, Sam Wanamaker, goes, "Half of the money I spend on advertising is wasted, the trouble is I don't know which half". Since this statement was made, huge advances have been made in both marketing and analytics. Leading companies invest heavily in evaluation of marketing activity, to make sure that they only make the most profitable investments, and some have been built around this very principle[12].

However, consistent, accurate and financially accountable evaluation of marketing investment remains elusive. A 2006 survey run by the US Association of National Advertisers found that only 25% of marketers felt they had sufficient ability to predict their impact on sales[13]. Les Binet and Peter Field's 2007 paper, *Marketing in the Era of Accountability*[14], analysed hundreds of case studies submitted for the IPA effectiveness awards and found that:

"Marketers pay too much attention to intermediate attitudinal measures and too little to business and behavioural outcomes", and:

"Much talk of ROI is confused, and some of it leads to poor business decisions",

It is clear that there is still work to be done before the private sector reaches a stage at which measures of financial efficiency and effectiveness are calculated consistently and accurately, and used to inform investment. But the work to be done in the *public* sector is even more difficult, because measuring and putting a value on societal change is far more complex than tracking increases in sales and profit.

[12] From "The Four Pillars of Profit Driven Marketing".
[13] "Most Financial Executives Critical of Marketing Effectiveness Measures" – *Marketing Management Analytics, March* 13th 2007
[14] Marketing in the Era of Accountability, Binet and Field, IPA, 2007

2.4 The role of Payback and ROMI

"Marketing ROI should be used by marketing managers to compare and prioritize investment opportunities in the planning stage and to measure the actual performance relative to expectations in the analysis stage. It is a powerful financial tool that can guide strategies and investments towards greater profits for a company"

Marketing ROI (James D. Lenskold, American Marketing Association, 2003)

When calculated, interpreted and used correctly, Payback and ROMI can be informative and compelling – see Figure 5.

Figure 5: Payback and ROMI – Powerful argument for effectiveness

The Tobacco Control campaign reduced the number of smokers between 1999 – 2004 by over a million, which was calculated as saving the nation £170m in costs to the NHS; by decreasing domestic fire risk and by saving working 'sick' days. In addition, the long term savings – which consider the 'human cost' of the 10,284 lives which would otherwise have been lost to smoking related illnesses – were calculated at £6.9bn. In total over £7.1bn was estimated to have been saved (against advertising spend of £49.3m), giving a ROMI of 145:1.

Source: IPA Effectiveness Awards 2004 "Tobacco Control. How the Integration of Advertisers made Advertising more Powerful than Word of Mouth"

The DWP 'Direct Payment' campaign was aimed to encourage benefits and pensions claimants to opt to receive their money by electronic transfer instead of at the Post Office. The marketing more than paid for itself, generating savings of £450 million per annum, which amounted to a ROMI of around £29 for every £1 spent

Source: 'Direct Payment (Department for Work and Pensions/ COI – "Giving it to you straight", IPA Effectiveness Awards 2007

These types of calculation can be difficult and the results subject to margins of error. However, by carrying out the process in the right way, as defined in this guide, it is possible to reach robust estimates of financial effectiveness and efficiency which can demonstrate the huge potential of marketing communication as a lever to deliver Government policy.

Payback and ROMI have a key role to play in making investment decisions about Government marketing communication campaigns. One strategy could be to focus on the most effective campaigns – i.e. those which return the highest absolute Payback. But, where several different campaign approaches return high Payback,

how do you know that they are doing so cost effectively and that you could not get the same Payback from a smaller investment? This is where ROMI comes in.

However, imagine instead that you focus solely on ROMI and run only the types of campaign which have proven on a ratio basis to be most efficient in the past. Then, you could be deciding not to run campaigns which could be incredibly effective – ones that could return a much greater Payback despite being less efficient. A road safety campaign, for example, which can be shown to have saved 100 lives at a ROMI of 12:1, surely is far more successful than a campaign which saves 50 lives at 24:1, even if the latter is twice as 'efficient' as the former.

For this reason, industry research[15] and best practice recommends that **marketers should not focus solely on ROMI** (ignoring absolute Payback and other measures) when evaluating campaigns. One expert would even advise that marketers should not calculate the ratio at all:

> *"ROI gives a false picture, partly as a result of excluding longer-term cash flows, the effects on the dynamism of the business and brand equity. In fact, a drive for increased ROI will ultimately destroy any business, because the cash-generating activity is penalised relative to short-term profit."*
>
> ROI is dead: Now bury it – Professor Tim Ambler, London Business School, in Admap magazine, September 2004

Finally, it is relatively clear in the private sector that negative Payback and ROMI is a bad thing. If investment in a campaign fails to translate into sales and profits to justify the size of the investment, the decision to discontinue the campaign and to focus on other activity may be an easy one.

In the public sector, though, it might be that the goal of the campaign is to address a perennially intractable social issue and that investments in all policy levers deliver negative ROI. Here, the decision to discontinue the activity is more difficult. In fact, if the ROI of other levers is more negative than the ROMI of a campaign it may well be the duty of Government to focus investment here and look to deliver as much change as possible for the money available.

So, how exactly should Payback and ROMI be used?

The answer is: **alongside a spectrum of measures on a balanced campaign scorecard, in a continuing process of analysis and evaluation**.

This document does not contend or imply that thorough calculation of Payback and ROMI alone represents holistic and complete campaign evaluation.

[15] Various WARC and IPA papers, which appear in the Bibliography

> *"There is no single measure that reliably predicts effectiveness and focusing on individual metrics actually reduces effectiveness"*
>
> Marketing in the Era of Accountability, Binet and Field, IPA, 2007

The balanced scorecard approach is applied successfully in the world of business to enable companies to assess their progress towards strategic and tactical objectives. It is a way of looking at the success of a company, rather than just a report card, and the process of creating and maintaining the scorecard is just as important as the results that are tracked by it.

> *"The Balanced Scorecard complements financial measures of past performance with measures of the drivers of future performance"*
>
> *"The Balanced Scorecard is more than a tactical or operational measurement system. Innovative companies are using the scorecard as a strategic management system"*
>
> The Balanced Scorecard, Kaplan and Norton, 1996

Payback and ROMI (whether predictive, projective or evaluative) should therefore be two key financial measures on a balanced campaign scorecard that also incorporates a range of qualitative and quantitative measures of efficiency, effectiveness and value for money.

3 A Guide to calculating Payback and ROMI

3.1 Introduction to the Guide

This guide describes a rigorous and thorough process for the calculation of Payback and ROMI. If you were to follow *every* step in the guide and investigate *every* avenue of analysis discussed within it, you would reach robust measures of these two metrics. However, it has to be recognised that this could require significant investment in itself – and the assistance of experts in policy, economics and statistics. Even the majority of public and private sector IPA Effectiveness award winning campaigns have not taken the calculations to this level of analysis.

The first goal, then, should be to understand the concepts presented, when looking at financial Payback from marketing and ROMI. Look through the 10 steps and tick off as many items as possible during your analysis, to see which techniques are missing and consider how including them would affect Payback and ROMI. It should be emphasised that the process itself is just as important as the result and it can only enhance your understanding of how a campaign is delivering value.

The next goal will be to take Payback and ROMI further, calculate them to a greater level of accuracy, and to use them on an ongoing basis – as part of a balanced campaign scorecard – to make informed strategic decisions on marketing investment. Calculation of Payback and ROMI should be an integral part of a holistic evaluation process that starts during the development of a campaign and runs long enough to measure its full impact.

Case studies are used throughout the Guide to bring the concepts to life, and a full, worked example (Teacher Recruitment) follows at the end.

Finally, remember that you can calculate **predictive**, **projected**, or **evaluative** Payback and ROMI – the journey through the 10 steps will be slightly different in each case.

3.2 Payback and ROMI: Key Principles

Please bear in mind the following key principles throughout your analysis:

1. Start with an understanding of what your campaign is trying to do and how it will work
2. Isolate the impact of your campaign from the effects of other factors
3. Make conservative but realistic estimates of the value of the impact
4. Be transparent: show all your working and list all your assumptions
5. Net Payback is usually more important than ROMI
6. Do not use Payback and ROMI to make decisions in isolation from other measures

3.3 The Guide: 10 steps to calculate Payback and ROMI

Step 1: Map objectives to outcomes and check expected contribution

- Build a clear picture of how the marketing communication campaign will deliver outcomes to meet its objectives. Determine the contribution that it is expected to make alongside other interventions, such as new legislation or changes in tax.

Step 2: Identify stakeholders and set the scope of analysis

- Before you embark on measuring the outcomes you have identified, pause for a moment, identify who is involved, and set the limits of your analysis.

Step 3: Plan to measure campaign outcomes

- Identify a range of metrics that will measure how outcomes change during the campaign. Set baseline figures for these metrics and identify trends. Consider leading and lagging indicators, by how much they might move and over what period. Build the capture of data on other factors into the measurement plan.

Step 4: Measure the impact of the campaign

- Collect and analyse all the relevant data to determine the forecast, projected or actual outcomes. Identify, quantify and account for other factors – and consider the retention of impact over time. Look for displacement of impact and halo effects.

Step 5: Put a value on the impact of the campaign

- Agree financial values or financial proxies for the outcomes that you have measured with policy experts and economists. Record a range of values where possible and discount to present values.

Step 6: Calculate Payback at present values

- Multiply out the financial values or proxies by the campaign impact (the outcome less the effects of other factors) to calculate Payback. Adjust the Payback to present values and remember to account for negative impact, retention, displacement and halo effects.

Step 7: Calculate costs at present values

- Identify all costs that have been incurred in running, and as a result of running, the campaign. Adjust costs to present values in the same way that you did for Payback.

Step 8: Calculate Net Payback and ROMI

- Calculate Net Payback by subtracting the campaign cost from the total Payback. Then calculate ROMI by dividing the net Payback by the total cost.

Step 9: Understand Payback and ROMI

- Interpret measures of Payback and ROMI, and include them in a balanced scorecard to track the efficiency and effectiveness of your campaign.

Step 10: (Optional) Advanced Payback and ROMI

- Refine your estimates of Payback and ROMI using more advanced techniques. Carry out sensitivity analysis. How would different assumptions affect Payback and ROMI?

3.4 Step 1: Map objectives to outcomes and check expected contribution

Build a clear picture of how the marketing communication campaign will deliver outcomes to meet its objectives. Determine the contribution that it is expected to make alongside other interventions, such as new legislation or changes in taxation.

Task 1.1: Map objectives to outcomes

Analysis of Payback and ROMI starts by answering one of the following questions:

- Predictive Payback and ROMI
    - *How will your campaign and other factors work?*
- Projected Payback and ROMI
    - *How do your campaign and other factors appear to be working?*
- Evaluative Payback and ROMI
    - *How did your campaign and other factors actually work?*

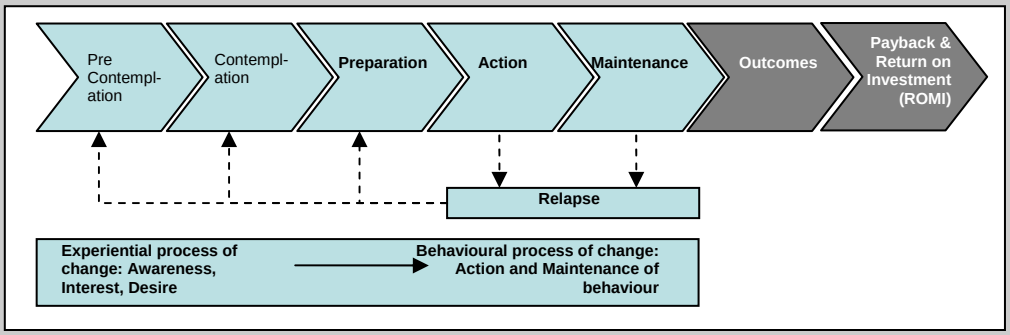
All campaigns should have clear objectives and a model that maps them to outcomes. This model will answer the questions above and you will be able to build on this to measure the effect of your campaign.

For the purposes of calculating Payback and ROMI, the focus at this stage should be on those ultimate outcomes that will demonstrate financial return.

Figure 6: Smoking – Outcomes of the Tobacco Control campaign

The marketing campaign aimed to help the overall Tobacco Control programme to reduce the number of smokers between 1999 and 2004 by over a million. It used a Stages of Change model to map how smokers could be persuaded to give up.

In this version, we have indicated how stopping smoking leads on to ultimate outcomes which can be used to demonstrate Payback and ROMI.



The campaign team looked at certain outcomes in particular that would demonstrate Payback as smokers began to stop and didn't relapse:

- Fewer people would contract smoking related illnesses
    - Fewer hospital admissions for smoking-related diseases
    - Less working time lost for treatment
    - Reduced mortality from smoking-related diseases
- Fewer domestic fires caused by smoking

Source: IPA Effectiveness Awards 2004 "Tobacco Control. How the Integration of Advertisers made Advertising more Powerful than Word of Mouth"

Task 1.2: Check the contribution expected from marketing communication

At this stage, when working on **predictive** Payback and ROMI, you should work with policy colleagues to understand which levers other than marketing communication are being used to deliver policy as part of the overall programme. What proportion of the overall change is marketing communication expected to deliver versus these other interventions?

This step is not commonly carried out when devising Government marketing communication campaigns, but imagine that it had been carried out for the 'Together' programme (figures are for illustration purposes only).

Lever	Activities	% of outcome to be delivered	How?
Legislation	Increase in workplace bans	20%	More difficult for employees to smoke
Contracts	Increased size of warnings on cigarette packets	20%	Warnings dissuade smokers
Financial	Rising cost of smoking	20%	Smokers can't afford to smoke
Sanctions	Fines for employers who do not uphold workplace bans	20%	Employers can't afford repeated fines so forced to comply
Persuasion	Marketing communications campaign	20%	Smokers persuaded to stop through creative messages

In this example, marketing communication is expected to deliver one fifth of the overall programme impact.

When calculating **projected** or **evaluative** Payback and ROMI, there is a different take on the contribution of marketing communication. The campaign is already in progress, and the other policy levers may have already been pulled – new laws and fines may be in place, or taxes may have been raised.

3.5 Step 2: Identify stakeholders and set the scope of analysis

Before you embark on measuring the outcomes you have identified, pause for a moment, identify who is involved, and set the limits of your analysis.

Task 2.1: Identify Stakeholders

The outcomes from your marketing communication campaign could affect a wide range of third parties, from Government Departments or local authorities to groups of citizens, to businesses and charities.

At this stage, you should identify all the stakeholders who could be affected or who are involved with the project, and decide which ones will be affected the most or could impact the outcome (or are of the greatest priority) and will therefore be involved in your analysis. Later, you may need to consider the actions of these stakeholders as **other factors** that could be affecting outcomes alongside your campaign.

Figure 7: DWP Direct Payments – Stakeholders

The DWP 'Direct Payment' campaign was aimed to encourage benefits and pensions claimants to opt to receive their money by electronic transfer instead of at the Post Office. The communication campaign affected various stakeholders, each of which also had potential to influence the outcome of the campaign. Stakeholders accounted for when evaluating the influence of other factors on the campaign outcomes were:

- **The Post Office**. Sub Post Masters who run 97% of Post Offices actively lobbied against the plans to switch to direct payment, fearing it would result in branch closures
- **Charities**. Age Concern and Scope were vocal in their concerns, though not actively obstructive
- **Opposition politicians**. E.g. John Barrett, MP for Edinburgh West ran a 'Save the Pension Book' campaign in his constituency

Source: 'Direct Payment (Department for Work and Pensions/ COI – "Giving it to you straight", IPA Effectiveness Awards 2007

A common method used to prioritise stakeholder relationships is *influence / interest mapping*. If you want to be sure that your analysis of Payback and ROMI is as accurate as possible and that stakeholders support the analysis, you could rate each of them in terms of their influence on and interest in the issue in question and categorise them into four groups of descending involvement – *partner*, *involve*, *consult*, and *inform*.

The following example shows how this might work for an imaginary Department of Health campaign aimed to reduce binge drinking in the UK. Only four stakeholders are included, for illustration purposes – it is likely there would be more.

Stakeholder	How they will be affected, or how they will affect, the campaign	Influence	Interest	Relationship
Drink Aware	Part of campaign team and part funding campaign	High	High	Partner: work together
Home Office (Police)	Reduced costs dealing with alcohol-related disturbance and crime	High	Medium	Involve: work together where common ground exists
Alcohol retailers	May suffer from decreased revenue	Medium	High	Consult: listen to them and respond
Charity campaigning against violence against women	Knock-on effect of reduction in binge drinking could be less violence towards women	Low	Medium	Inform: tell them what you are doing

Having categorised stakeholders in this way, it becomes clear which ones you need to work with to carry out your analysis, which ones will be interested in the results, and which ones may influence outcomes at the same time as your campaign.

Task 2.2: Set the scope of the analysis

Campaign outcomes and impacts could be analysed endlessly. Because many Government marketing campaigns aim to achieve complex societal change, there is no limit to the number of ways in which causal relationships could be established between innumerable factors in order to arrive at various estimates of Payback.

However, by setting out clearly what you intend to achieve and recording things that will not be included in your analysis, it is possible to reach robust and defensible estimates for Payback and ROMI.

There are four things to take into account when setting the scope of Payback and ROMI analysis, in addition to the inclusion or exclusion of stakeholders and target groups:

Setting the scope of analysis	
Purpose: Why are you analysing Payback and ROMI?	
Predictive	aims to understand what the campaign would have to deliver to break even, to meet policy targets, or to achieve certain levels of ROMI
Projected	takes intermediate, leading measures of campaign impact and projects what the campaign will deliver as it continues
Evaluative	reviews outcomes and determines the actual impact delivered by the campaign
Audience: Who is going to be interested in the results?	
Departmental / Policy experts	will require full detail of how the campaign will deliver, is delivering or has delivered against objectives
Communication professionals	will require clear explanation of techniques and a focus on the effectiveness of specific media interventions
Auditors	will require financial rigour and a focus on the numbers and value for money
The Public & the Media	will require confidential data to be protected, a focus on accountability and very clear explanation of techniques used
Resources	
Capacity	How much time and how many people do you have to carry out analysis?
Capability	Do you have the right set of skills in your team? Do they have the tools that they need? Do you have access to data, to experts and specialist services?
Cost	Do you have a specific budget for the analysis, or will it be included as part of your overall evaluation budget? Is your evaluation budget sufficient?
Timescales	
Time period	You should set a time period over which you intend to collect data for analysis. This time period should be long enough to measure actual campaign outcomes that can be monetised. Where this isn't possible (some campaigns won't realise benefits for decades) then you should allow as long as possible to collect data on intermediate measures and then project these in a rigorous and fair way.

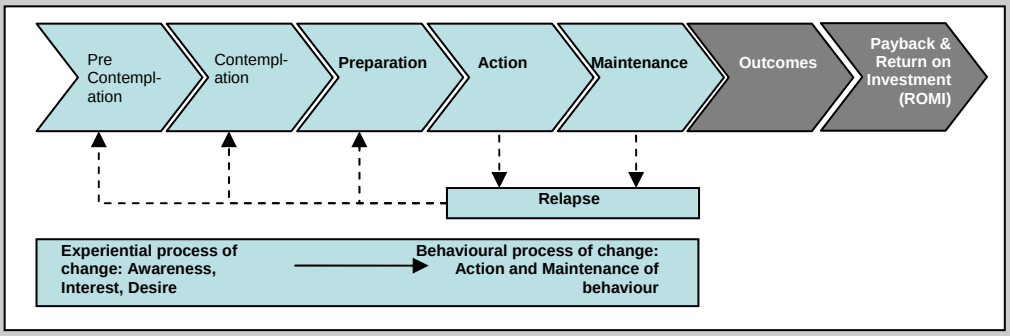
3.6 Step 3: Plan to measure campaign outcomes

Identify a range of metrics that will measure how outcomes change during the campaign. Set baseline figures for these metrics and identify trends. Consider leading and lagging indicators, by how much they might move and over what period. Build the capture of data on other factors into the measurement plan.

Note: In this guide we focus on ultimate, rather than intermediate, objectives and on overall efficiency and effectiveness rather than day-by-day campaign tracking. So the process of putting together a full range of campaign metrics into a holistic measurement plan is not covered in detail here. It is assumed that this process will be carried out for your campaign – and that these steps will feed into that process.

Once you have a clear model of how marketing communication will drive your intervention from objectives to outcomes, this will allow you to identify a range of metrics that will detect the degree to which the ultimate outcomes are being realised during and after the campaign. You should then plan to measure them throughout, considering the availability of data, lead times to make it available and additional costs of data gathering (for example, commissioning surveys). Where these metrics are not part of your existing measurement plan, you should add them.

Figure 8: Smoking – Metrics for the Tobacco Control



Recall the map of objectives to outcomes for the Tobacco campaign, introduced in Step 1. From the outcomes that were identified, the campaign team chose a number of metrics that they could use to measure the impact of the campaign.

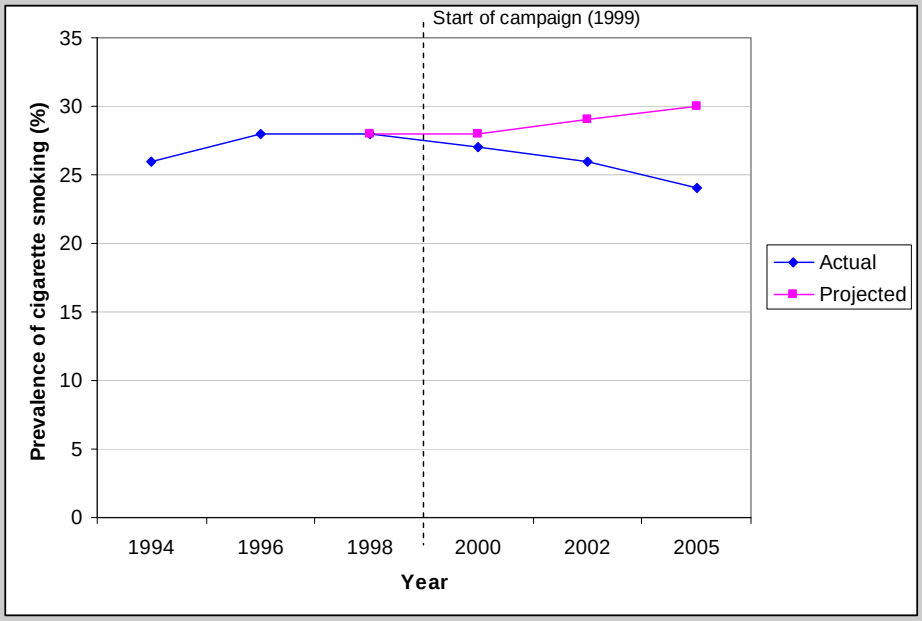
Outcome	Metrics for Payback & ROMI
Improved health	Number of smokers Number of deaths from smoking related illnesses
Saving to the NHS	Number of admissions to hospital for smoking related illnesses
Reduction in accidents	Number of domestic fires caused by cigarettes
Savings to employers	Number of sick days due to smoking related illnesses

The next task is to set baseline figures - what value did the metrics take before the campaign - and look at trends – in which direction are the figures already going prior to the campaign? You have to estimate how much they might move and over what time period, either on an informed basis using historic data from other campaigns or on a speculative basis in order to carry out sensitivity analysis (for the potential effect of different movements in the metrics on Payback and ROMI – see Step 10).

Figure 9: Smoking – baseline figures and trend

Smoking rates fell steadily in the 1970s and 1980s but from 1994 rates began to rise. By looking at this trend it was possible to understand what was happening prior to the campaign and what the campaign was required to deliver. Rates could have continued to rise slowly as shown by the projected figures below, but the government target was to reduce rates to 26% by 2005. The data source for smoking rates was the General Household Survey.

The Tobacco Control campaign, which started in 1999, contributed towards a decline in rates of smoking which exceeded the government target three years early.



Sources: IPA Effectiveness Awards 2004 "Tobacco Control. How the Integration of Advertisers made Advertising more Powerful than Word of Mouth"
Projected figures added by COI for illustration

An important step at this stage is to build into the plan the measurement of data on **other factors**. As explained in step 4, this is essential in accurately quantifying the impact of the campaign and splitting it out from what would have happened without it. In the smoking example in Figure 9 this included tracking the rising cost of smoking, the effects of news coverage and Nicotine Replacement Therapy

3.7 Step 4: Measure the impact of the campaign

Collect and analyse all the relevant data to determine the forecast, projected or actual outcomes. Identify, quantify and rule out other factors – and consider the retention of impact over time. Look for displacement of impact and halo effects.

Task 4.1: Measure outcomes

If you are carrying out a **predictive** Payback and ROMI analysis, now is the time to forecast outcomes. If you are carrying out **projected** Payback and ROMI analysis, now is the time to gather all the data you can so far, and project how it may change to the end of the measurement period. If you are working on **evaluative** Payback and ROMI, then this is the time to gather as much actual data as possible relevant to the measurement period to see what has changed.

Once you have this information, you need to deduce how much of the change will be, or was, caused by your campaign.

Task 4.2: Identify other factors

Underlying trends: stories in the news; the season; changes in the economy; other campaigns; demographic shifts in the target population; new policy interventions; and changes in legislation are just some of the factors that may be at work during your campaign. These will affect the metrics that you have chosen and it is essential to rule their effects out, one by one, to leave only the effect of the campaign – the **impact**.

Bear in mind that other factors could be:

- **Working with you**, so that your campaign only deserves some of the credit for positive outcomes
- **Working against you**, so that your campaign may have been more successful than it first appears
- **Not working at all**, so that your campaign deserves all the credit

The first task is to create a long list of other factors that could be relevant. This could be done at a campaign team meeting, including any agencies involved, and be supported by input from policy teams and economists. From the long list, you should create a short list of those factors which you expect to be most relevant – and **build the capture of data on these factors back into the measurement plan that you put together in step 3**. When carrying out projected or evaluative ROMI you should revisit the discussion of other factors and look out for anything outside the list that appears to be affecting outcomes.

Task 4.3: Account for other factors

Once you have a list of other factors, there are several techniques that can be used to exclude them. None of these techniques are perfect, but applying them will increase the accuracy of your Payback and ROMI calculations.

a) Before and after (no other factors);
b) Trend analysis;
c) Test and control;
d) Claimed attribution;
e) Actual attribution; and
f) Mathematical modelling (econometrics).

a) Before and after (no other factors)

In some cases outcomes may not have been affected by other factors so you can simply compare "before" to "after" and 100% of the outcome can be attributed to the campaign.

Figure 10: DfT – Rear Seatbelts – No other factors

After the 1998 Department for Transport Rear Seatbelts campaign, seat belt wearing increased and it was calculated that 18 lives were saved and 230 serious and 1,650 slight injuries prevented in the following year.

Other potential influences on seatbelt wearing behaviour were ruled out as having a significant effect:

- There was no change in legislation over the campaign period
- The proportion of cars fitted with rear seatbelts (80%) had not changed over the campaign period
- While police support for the campaign message was evident, actual police enforcement did not increase
- The immediate, albeit limited, uplift in wearing rear seatbelts following Princess Diana's death had fallen away prior to the campaign and there were no other high profile car accidents during the campaign

It was concluded that the marketing communication campaign was the main influence behind the increase in seat belt wearing, saving the Government an estimated £73 million.

Source: Rear Seatbelts – IPA Effectiveness Awards 2000

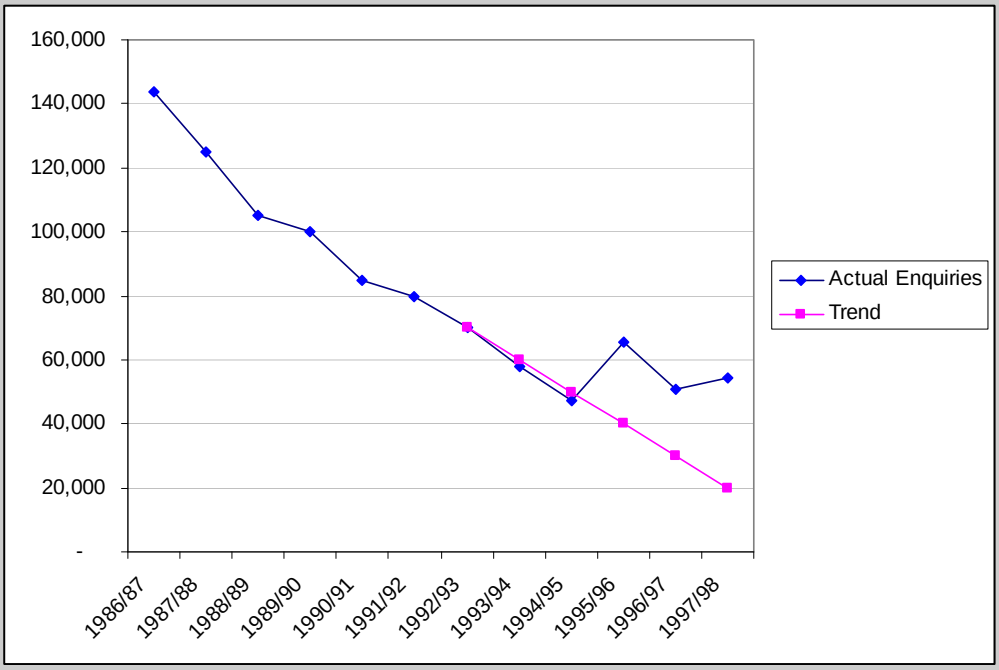
This technique clearly has limitations, as there are very few situations in which other factors are not at work simultaneously with your campaign. Before claiming 100% attribution to your campaign, make sure that you have considered using one or more of the techniques that follow.

b) Trend analysis

You should always examine the direction a metric was going in before the campaign and the direction that it went in following the campaign. For example, if the number of people following a positive pattern of behaviour is in decline and this decline slows during your campaign, this is a good result even though it might not look like one at first glance.

Figure 11: Army Recruitment – Trend Analysis

The Army's 'Be The Best' campaign achieved a dramatic turnaround in recruitment, after years of decline in the early 1990s, and despite a negative social and demographic environment. The graph below shows the downward trend in enquiry levels. They declined 14% year on year from 144,000 in 1986/87 to only 58,000 in 1993/94:



In 1995/6 the enquiry level went up by 34% and reversed the long term decline. Recruitment increased by 60% and enlistments rose towards the target of 15,000 soldiers per year.

Source: IPA Effectiveness Awards, 1998: "Putting the Army back in business: how advertising rose to the Army's challenge to 'Be the Best'"
Trend figures added for illustration by COI

Of course, this technique will not tell you the whole story. Seeing that a trend has turned around during or following your campaign is not evidence that the campaign was responsible for this. How did other factors influence Army recruitment over the campaign period?

c) Test and control

Compare an area in which the campaign ran with a similar area that wasn't exposed to it – what was the difference between the two?

Figure 12: Home Office – Acquisitive Crime

The Home Office ran campaigns between 2004 and 2007 to reduce acquisitive crime (vehicle crime, burglary and robbery) in England and Wales, aiming to meet the government target of a 15% reduction over the four years.

The methodology to isolate the effect of the campaign was to compare acquisitive crime in police regions that received high advertising spend with regions that received low spend. Campaign effectiveness would be proven if the region with the higher spend saw a greater reduction in acquisitive crime than the region with lower spend.

Regions were put into pairs so that they could be considered as similar as possible in terms of the following factors:

- Recorded crime statistics
- Socio economic factors
- Correlation with TV regions

The result was that the effect of the campaign could be isolated from other influencing factors which affected crime levels.

Acquisitive Crime in England and Wales – Econometric Evaluation of the effects of 2004-2007 media activity on crime levels: Final Debrief Jan 2008 (Home Office / Holmes and Cook)

The difficultly with this technique is that there is no such thing as a perfect control group. In medicine, for example, new drugs are tested by giving them to a test group and by not giving them to a control group, then seeing the number of people in each group that got better. But with public service advertising, broadcast through TV, radio, online and a whole host of other channels, it's almost impossible to compare two groups of similar people, one of whom haven't seen or been influenced by a government campaign.

Even in the Home Office Acquisitive Crime example, there were no real control groups, only those who were less likely to have been exposed to the campaign.

This means that a pragmatic and creative approach should be taken when using this technique, as it was in the Acquisitive Crime analysis. Because effects were analysed for at least four different pairs of regions for each different part of the campaign, the team gave themselves a good chance of cancelling out any problems with the test and control approach. They made the groups as similar as possible,

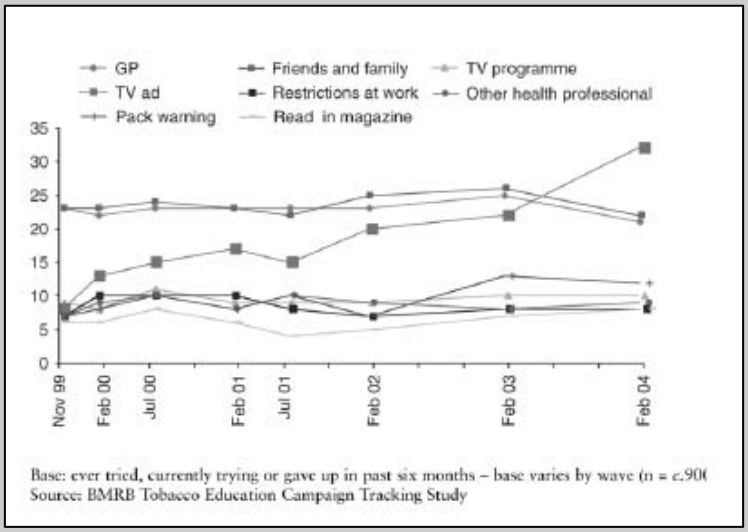
then they categorised them into test and control in the only practical way they could – by looking at relative advertising spend. Finally, they also used econometric modelling to isolate effects - see f) Mathematical modelling, below.

d) Claimed attribution

In some cases it may be possible to capture the numbers of people who claim to have done something because of your marketing campaign – then look at this as a proportion of all other claimed reasons.

Figure 13: Smoking – Claimed attribution

To analyse the effect of advertising, reasons for giving up smoking were measured. By 2004 advertising had become the most influential factor that smokers claimed as their trigger to give up. Previously 'something said by GP' or by 'friends and family' had always outperformed advertising. However, it is difficult to know from this data how the individual influences could have had a complementary and additive effect.



Source: IPA Effectiveness Awards 2004 "Tobacco Control. How the Integration of Advertisers made Advertising more Powerful than Word of Mouth"

The problem with claimed attribution is that there is no guarantee that, if someone says they were prompted to take an action by advertising, they did so purely because of the advertising.

There are several reasons why claimed attribution data may be suspect:

- people don't always know or remember that they've been influenced by the advertising that they've seen.
- people can be influenced by advertising indirectly (e.g. via word of mouth).
- advertising is usually only one influence among many, but questionnaire design often fails to reflect this (e.g. single response required to "How did you hear about us?").

- people don't like admitting that they're influenced by advertising, even when they realise.
- people often mis-remember the exact source of the influence (so they tend to say "TV advertising", even if you didn't run any TV ads).

e) Actual attribution

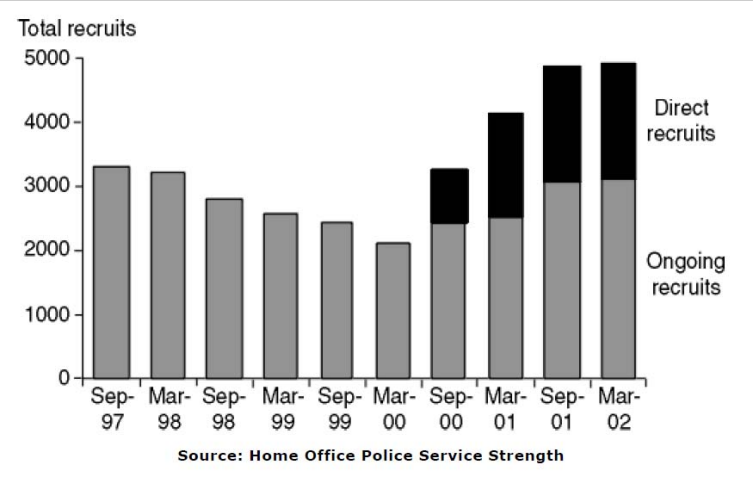
With good campaign design, (but only for certain types of campaign, which have a direct response element such as a unique phone line or URL) it is possible to directly link advertising with impact. Recruitment campaigns in particular can be set up to do this. See Figure 14 for an example.

Figure 14: Police – 'Could You?' actual attribution

In 2000, The Police 'Could You?' campaign was designed so that an increase in the number of recruits could only have been attributed to the campaign.

Advertising response channels were unique. Enquirers ringing or clicking on these channels must have been prompted directly by this advertising because they were tracked separately from applicants via ongoing local channels.

The advertising was shown to have driven around 100,000 relevant enquiries, 66,000 application requests and 6,000 new recruits.



Note that the advertising could also have been behind part of the turnaround in ongoing recruitment – people may have seen the advertising and responded later through a different channel. We will discuss 'halo' effects like this later.

Source: Police Recruitment – IPA Effectiveness Awards 2002

This kind of direct response data has its own problems:

- It is common to attribute a given response entirely to the channel that delivered it – for online this is called "last click attribution". But in reality, that

response will be the result of a number of factors, e.g. previous TV ads. So direct response data may over-estimate the effect of direct response advertising, and underestimate the effect of ads that are intended to change attitudes

- Not all direct responses are incremental. In the police example, some of those recruits might have applied anyway. This will also lead to an over-estimate of the effects of direct response
- Direct response activity may have effects besides direct responses. For instance, someone might see a banner ad but be prompted to make an enquiry through another channel. This will lead to an under-estimate of the effect of the direct activity.

f) Mathematical modelling (econometrics)

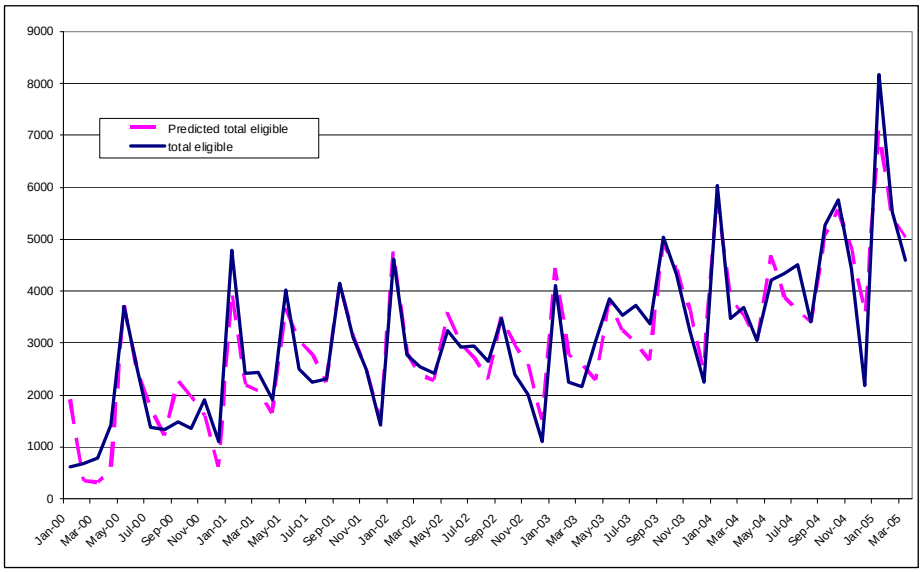
One of the most powerful and robust methods of isolating other factors is to create a mathematical model of how these factors affect the campaign metrics. This will require a discrete piece of work to be carried out by experts in **econometrics** – but it brings a high level of rigour to the process of calculating Payback and ROMI. If you don't have access to expertise in this area it can be provided through COI.

An econometrician creates a model in which each of the factors is given a weight on the outcome. They then test all possible different sets of weights until they find the set that best fits the observed data. Imagine a simplified recruitment model:

Number of eligible applicants = $a_0 + a_1$*(unemployment level) + a_2*(campaign spend)

The econometrician finds values of the variable a_0, a_1 and a_2 so that the differences between the graph of the model and the graph of the actual data are as small as possible.

Figure 15: Example of a mathematical model plotted against actual data[16]



[16] From Teacher Recruitment IPA Case, 2005

During their analysis, the econometricians rule out factors that don't have a statistically significant effect and make sure that the model is as representative as possible. This should be a consultative process in which the model is developed, challenged and refined. Tests should be carried out on the model to ensure that:

- All major factors have been accounted for (i.e. the model is not missing a key factor)
- The differences between the model and the data are random in size and not systematic due to an error in the model
- No pair of factors are closely correlated (it can turn out that one factor is only changing because of another factor in the model – in this case it should be removed as it isn't adding anything by being there)

Most importantly, the model should be subjected to a common sense test. Does it match the intuitive view of subject matter experts on how they would expect the different factors to affect outcomes?

Once you have a strong model, it can be used to quantify the relative contribution of the campaign to the outcomes in the form of an absolute number, or percentage of total outcome. This will feed directly into the Payback and ROMI calculation.

The other benefit of such a model, if updated on an ongoing basis, is that it can be used to project into the future and inform investment decisions in marketing communication. If you have a target of 3,000 recruits, for example, then, given the trends, seasons and other factors that will feed into your model over the coming year, how much will you need to spend on advertising in order to meet that target? How much on digital, DRM, sponsorship and PR[17]?

The 10 tips outlined in Figure 16 may help you when opting to use econometrics to measure campaign effects:

[17] Quantitative measurement of the effects of some interventions, such as sponsorship and PR can prove extremely difficult. However, if a strong mathematical model can isolate these as significant effects, it is possible.

Figure 16: 10 tips for econometric analysis

1. Use a qualified econometrician
    - It's a specialist skill, even experienced statisticians may not be trained in Econometrics;
2. Allow plenty of time (at least 3 months)
    - It sounds like a long time but it is needed to gather and analyse large amounts of data;
3. Brief the econometrician well
    - They need to understand the context to identify all the factors that might affect the model;
4. Allow access to your data
    - You may think that you have the right data to hand, but you often won't and there will be lead times to get access;
5. Don't put poor data in – you'll get poor data out
    - If the data is wrong, the model will be wrong too;
6. Test the model
    - Over the last 70 years, econometricians have devised a huge battery of tests that can tell whether a model is good or not. Make sure that your econometrician uses them;
7. Demand clear results
    - Good technical skills are not enough. Choose an econometrician who can explain the results clearly;
8. Use the model
    - Make sure the model is supplied in a useable form with appropriate support and/or training;
9. Monitor the forecasts
    - Forecasting accuracy is the ultimate test of a model. If it doesn't forecast well, find out why, and if necessary adjust the model;
10. Maintain your model
    - A well-maintained model will grow more accurate over time, but a model that is not updated will eventually become useless.

Refer to the IPA publication Econometrics Explained[18] for further information on the technique of Econometrics or speak to COI about access to Econometricians.

Task 4.3: Estimate retention of effects

The discussion of the longevity of effects is important, because public sector campaigns often run over many years. The concept is known as 'adstock'[19] – the residual effect or retention of advertising after it has finished.

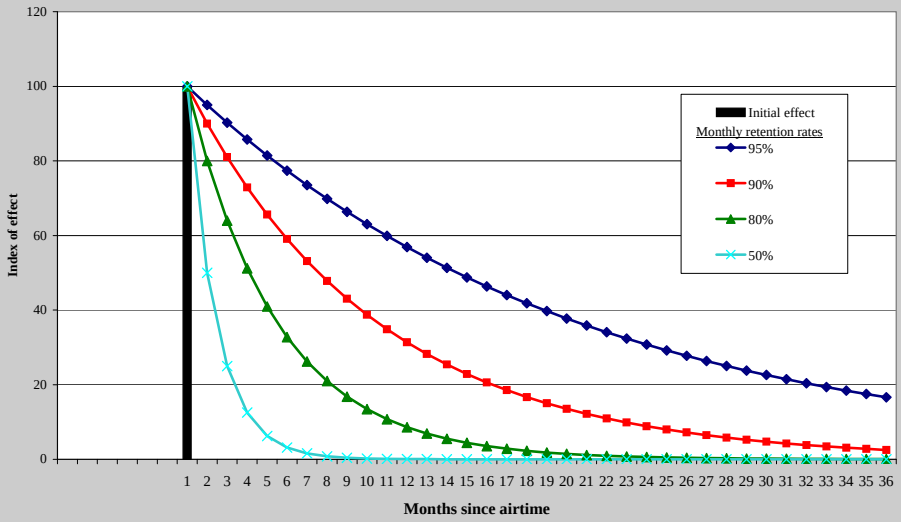
Note: residual effects of previous campaigns, where these are known, should be considered as 'other factors' and eliminated from the effects of the current campaign.

[18] Econometrics Explained – Binet, Holmes and Cook, 2004
[19] Broadbent, S. (1997) Accountable Advertising: Handbook for Managers and Analysts

Figure 17: Acquisitive Crime – retention of campaign effects

Home Office campaigns ran from 2004 to 2007 to reduce acquisitive crime (theft, burglary and robbery) in England and Wales.

Econometric models could estimate how long the effect of different parts of the campaign would last in different areas. Some effects wore off quickly (see the light blue, cross-plotted curve) but others persisted (see the dark blue, diamond-plotted curve)



Acquisitive Crime in England and Wales – Econometric Evaluation of the effects of 2004-2007 media activity on crime levels: Final Debrief Jan 2008 (Home Office / Holmes and Cook)

So, even a successful campaign, once it has finished, will eventually fade in the memories of those who were exposed to it and will not have been seen by new generations. New campaigns may take its place, aimed at different target groups and with different messages.

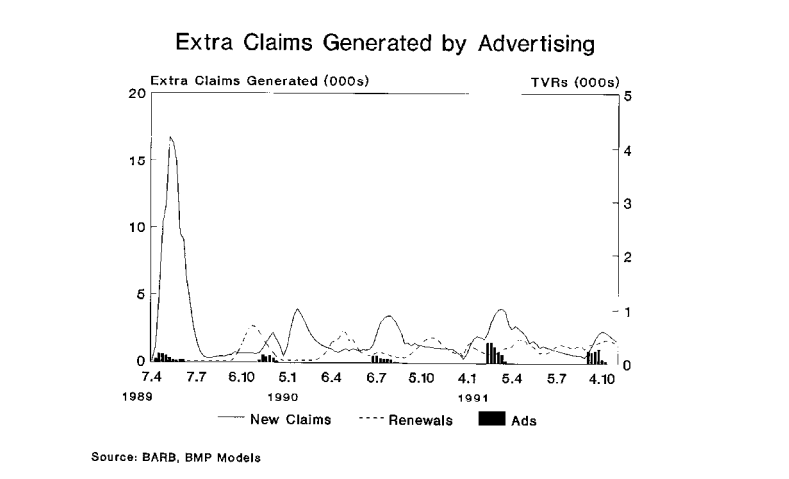
Where you have a good mathematical model, as shown in the Home Office example, retention can be derived. The model can examine how outcomes react for every unit of time that passes and give a decay rate for the campaign impact. This can then be applied to the impact seen over the campaign and estimated in the future, reducing it as appropriate.

Where you do not have a model, retention can be estimated by eye. A common way to visualise the response to marketing communication is to plot outcomes against marketing activity and this can be used to see how the outcomes spike then decay in conjunction with (hopefully in reaction to) the activity. From this type of graph (see Figure 18, for example) it is possible to estimate a rough retention rate by seeing how quickly the rate drops following each spike.

Figure 18: Family Credit – Estimating Retention

The former Department for Social Services (DSS) launched Family Credit in 1988; a weekly payment to parents, the size of which depended upon the number of children in the family and how old they were.

The following graph that overlays the number of extra claims on the weight of advertising, from 1989 to 1991:



Notice the spikes in extra claims, and later, renewals, that follow the advertising. In particular note how they fade as time passes. In this case, the spike seems to have dropped to about 50% of its maximum height after a month, and back to the baseline in three months. These figures could have been used as estimates for retention.

Adapted from An Econometric Analysis of Family Credit claims 1989-91

In some cases it may not be possible to estimate retention rates. Here you should make a note of this and consider it later, when carrying out sensitivity analysis on Payback and ROMI.

It is worth noting that the effects of advertising can last a lot longer than advertising memories. Long after people have forgotten the ad itself, the thoughts and feelings that the ad stimulated in the audience will persist. And the behaviour that is elicited can last even longer, out of sheer habit. Econometrics shows that ads can have effects on behaviour that last years, even though ad memories tend to decay away over weeks.

Task 4.4: Look for displacement and halo effects

Your campaign may appear to have reduced a type of behaviour, as intended, but in reality it may have simply shifted the problem elsewhere. This is known as **displacement**. It is extremely difficult to measure, even with strong mathematical models.

Figure 19: Acquisitive Crime – Displacement

The Home Office analysis into the success of the Acquisitive Crime campaign identified displacement as an issue for consideration. Potential types of displacement could have been:

- Between types of crime
  - The campaign influencing criminals to carry out robbery instead of burglary
- Between media
  - One medium being successful (e.g. TV) but outcomes offset by another having an adverse effect (e.g. radio)
- Between regions
  - Criminals choosing to operate in a nearby region, having seen a campaign in their own region and believing there may be better opportunities elsewhere

However, even with the extensive econometric modelling that had been carried out, it was not able to find strong evidence of displacement, so deductions from the campaign effect were not made.

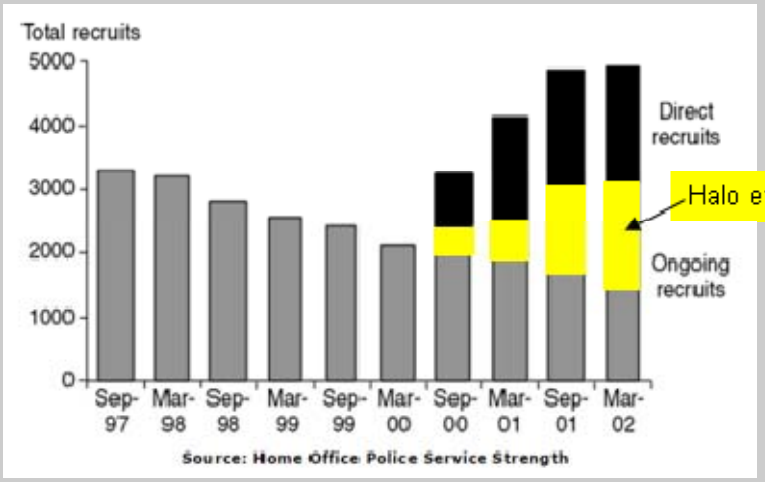
Acquisitive Crime in England and Wales – Econometric Evaluation of the effects of 2004-2007 media activity on crime levels: Final Debrief Jan 2008 (Home Office / Holmes and Cook

If you are able to identify and quantify displacement shown to be caused by the campaign, then this should be subtracted from the total campaign impact.

The campaign may also have had other, unintended effects outside the original scope – known as **halo** effects. See Figure 20.

Figure 20: Police – 'Could You?' halo effects

As discussed in the trend analysis section, the Police 'Could You?' campaign could prove the number of recruits that it had driven by tracking responses through specific channels. But, it is reasonable to assume that the positive response to the campaign also resulted in some people joining the Police through conventional channels. This halo effect could be added to the impact of the campaign.



Source: Adapted from Police Recruitment – IPA Effectiveness Awards 2002

If you are able to identify and quantify halo effects, you should consider whether they should be part of your calculations. Would you have included them when you decided the scope of the analysis? Do they deliver benefits to the stakeholders or target groups in this scope?

If the answer is yes, and the effects are positive, then you should add them to the total campaign impact. If the effects are negative, you should subtract them from the campaign impact.

3.8 Step 5: Put a value on the impact of the campaign

Agree financial values or financial proxies to the outcomes that you have measured with policy experts and economists. Record a range of values where possible and discount to present values.

This step is just as challenging as step four and will require expert advice. Once you have identified the impact delivered by your campaign, how will you assign a monetary value to it? After all, the real impact of your campaign may not have an obvious financial proxy with which you may calculate Payback. However, you may have already have identified at a high level how your campaign might deliver Payback by putting it into one of the categories in the introduction – this is the starting point.

The next step is to speak to economists and policy experts in your own department about valuation – you should work with them throughout this step to identify robust and recognised financial proxies. There is extensive departmental guidance on economic evaluation of Government interventions supplementing the HM Treasury Green Book at http://www.hm-treasury.gov.uk/data_greenbook_detguidance.htm and an economist or statistician should be able to help you to interpret this. Even better, they may be able to provide existing financial proxies that you can use to measure Payback.

The table on the following page (Figure 20) summarises the various approaches to valuing the impact of marketing communication. For each of the financial Payback mechanisms we have identified, it discusses the benefits and disadvantages of the approach and identifies some potential sources of data. It also lists some of the techniques used by economists to measure the financial value of Government interventions. For a full list of potential source data, refer to the table in section 5.2.

One important thing to consider is that, because most financial proxies will involve a degree of estimation and assumption, you may later decide to carry out sensitivity analysis (see step 10 on advanced techniques). That is, to what degree would a change in your assumptions affect Payback and ROMI?

This means that, if you find several different figures for the financial value or proxy of an outcome, you should record each of them and their source for future reference.

Figure 21: Methods of putting a value on campaign impact

Valuation Method	Description	Example[20]	Benefits	Disadvantages	Data Sources[21]
Economic value generated	Economic benefits in the form of anticipated increases in future productivity, output or investment	Recruiting more and higher calibre of graduates into teaching could improve educational outcomes for children, who go on to earn more and contribute more to the economy in future	Allows valuation of long-term benefit to society	Very difficult to establish cause and effect Estimates are likely to be subject to large margins of error	Work with departmental economists to identify suitable sources of data
Revenue generated (or lost) through tax	Estimate the gain or loss to the exchequer from the change in behaviour	(+) Encouraging businesses to invest in an area will bring tax revenue to the economy. (–) Persuading people to smoke less will reduce tax revenue	Figures likely to be accurate	Tax calculations may be complex. Difficult to forecast future value of benefits as tax rates will change	The Treasury, HM Revenue & Customs
Public expenditure saved directly	Costs incurred by Government that will immediately cease to be incurred if campaign is successful	Recruiting the required number of permanent teachers avoids the need to pay for supply teachers, who cost the Government more per unit of time employed	Where this method is available it can be calculated to a high level of accuracy	Many campaigns won't be able to demonstrate direct savings	Departmental accounts and annual reports

[20] All examples in this table are for illustration purposes only
[21] Please refer to the *Resources* appendix for details of a wide range of data sources that can be used to value campaign impact

Valuation Method	Description	Example[20]	Benefits	Disadvantages	Data Sources[21]
Public expenditure saved indirectly	Future costs incurred by Government that are unlikely to be incurred if the campaign is successful in the long term	Persuading those who are currently obese to move more and eat less may lead to weight loss. If they cease to be obese they will be less likely to require treatment for obesity-related disorders and their expected lifetime treatment cost to the NHS will be lower.	Can deliver estimates of long-term financial impact of complex behaviour change	Forecasting future benefits is subject to a margin of error Establishing cause and effect can be difficult. Assumptions must be made about the long-term effect of behaviour change	Academic or Government studies into economic impact (e.g. of smoking, obesity, death and injury in transport-related accidents)
Public money spent well	Costs incurred by Government that can be shown to be as low as possible whilst still delivering high quality outcomes against objectives	Marketing helps the right people into the Armed Forces application processes, minimising the administration costs per head associated with ineligible or unsuitable candidates and delivering a better quality of recruit.	Where this method is available it can be calculated to a high level of accuracy and compared against costs elsewhere Payback can be demonstrated relatively quickly	Only applies to a certain type of campaign (usually recruitment) If the costs haven't already been estimated accurately this can take time	Departmental accounts and ongoing operational monitoring of costs

Valuation Method	Description	Example[20]	Benefits	Disadvantages	Data Sources[21]
Enabling public money to be invested in priority areas	Government investment that will be realised if the campaign is successful in persuading people to take up a new benefit or opportunity	Imagine the Government makes a commitment to invest in the education of young people by lending them more money in the form of larger Student Loans. In the long term this may aim to generate economic value (see above) but a medium term goal would be for marketing to persuade more students to take up the loans and for the money to be spent as pledged.	Should be relatively straightforward to calculate the actual size of investment enabled	Unlike other measures in this suite of methods, this focuses more on the short term and does not reflect genuine benefit – i.e. showing that money has been spent on something does not prove that it was effective The resulting Payback and ROMI numbers will be difficult to evaluate in the context of other methods (as the return will be negative)	Departmental policy teams and economists
Stated Preference (Contingent Valuation)	Ask people directly how they value things (values captured are called Willingness to Pay, or Willingness to Accept)	A survey into a campaign promoting nuclear energy might ask direct, indirect or multiple choice questions about how people perceive the value of their homes and quality of life to be affected by living near a nuclear plant	Doesn't involve the same level of assumption implicit in the Revealed Preference method – likely to be more accurate	Requires a bespoke survey and is therefore likely to attract additional cost	Bespoke survey. See Treasury Green Book, Annex 2, point 6

Valuation Method	Description	Example[20]	Benefits	Disadvantages	Data Sources[21]
Hedonic Pricing (a Revealed Preference method)	Infer valuations from the prices of market-traded goods (values captured are called Willingness to Pay, or Willingness to Accept)	How much more do people pay for a house in an area with better schools, as determined from analysis of house price data and exam results?	Doesn't require bespoke research. Analysis could be done from a desk based on available data	Involves inference so may be subject to a significant margin of error Might have to pay for data	Market research. See Treasury Green Book, Annex 2, point 5
Travel Cost Method (a Revealed Preference method)	Infer valuations from the cost of inconvenience that people are prepared to put up with to travel to access a service	A new smoking cessation service is started by a PCT in an area that isn't that straightforward to access. The PCT records the postcodes of those who attend and how they heard about the service. A successful marketing campaign drives patients to use the service and the PCT uses DfT data to calculate how much it cost each patient to get there	If the data is available calculations are relatively straightforward	Travel costs are approximate so subject to a margin of error Requires very specific data capture	Department for Transport research, Bespoke survey
Average Household Spending (a Revealed Preference method)	Infer valuations from the average amounts spend by different household on a relevant category	A Change4Life goal is to get people doing more exercise. One financial proxy for this could be the amount they spend on gym membership and sports activities	If the data is available calculations are relatively straightforward	Requires very specific data capture Might have to pay for data	Consumer surveys

Figure 22: Smoking – Financial Proxies

The Tobacco Control campaign used the following financial proxies to put values on the outcomes it delivered:

Outcome	Metrics for Payback & ROMI	Financial Proxies
Improved health	Number of smokers Number of deaths from smoking related illnesses	N/A Value of a prevented fatality (DfT)
Saving to the NHS	Number of admissions to hospital for smoking related illnesses	Treatment Costs (from academic study)
Reduction in accidents	Number of domestic fires caused by cigarettes	Costs associated with domestic fires (from academic study)
Savings to employers	Number of sick days due to smoking related illnesses	Average cost of a sick day (from academic study)

Source: Adapted from IPA Effectiveness Awards 2004 "Tobacco Control. How the Integration of Advertisers made Advertising more Powerful than Word of Mouth"

3.9 Step 6: Calculate Payback at present values

Multiply out the financial values or proxies by the campaign impact (the outcome less the effects of other factors) to calculate Payback. Adjust the Payback to present values and remember to account for negative impact, retention, displacement and halo effects.

Task 6.1: Calculate Payback

Take the change in outcomes measured or forecast following the campaign. Exclude other factors by multiplying by the proportion of this effect that was attributable to the campaign. Then:

- **Add:** the impact of relevant halo effects
- **Subtract:** negative impacts and displacement
- **Multiply:** the remaining impact by its financial value or proxy, to get Payback, then multiply by retention over time to get future Payback estimates

Imagine calculating Payback for a two-year public sector recruitment campaign, at the end of year one. The calculation could go like this:

Item	***Quantity***	***Details***
Number of recruits (year 1)	1,000	Additional annual recruits observed at end of year 1
% attributable to campaign	75%	Remaining 25% attributed to financial incentives
Year 1 recruits due to campaign	**750**	
Plus halo effects	100	Signed up for a similar public sector organisation
Minus displacement	50	Signed up for a private sector company, initially inspired by the government campaign
Net recruits due to campaign, year 1	**800**	
Retention	50%	Per annum
Net recruits due to campaign, year 2	**400**	
Money saved per recruit	£5,000 (per recruit)	Annual cost of a temporary employee
Money lost in taxes per recruit	£500 (per recruit)	Would have raised more tax from temporary employees
Net saving from one recruit	£4,500 (per recruit)	
Payback (Year 1)	**£3.6m**	**= 800 x £4,500**
Payback (Year 2)[22]	**£1.8m**	**= 400 x £4,500**
Total Payback	**£5.4m**	**= £3.6m + £1.8m**

[22] Note that this value hasn't been discounted to year 1 values yet – we'll look at this later

The following example shows how a basic Payback calculation was carried out for a successful campaign:

Figure 23: Payback – DfT Rear Seatbelts

The DfT Rear Seatbelts campaign took a table of financial proxies,

	Cost element						
	Casualtyrelated costs			Accidentrelated costs			
	Lost output	Medical and ambulance	Human costs	Police costs	Insurance admin	Damage to property	Total
Fatal	399,540	4,730	794,870	1,220	190	7,120	1,207,670
Serious	16,430	9,840	111,700	170	120	3,240	141,490
Slight	1,930	820	9,170	40	70	1,920	13,940
All injury	9,250	2,170	34,350	70	80	2,180	48,100

Base: June 1998

then multiplied out by the number of casualties that the campaign had been calculated to have prevented.

TABLE 5: CASUALTYRELATED COSTS (K)

	Casualties prevented	Lost output	Medical and ambulance	Human costs	Total
Fatal	18	7,192	85	14,308	21,585
Serious	230	3,779	2,263	25,691	31,733
Slight	1,650	3,185	1,353	15,131	19,669
Total	1,898	14,156	3,701	55,130	72,987
Adspend					1,050*

*Adspend includes the media spend in bursts 1 and 2 and production costs.

The total Payback was estimated to have been around £73million (circled).

Source: IPA Effectiveness Awards 2000 "Rear Seatbelts: Sudden Impact, How Can We Measure the Cost of a Life"

When calculating Payback, the concept of *Customer Lifetime Value*, taken from private sector marketing, can be useful. Once marketing has 'converted' the customer to buy your product – or adopt a certain behaviour in most public sector cases, such as stopping smoking – then this pays back over a number of years. If you know the number of people who 'convert' in each year you can project forward to get a total Payback figure.

See the following example of this technique and the *TDA: Teacher Recruitment* case study attached to this document.

Figure 24: Payback – DWP Direct Payment

DWP's Direct Payment campaign converted people from paper-based to online payment. DWP estimated that by increasing take up rates from 43% to 85%, they were saving the Government around £450m per year in direct costs. However, to isolate the specific contribution of the campaign, they had to take into account the natural drift to electronic payment then look at savings year-on-year.

To be conservative in their estimates, the team modelled the natural drift as an exponential rate of improvement (increasing faster and faster), and for 2006 to 2009, assumed that the conversion rate would not increase from the 90% it reached in May 2005.

It was estimated elsewhere that for every 1% increase in conversion, the Government could expect to save around £10m. This was based on the idea of Customer Lifetime Value: that once converted, a customer would save money over a number of years into the future. The resulting analysis showed that the campaign could save the Government a total of £1.5bn over 7 years.

Year	Projected Conversion	Actual Conversion	Difference (% points)	Incremental Savings
2003	47%	58%	11	£ 110m
2004	52%	87%	35	£ 350m
2005	58%	95%	37	£ 370m
2006	*65%*	*95%*	*30*	*£ 300m*
2007	*73%*	*95%*	*22*	*£ 220m*
2008	*82%*	*95%*	*13*	*£ 130m*
2009	*92%*	*95%*	*3*	*£ 30m*
Total				£1,510m

Source: 'Direct Payment (Department for Work and Pensions/ COI) "Giving it to you straight", IPA Effectiveness Awards 2007

One further technique worthy of mention is the Quality Adjusted Life Year (QALY) – used to evaluate the effectiveness of **Health** interventions. A QALY provides an estimate of the extra quantity and quality of life provided to an individual by an intervention.

Using this information, it can then be possible to look at the financial benefit returned per QALY gained and the cost per QALY added. These measures, in a health setting, could be used in a similar way to Payback and ROMI. Further discussion of these concepts is beyond the scope of this document but you can refer to: http://tinyurl.com/l3x8ys[23] for an overview and http://tinyurl.com/yjlnsyr[24] for more detail on how to calculate QALY.

[23] NICE introduction to QALY
[24] Guidance from Bandolier, an independent medical journal set up by Oxford scientists

Task 6.2: Adjust Payback to present values

When calculating the Payback (and cost) of a campaign that runs over several years, the concept of the *time value of money* should be taken into account. This is the concept that £1 now is worth more than £1 in one year or several years' time. It recognises that people prefer to receive £1 today rather than tomorrow because there is a risk that they won't receive the money or there is an *opportunity cost* (i.e. they may be missing out by not investing the money elsewhere).

The HM Treasury Green Book[25] recommends that a **discount factor of 3.5%** should be applied to financial costs or benefits for every year that they are projected into the future (for up to 30 years). For example, imagine a campaign which is forecast to pay back £1m each year for the next 5 years. The value in year 2 is reduced by 3.5%; the value in year 3 reduced by 3.5% again; and so on:

Year	Forecast Payback	Present Value
Year 1	£1m	£1m = £1,000,000
Year 2	£1m	£1m / 1.035 = £ 966,184
Year 3	£1m	£1m / 1.035^2 = £ 933,511
Year 4	£1m	£1m / 1.035^3 = £ 901,943
Year 5	£1m	£1m / 1.035^4 = £ 871,442
Total	**£5m**	**£ 4.7m**

This sum, of all the present values for an investment or saving, is known as the Net Present Value (NPV) – in this case around £4.7m instead of the £5m total Payback.

What are the risks if you don't discount total Payback to Net Present Value? The following table illustrates by just how much you could overestimate Payback. It assumes that you are predicting the same amount to be paid back each year, for a number of years.

Figure 25: Why Net Present Value is important

Number of Years of constant annual Payback	Total Payback overestimates NPV by (%)
5	7%
10	16%
15	26%
20	36%
25	47%

The ready reckoner that follows (Figure 26) can be used as a starting point to discount future values.

[25] Annex 6

Figure 26: Net Present Value – ready reckoner

Number of Years	Present Value of £1 (discount rate of 3.5%)
1	£1.00
2	£0.97
3	£0.93
4	£0.90
5	£0.87
6	£0.84
7	£0.81
8	£0.79
9	£0.76
10	£0.73
11	£0.71
12	£0.68
13	£0.66
14	£0.64
15	£0.62
16	£0.60
17	£0.58
18	£0.56
19	£0.54
20	£0.52
21	£0.50
22	£0.49
23	£0.47
24	£0.45
25	£0.44

Imagine that you expected a campaign to pay back £100k in Year 20. Reading from the table, we can see that each pound is worth 52p, so the present value of the £100k is £100k x £0.52 = £52k.

Finally, bear in mind – when using this table with large future costs – that the figures shown have been rounded and a discount rate of 3.5% has been used throughout. Beyond 30 years, the rate changes and details of this can be found in the HM Treasury Green Book

For further help on discounted cash flow and Net Present Value analysis, you should consult a basic guide to accounting or consult a chartered accountant.

3.10 Step 7: Calculate costs at present values

Identify all costs that have been incurred in running, and as a result of running, the campaign. Adjust costs to present values in the same way as for Payback.

ROMI is the ratio of financial Payback to the cost of a campaign, so the same rigour employed to quantify Payback should be applied to quantify campaign cost, for your measure of ROMI to be accurate and robust.

Task 7.1: Count up the campaign costs

What to include

- All costs associated with the marketing communication campaign, for example:
    - Research
    - Strategy development
    - Procurement (if applicable)
    - Creative work (agency, in-house, including production costs and fees)
    - Media buying (advertising space – TV, radio, online)
    - PR fees and costs
    - Sponsorships
    - Partnership marketing
    - Collateral costs (printing, hosting or distributing materials)
    - Online collateral, sites and tools
    - Evaluation (tracking research, polls, ongoing analysis)
    - Analysing, tracking and calculating Payback and ROMI (where this expense is borne by the Government[26])
- Variable costs arising directly as a result of the campaign impact, for example:
    - Setting up extra phone lines or sites because the campaign is driving greater numbers of people to call
    - Purchasing greater bandwidth, hosting space or data storage due to an increase in online response
    - Employing additional news & PR staff to handle sustained increased media interest in the campaign

What to leave out

- All costs that would have been incurred if the campaign had not been run:
    - Fixed costs and assets
    - Policy implementation costs
    - Costs of changes in legislation

It might be useful to break down costs in several different ways. For example, you could look at costs by:

[26] For the examples in this guide, the measurement of Payback and ROMI was either assumed to be included in the campaign cost, or was borne by the creative agency behind the campaign in preparation for an IPA Effectiveness Award submission

- Stakeholder
- Target group or Region
- Campaign
- Media
- Time period

However – take care, as you did in **Step 4**, when making the link between these investments and the Payback. You should only calculate ROMI broken down in this way if you have a corresponding Payback figure and you have demonstrated that the specific investment was responsible for this.

In other words, it is important not to lose the chain of causation that you established between the marketing and the impact when you isolated other factors. Imagine that you run a TV and PR campaign simultaneously, spending £1m on each, and total Payback is £4m, but you didn't have any measure of their relative success. It would be tempting to say "let's assume that they each contributed 50% of the Payback". In this case, each would have been shown to pay back £2m at a ROMI of 100%, but in reality, one of the campaigns could have driven the majority of change and the other could have been ineffective.

See the section on *Advanced Payback and ROMI* (Step 10) for more information on breaking down the analysis in this way.

Task 7.2: Adjust costs to present values

Finally, just as you should reduce Payback to present values, you should take the same approach with the costs of multi-year campaigns. The overall campaign cost, when calculating ROMI, should be the Net Present Value (NPV) of total costs.

3.11 Step 8: Calculate Net Payback and ROMI

Calculate Net Payback by subtracting the campaign cost from the total Payback. Then calculate ROMI by dividing the net Payback by the total cost.

The Net Payback is the Payback, less the cost of the campaign. Return On Marketing Investment (ROMI) is the ratio of the Net Payback resulting from a campaign, to the investment made in it.

> **Net Payback = Payback (NPV) – campaign cost (NPV)**
>
> Then,
>
> **ROMI = Net Payback (NPV) / campaign cost (NPV)**

Note that ROMI, when calculated this way, represents the number of pounds that the campaign returns for every pound spent, *once it has paid for itself*. For example, if the formula returned the number 6, this would mean that the campaign paid for itself, then paid for itself again another 6 times. **Any ROMI above zero, or 0%, is good**.

The reason for using this version is so that results can be compared with other investments, which are usually stated in terms of what percentage of growth they return beyond their original worth.

ROMI can also be expressed as a percentage:

ROMI (%) = (Net Payback (NPV) / campaign cost (NPV)) x 100%

To use the same example as above, 6 x 100% = 600%.

Recall the fictional public sector recruitment campaign for which we calculated Payback in Step 6. Imagine that the cost of the campaign was £1m.

Measure	***Quantity***	***What it means***
Total Payback	**£5.3m**	= £3.6m + £1.8m discounted to present value (£1.7m)
Total Cost	**£1m**	Assuming all the cost incurred in year 1, so no discounting required
Net Payback	**£4.3m**	The Payback, less the cost
ROMI	**£4.30:1 Or 430%**	The campaign paid for itself, then paid back £4.30 for every pound invested

Finally, note that some people may calculate ROMI without subtracting campaign costs. This is not necessarily wrong, but leads to a different interpretation of the numbers.

In the example above, this would mean that ROMI was £5.30 : £1 or 530% and it could be said that the campaign paid back £5.30 for every £1 invested. In this version, any ROMI above 1, or 100%, is good. This might look like a more intuitive way of stating ROMI, but we recommend using the Net Payback version to allow comparison with types of investment other than marketing.

3.12 Step 9: Understand Payback and ROMI

Interpret measures of Payback and ROMI and include them in a balanced scorecard to track the efficiency and effectiveness of your campaign.

Payback and ROMI should be considered as part of a balanced scorecard that reflects the outcome (or projected outcome) of the campaign. They don't paint the whole picture of how a campaign is performing, but they can give you a very good indication of progress towards targets, financial effectiveness and financial efficiency.

At this stage, remember one of the Key Principles: **Net Payback is more important than ROMI.** The first consideration in this type of analysis should always be whether your campaign has delivered a net benefit (positive Net Payback). Efficiency (large ROMI) is a bonus.

Firstly, we know that we should be looking for Payback to be positive. Positive payback means the campaign is working and generating value.

Secondly, we will **usually** be looking for a positive Net Payback. That is to say, we will usually want the Payback to be greater than the costs. In fact, if we were evaluating our campaign on financial grounds alone, we would want to **maximise** Net Payback. But as we have tried to stress throughout, financial payback is usually only one consideration among many for public sector marketing communication. There will often be occasions when the need to meet a specific policy objective outweighs the need for the campaign to pay for itself.

Thirdly, if we are trying to maximise Net Payback, **and** we have fixed budgets to do this with, then we should aim to maximise the overall ROMI of our campaign. That is to say, we should try to allocate that budget as efficiently as possible.

A high ROMI is an indication that spending money on your campaign is effective and it may imply that you could spend more to gain even greater Payback. Eventually you may reach a situation of diminishing returns, but we will discuss this separately in the *Advanced Payback and ROMI* section – step 10.

A low ROMI should be interpreted with care. There are three main reasons why ROMI might be low:

- The activity in question was inefficient. Stop spending on this activity.
- You spent too much on this activity and got diminishing returns. Reduce spend.
- You spent too little on this activity. Increase spend and reap increasing returns.

In short, low ROMI should be investigated in more detail. See the *Advanced Payback and ROMI* section for more details.

Note that, while ROMI is a useful metric for allocating fixed budgets, it can be a dangerous metric when setting the overall size of the budget. A common mistake that a lot of people make is to think that you should always try to maximise ROMI.

In fact, trying to maximise ROMI when setting budgets will generally lead to budgets being much too small. So, **concentrate on Net Payback, not ROMI**, when working out how much to spend overall. See the *Advanced Payback and ROMI* section for more details.

Because the robust measurement of Payback and ROMI is not yet commonplace across Government, there is no detailed benchmark information for the values of Payback and ROMI that might be expected by different campaigns.

In the private sector, the analysis carried out in *Marketing in the Era of Accountability* listed the ROMI figures calculated correctly for 39 campaigns. This showed large variation, but overall, a high level of return.

Figure 27: ROMI for leading private sector campaigns

ROMI Range	Number of cases	% of total
<= 50%	10	26%
50-100%	3	8%
100-200%	9	23%
200-400%	8	21%
400-600%	4	10%
600-800%	2	5%
>= 800%	3	8%
Total	39	100%

The median ROMI figure for these campaigns was 175%: that is to say for every £1 spent, the company got its £1 back, plus another £1.75. However, there is no strong evidence to suggest that these campaigns were representative of private sector marketing as a whole – it was a small sample, and by nature of the fact that they had been submitted to the IPA Effectiveness awards, these were very successful campaigns.

Finally, as identified in the introduction, there may be campaigns for which there is no sensible financial proxy for the campaign impact and therefore no Payback or ROMI figure. Campaigns to encourage voter registration may be one such example. In these cases, other measures (such as awareness and intended behaviour) on a balanced scorecard become more important. If, in these cases, there are still other ways of evaluating financial efficiency – for example, cost per response – these should take the place of Payback and ROMI as a financial decision-making tool.

3.13 Step 10: (Optional) Advanced Payback and ROMI

Refine your estimates of Payback and ROMI using more advanced techniques. Carry out sensitivity analysis. How would different assumptions affect Payback and ROMI?

The techniques that we have discussed so far will enable you to calculate robust and defensible estimates of the Payback and ROMI for your campaign. However, there are some more advanced techniques that you could consider employing to refine your estimates. We will not discuss these techniques in detail here, but we will aim to explain how they work and why you might use them.

1) Payback and ROMI by channel / medium

If you measure Payback and ROMI by medium, then you can work out (with the help of other evaluation techniques) which media work best, and so improve your media planning. You will normally need econometrics or a test and control design to ensure that you can genuinely separate the effects of the different media interventions.

2) Payback and ROMI by target audience

Doing predictive analysis of Payback and ROMI for different groups (audience segments) could help you to decide who to talk to. Evaluating the same during or after the campaign could help you to understand the relative effectiveness of the campaign among different groups.

A further consideration should be **Distributional Analysis**. This is a term used to describe the distribution of the costs or benefits of Government interventions across different groups in society. Outcomes might have differential impacts on individuals, amongst other aspects, according to their:

- Income
- Gender
- Ethnic group
- Age
- Geographical location or
- Disability

Marketing communication is usually targeted at particular groups in the population, segmented by attitudes, behaviours and the demographics listed above. Therefore it will almost certainly have a different effect on each of these different groups.

Later, it will be possible to calculate Payback and ROMI for each of the different target groups, as long as you record how much is spent on communication with each group and the Payback delivered from each group.

3) Payback and ROMI by campaign/execution

Comparing different campaigns may help you to understand what works and what doesn't, although you'll generally need to use other research to understand why one campaign is better than another. Occasionally, test and control experiments or split copy tests might allow you to compare individual executions directly.

4) Sensitivity Analysis

Measurement of Payback is not an exact science, so good practice would be to undertake some sensitivity analysis to determine how it would be affected by changes in the assumptions, forecasts or projections that you have made so far.

The approach should be to get a **range of estimates** for the real Payback figure, described by a conservative estimate at the lower end, a more optimistic estimate at the other end and central estimate in between.

Imagine doing this for the fictional recruitment example used previously. For the purposes of this example we'll simplify things by leaving off displacement, halo effects, and retention:

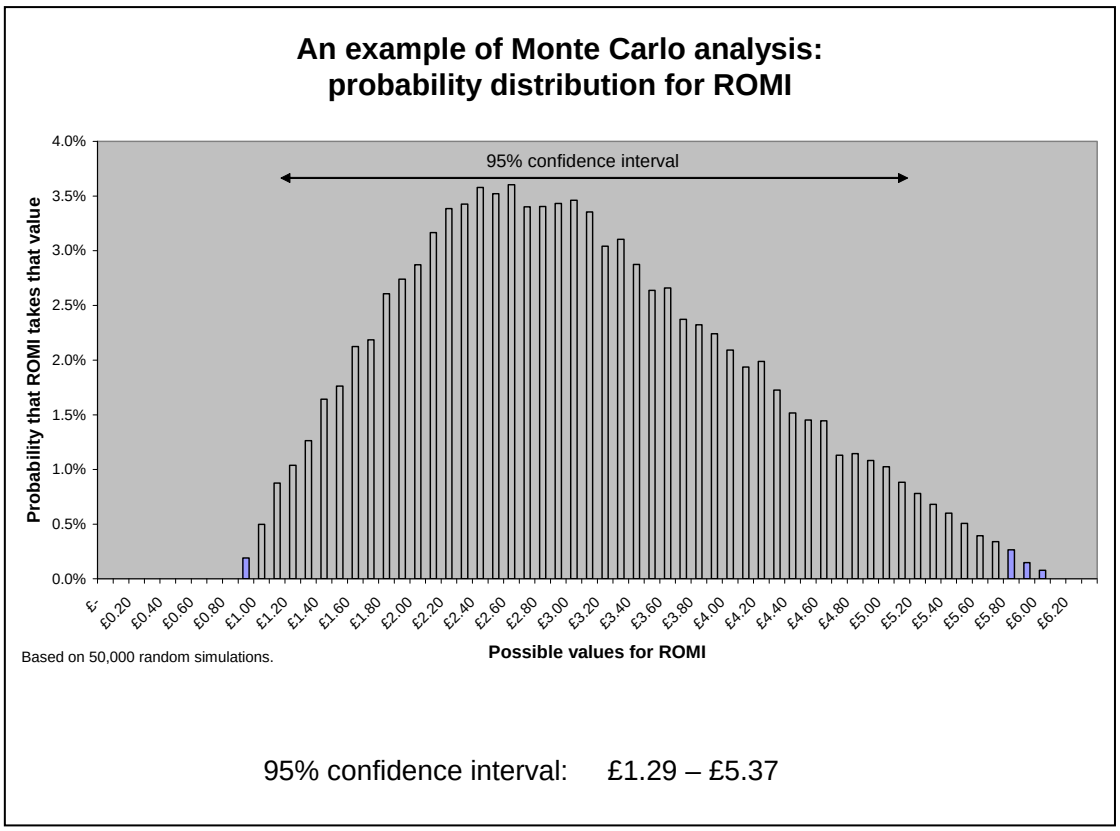
Estimate	No of recruits	% of new recruits attributable to campaign	Estimated amount saved per recruit	>>>	Est. Payback	Net Payback	ROMI
Low	1200	50%	£3,000	**>>>**	**£1.8m**	**£0.8m**	**£0.80:1**
High	1200	90%	£6,500	**>>>**	**£7.0m**	**£6.0m**	**£6:1**
Central	1200	75%	£4,500	**>>>**	**£4.1m**	**£3.1m**	**£3.10:1**

In this example, our basic assumptions (the central estimates) give us a ROMI of £3.1:1. However, if we adopt the most optimistic assumptions, it is clear that ROMI could be as high as £6:1. And if we take a pessimistic view, ROMI may be as low as £0.8:1. Thus we arrive at a range of possible values for ROMI, from £0.8:1 to £6:1.

In reality, it is highly unlikely that all of our assumptions are too optimistic, or too pessimistic. It's much more likely that our assumptions will be a mixture of optimistic and pessimistic. As a result, the most likely values for ROMI will be somewhere in the middle of our possible range.

A statistical technique called Monte Carlo analysis can be helpful here. The Monte Carlo Method looks at lots of different combinations of assumptions, to assign probabilities to different outcomes. For example, a Monte Carlo analysis based on the assumptions in the table above shows that the likely range of values for ROMI is narrower than the range of possible values we estimated above. In fact, we can be 95% certain that ROMI lies between £1.29:1 and £5.37:1. [This range is called the 95% confidence interval]

Figure 28: Confidence interval for ROMI



Monte Carlo analysis is a specialised technique, so get a mathematician, statistician or econometrician to help you.

6) Marginal ROMI

The basic calculations for payback and ROMI tell you whether the campaign as a whole paid for itself, and how efficiently the budget as a whole was spent. These are useful measures to include in any evaluation of a campaign, but sometimes you may need to go further.

For example, suppose you make and run a TV campaign. Your initial evaluation suggests that the campaign works quite well, but that the payback is not sufficient to cover all the costs of making and running the ads, and a result, overall ROMI is negative. Should you pull the campaign and start again?

Not necessarily. The basic ROMI calculation subtracts off all campaign costs, including the costs associated with producing the ads. But these are sunk costs, which will not be incurred if you run the ads again. It's possible that, now that you've made the ads, the sensible thing to do is to keep running them.

In a situation of this kind, 'Marginal ROMI' is a more useful metric than the standard ROMI measure. Marginal ROMI measures the financial return from spending an extra (or "marginal") £1 on your campaign. This measure is the most useful one to use

when deciding whether or not to continue with your activity, and how much to spend on it. For instance, if overall ROMI is low, but marginal ROMI is high, then you should probably continue with the activity, perhaps at an even higher budget level.

The simplest way to calculate marginal ROMI is to do the standard ROMI calculation, but without subtracting fixed marketing costs, such as creative development and production. Only variable marketing costs, such as the cost of media, should be subtracted.

A more sophisticated approach to marginal ROMI involves how the response to marketing varies with the level of investment – the so-called ‘response curve’. Knowing the shape of the response curve allows you to fine-tune budget levels so as to maximise payback. However, this technique requires sophisticated econometric analysis, and lies outside the scope of this document.

4 Case Study: Teacher Recruitment 1998-2005

4.1 The Case

This case study, which won an IPA Effectiveness Award, demonstrates the stages that were used during post-campaign evaluation to calculate the campaign's financial Payback. We then demonstrate a basic ROMI calculation, based upon simple assumptions, and also explain how a more advanced ROMI, or range of ROMI, can be reached by varying the assumptions. The case study concludes with an update of teacher recruitment since 2005.

In using this case study to demonstrate our thinking on Payback and ROMI, we have added to the depth and complexity of the analysis. This does not affect the relevance and appropriateness of the original calculation.

We would like to thank the TDA for their assistance in using this case study, which is an excellent example of how public sector marketing can deliver substantial Payback at a high rate of ROMI.

4.2 Background

In 1997 there was a worsening teacher supply problem taking place against a backdrop of England and Wales trailing behind their OEDC competitors for literacy rates in Primary Schools and the achievements of 18 year olds.

Numbers entering teaching were falling rapidly at a time when retirement rates in the ageing teaching workforce were accelerating and the number of pupils in schools was growing. The resultant escalation in vacancies would have forced schools to employ more supply teachers. With the average cost of a supply teacher much higher than a permanent teacher and few Head Teachers confident that supply teachers would be familiar with National Curriculum requirements, this would have been an expensive and less than desirable way of teaching the nation's children.

Without enough high quality teachers in the frontline, the government's investment to improve schools would have been without return. To avert a crisis in schools and to ultimately make the UK economy more competitive, the government started a teacher recruitment campaign through the Training and Development Agency for Schools (TDA) and COI.

4.3 Timing and scope of the campaign

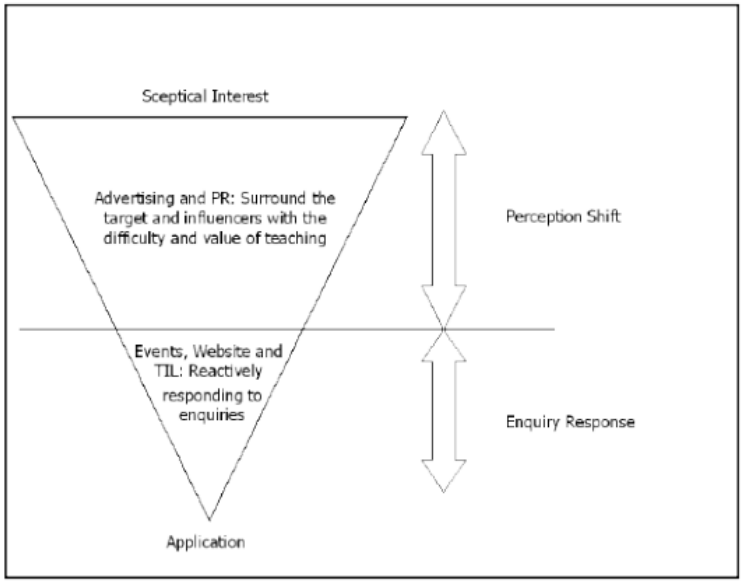
Phase 1: 1998 - 2003 aimed to maximise the numbers of 'born to teach-ers' entering the profession. The two campaigns were 'No-one Forgets a Good Teacher' (1998 – 2000) and 'Those Who Can, Teach' (2000 – 2003)

Phase 2: 2003 – 2005 aimed to motivate those who would have to 'change to teach'. Two campaigns created were 'Headless' and 'Work with the most exciting people in the world'.

4.4 Nature of the campaign

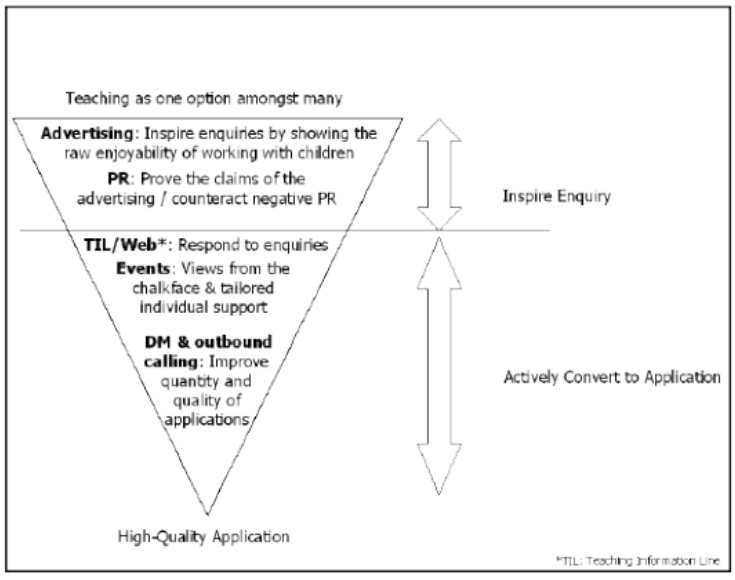
The first phase campaigns used advertising and PR to demonstrate the difficulty and value of a career at the 'chalkface' and thus raised the status of teaching. The communication model used is shown below in Figure 29:

Figure 29: 'Born to teach' communication model



The second phase campaigns aimed to convince those who were potentially interested in teaching that the joy of working with children would provide the positive interaction that their current jobs were failing to give them. Phase two, 'Change to', communications used a more sophisticated model of integration (shown in Figure 30) that tailored communications along the 'customer journey'.

Figure 30: 'Change to teach' communication model



4.5 Using the 10 steps to calculate Payback and ROMI

Step 1: Mapping objectives to outcomes

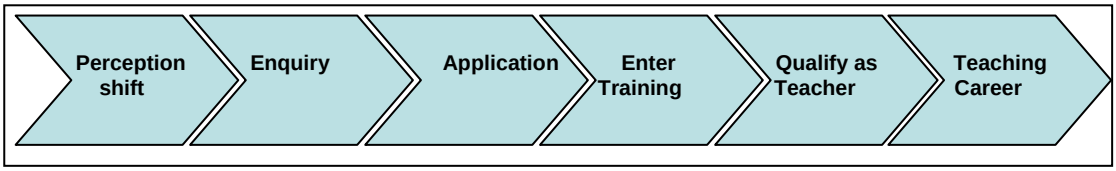
The scale of the challenge was that a cumulative 78,215 extra teachers needed to be recruited over and above existing levels over 8 years. The objective was to recruit more teachers and recruit high quality teachers. An increase in the numbers entering teacher training of 50% was required inside eight years, without jeopardising quality of applicants.

The stages which helped to reach the ultimate goal of the campaign were:

1. **To recruit a greater number of teachers:** generate more interest in teaching, more applications to training, more individuals starting training, more becoming teachers
2. **To recruit high quality teachers:** better results achieved by school children, and those children eventually doing better in life.

Figure 31 shows the stages through which the campaign aimed to move potential teachers. By changing attitudes towards teaching and communicating the benefits and application routes, it aimed to drive additional enquiries and then applications from the best candidates. These candidates would then enter training, qualify to become teachers and embark on a teaching career, over which they would enhance the prospects of pupils, reducing the discontinuity and additional cost of supply teaching.

Figure 31: Map of teacher recruitment



Step 2: Scope and identification of stakeholders for Payback and ROMI

The scope of the overall campaign was broad: ultimately to increase the quantity and quality of teachers in schools to result in children nationwide being better educated and the economy stronger and wealthier.

For the calculation of Payback and ROMI a clear campaign period was defined to ensure the data was mature (1998 – 2005). It was important to discount all other influencing factors, such as more recent changes to the UK economy, and all marketing activity that fell outside of the period 1998 – 2005.

The marketing costs were borne by the TDA and significant stakeholders were those in government (DFES), schools, colleges that offer PGCE qualifications, and the schoolchildren taught by newly recruited teachers.

Many indirect and less tangible benefits of the campaign were out of the scope for calculation of ROMI, yet should still be highlighted for consideration, such as the financial advantages for colleges who had more PGCE students available to them as a result of the campaign.

Step 3: Measurement of campaign outcomes

Performance indicators were varied: ranging from meeting recruitment targets; changes in the image of teaching; improvement in exam results; and indicators of wider economic and social Payback such as the competitiveness of the UK economy. For simplicity the cost of supply teacher salaries, which is just one element of Payback, was chosen for ROMI calculations because it demonstrates direct financial impact.

Specific indicators were chosen to measure the campaign's short term and long term goals. The ultimate campaign goal was measured by the number of trainee teachers recruited. The intermediate measures working towards this were:

- Awareness of teacher recruitment advertising
- Positive responses to the advertising
- Image of teaching
- Interested enquiries to the Teaching Information Line
- PGCE applications by subject

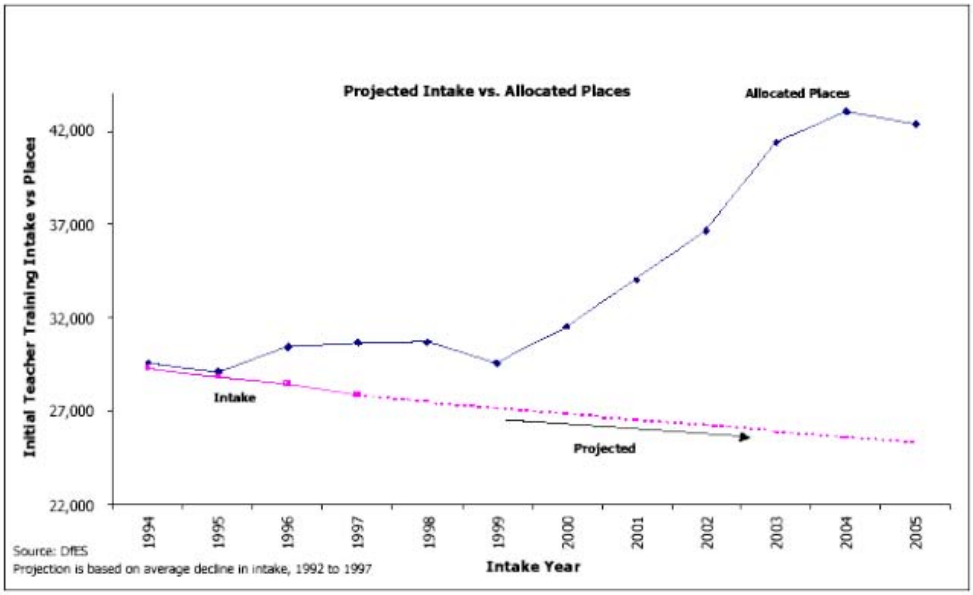
The baseline measures to understand the wider context, prior to the campaign, were:

- The level of education of the UK's workforce in comparison to its competitors such as Germany and France (55% of the UK workforce held post-16 qualification in 1997)
- The UK's productivity rate in comparison with other OECD countries (UK Index of GDP per hour worked was 90% in comparison to a G7 average of 100%)

Baseline indicators chosen for measurement to show the direct benefit of the campaign were defined as follows:

- Intake to teacher training. These rates declined from 29,500 in 1992 to 27,804 in 1997 and teacher retirements were accelerating fast with 50% of all existing teachers due to retire by 2010 – some 200,000 teachers who would need to be replaced.
- Pupil: teacher ratios in primary and secondary schools had risen from 19 in 1987 to 21 in 1997.
- Allocated places categorised by subject. The number of places in 'shortage subjects' of Maths, Physics and Chemistry was 55% of the total numbers graduating in those subjects per year.
- The number of places on teacher training courses increased to 42,000 each year by 2005 and to fill each place would have required 15% of all new graduates to enter teacher training each year. See Figure 32 below:

Figure 32: Projected intake vs. allocated places

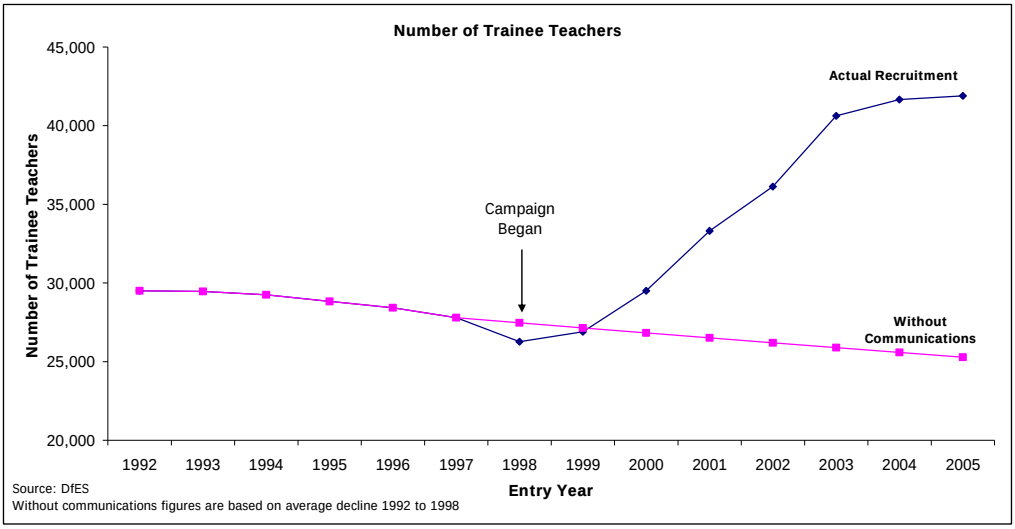


To fill these places, a cumulative 78,215 extra teachers had to be recruited over and above existing levels over eight years. A ratio of two applications per place was mandated to ensure that improving the quantity of new teachers did not jeopardise their quality, which meant generating 156,430 more applications from graduates.

Step 4: Measurement of the campaign's impact

Inheriting a legacy of six straight years of decline, the campaigns attracted an additional 67,000 trainee teachers over six years – a successful step towards the eight year target of 78,215. By 2005 the campaigns were recruiting 65% more trainees than one would have expected without communication. See Figure 33:

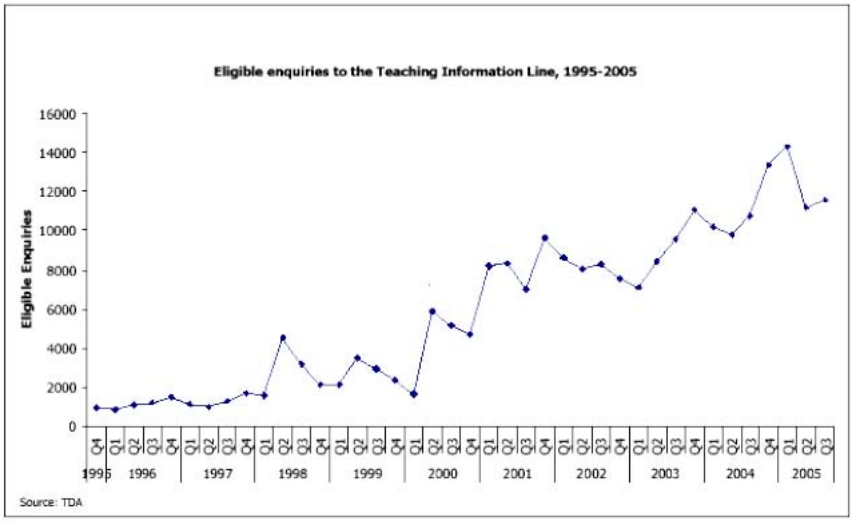
Figure 33: Increase in trainee teachers since 1998



Intermediate indicators demonstrated high advertising awareness and the image of teaching improved. But to what extent did this result in the recruitment of more teachers?

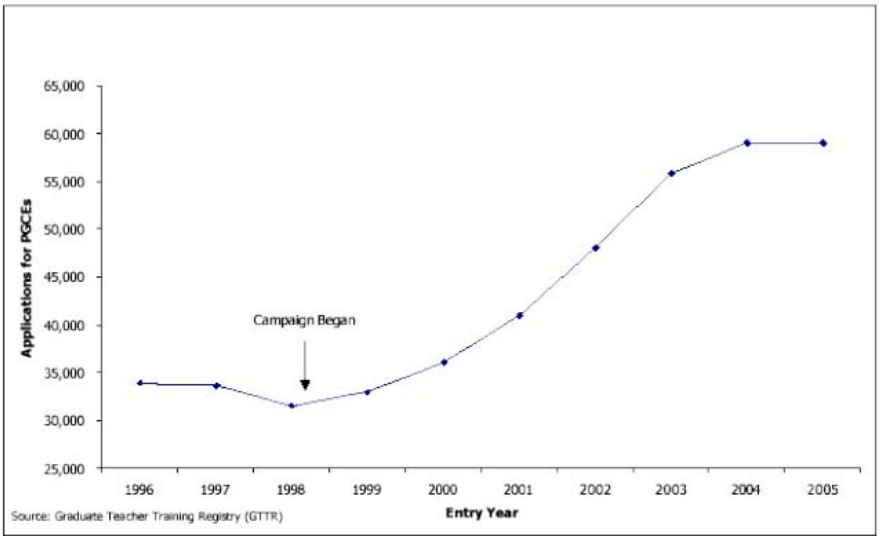
The increasing number of eligible enquiries to the Teaching Information Line (Figure 34) showed that interest in teaching grew strongly:

Figure 34: Eligible enquiries to the Teaching Information Line, 1995-2005



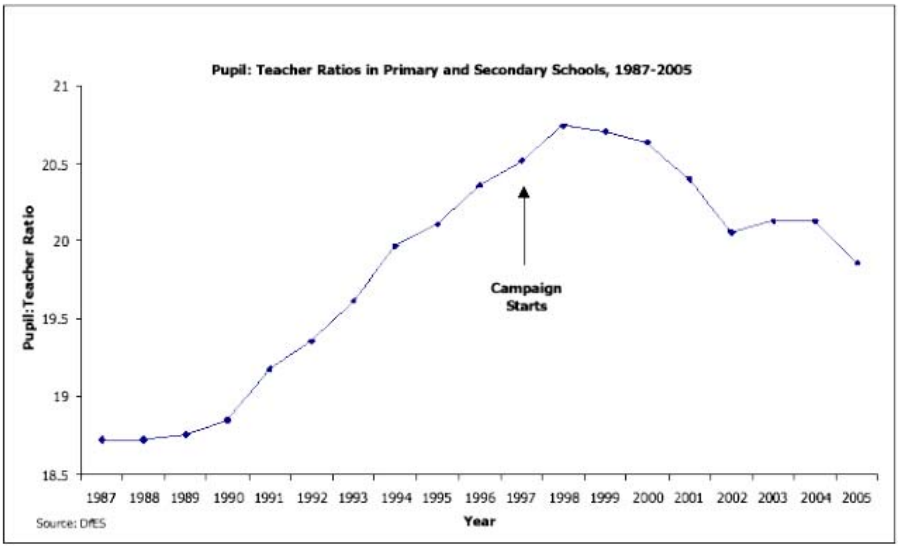
Crucially, applications to PGCEs doubled (see Figure 35), with significant improvements in problem subject areas such as Physics, Chemistry and Maths. Evidence suggested that one effect of the extra teachers in these subjects could have been to raise the numbers studying the subjects at university. This could create a feedback loop which would grow the future pool of potential teachers in these hard-to-recruit subjects.

Figure 35: Applications for PGCE courses



Reductions in pupil to teacher ratios (Figure 36) significantly reduced class sizes, vital in contributing to attempts to improve standards.

Figure 36: Pupil to teacher ratios in primary and secondary schools



The quality of teachers also improved. By doubling the number of applications for teacher training, the campaign raised the ratio of applications to places, from 1 to 1 in 1997 to 1 to 7 in 2005, enabling training providers to pick the best candidates.

The increase in quantity and quality of teachers had a direct effect on pupil achievement. While influenced by a range of factors, the increase in pupil attainment achieved at all levels could not have been sustained without the necessary numbers of well-qualified teachers to deliver the curriculum.

Could these outcomes be attributed to the marketing?

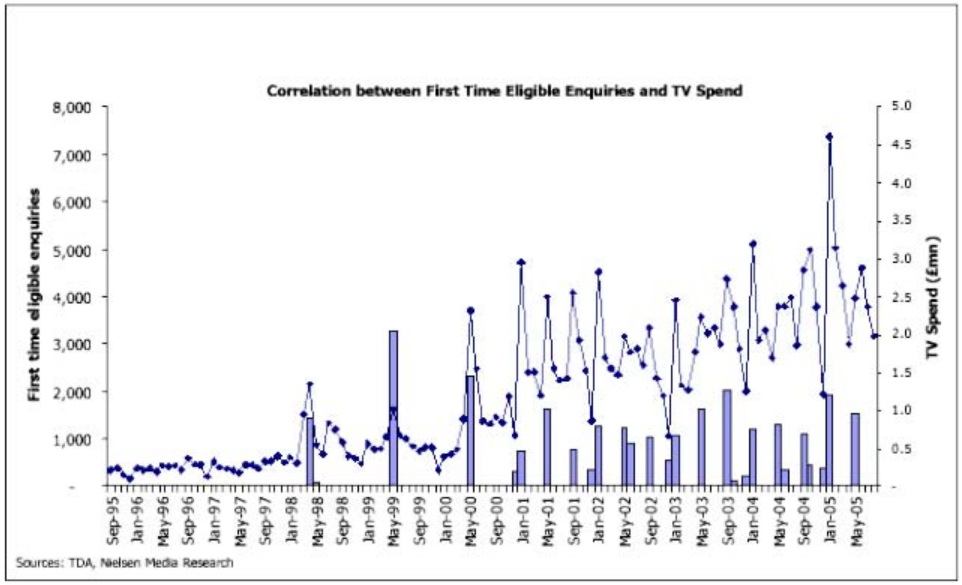
For the purposes of calculating Payback and ROMI, the focus is on the benefit delivered specifically by the marketing campaign and not by policy changes, other interventions or outside forces.

Five pieces of proof collectively pointed to the specific contribution of the recruitment campaign in delivering the increase in trainee teachers:

1. *When advertising messages changed, attitudes to teaching changed with them*. For example, Phase One communications were about raising the status of teaching and at the same time the numbers believing teaching was ‘not a career for high fliers’ halved, with the measure levelling off as the campaign messaging moved onto a different task.
2. *People claimed the advertising had made them feel more positive about teaching and drove them to enquire*. Callers to the Teaching Information Line were more likely to say the advertising drove them there (26%) than the website (16%) or careers advisors and job centres (9%)

3. *Advertised subjects out-performed non-advertised subjects*. This is particularly impressive for maths, physics and chemistry given the small size of the pool of graduates and the numerous (more lucrative) options open to them.
4. *DM and outbound calling programme raised application rates significantly*. Application rates for those who received DM were 20% versus non-DM 10%.
5. *Enquiry spikes to the TIL correlated with advertising spend*: seen in Figure 37.

Figure 37: Correlation between First Time Eligible Enquiries and TV Spend



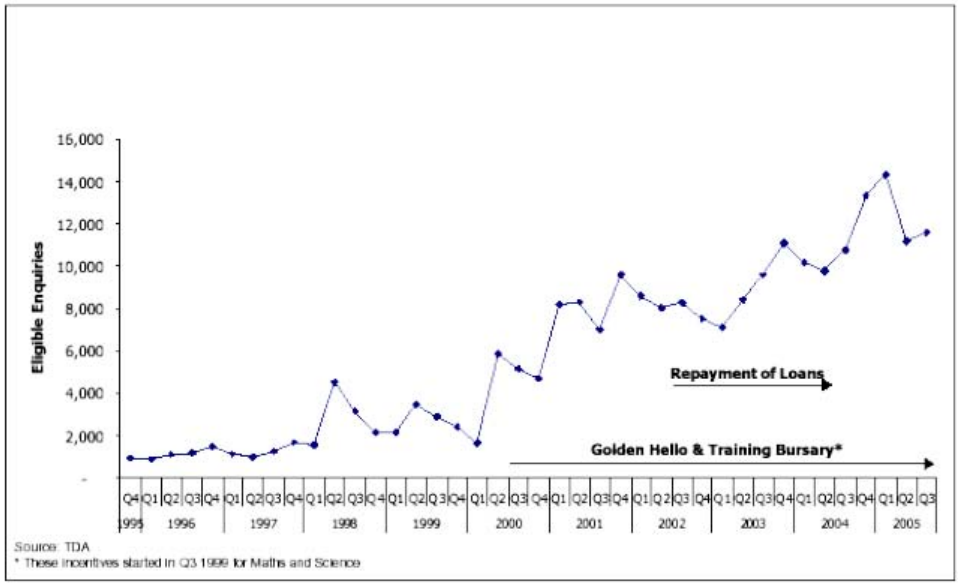
Accounting for other factors

To isolate the proportion of benefit delivered by the marketing campaigns, the effects of other factors were considered and discounted in the following ways:

1. Financial incentives for teacher training

Alongside the communication campaigns, and within some of them, a £6,000 training bursary and 'Golden Hello' payments for those applying for shortage 'priority' subjects (in 2000) and a scheme to repay trainee teachers' student loans (2002) were introduced. Evidence suggested that by themselves the incentives would not have done the job. Rises in enquiry levels occurred before these incentives were introduced and levels continued rising after they were announced. Enquiries continued to grow after the repayment of student loans scheme had been discontinued (see Figure 38).

Figure 38: Eligible enquiries and the timing of financial incentives



2. New routes into teaching

The introduction of employment based routes to become a teacher from 2000 was discounted because traditional routes into teaching (by PGCE) continued to account for the majority of the increase in trainee teachers.

3. Teacher pay

Trainee teacher starting salaries failed to keep up with the median graduate starting salary between 1997 and 2005, which actually made the recruitment task more difficult. Overall, teacher salaries remained a constant proportion of average incomes over the period (1.3 times the average wage)

4. The pool of graduates

The number of graduates had increased during the campaign period. However, a buoyant economy kept graduate unemployment low compared to the years before the campaign began, making the recruitment task harder rather than easier.

5. Changes to eligibility

The criteria for an 'eligible' enquiry became tighter as the campaign went on (now all teachers have to have GCSE Grade C in Science to teach any subject). The fact that the rise in applications had outstripped the rise in acceptances showed that, if anything, entrance requirements had got tougher.

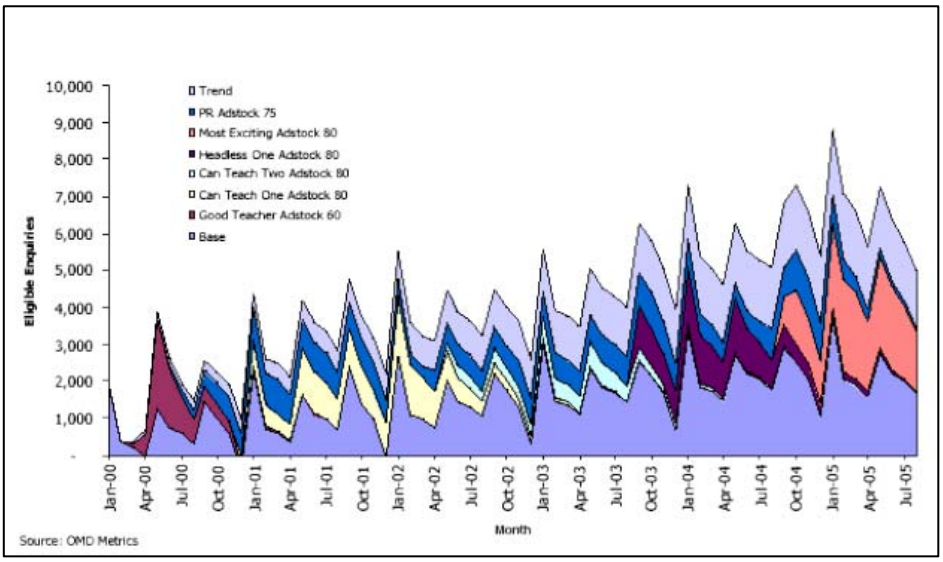
6. Teaching scare stories

The campaign had to work against a background of negative media coverage, especially about violence and bad behaviour in schools. This made the recruitment challenge all the more difficult.

7. Econometric model

The econometric model stripped out the specific effect of different marketing communication activities to demonstrate that campaigns were responsible for driving 50% of all enquiry traffic (see Figure 39).

Figure 39: Eligible enquiries driven by campaigns



Step 5: Putting a value on the impact of the campaign

The relative cost of a supply teacher, greater than the cost of employing a full time teacher, was used as a financial proxy to enable basic Payback and ROMI to be calculated.

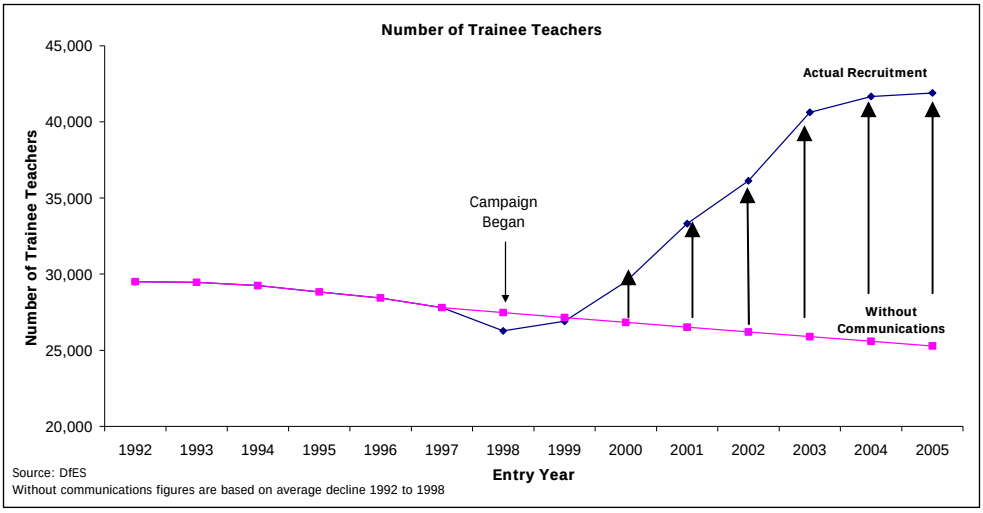
Saving on supply teacher salaries was just one element of Payback of the campaign, but for simplicity it can be focussed on because it demonstrates direct, quantifiable financial impact. Some other elements are discussed in Step 10: Advanced Payback and ROMI.

An average cost for a supply teacher of £180 per day was used. With 200 days in a school year, this amounts to an equivalent salary of £36,000 per school year (National Association of Head Teachers Survey 2002). This was compared with average teacher pay, which at the time was £28,580 per annum.

Step 6: Calculate Payback

The calculations in the 2006 IPA paper demonstrated that the campaigns paid back the initial financial investment made in them many times over.

Figure 40: Number of new trainee teachers due to the campaign



The number of trainee teachers recruited as a result of the campaign (Figure 40) was estimated by looking at the difference between the trend and actual recruitment. From 2000 to 2005, this came to a total of 66,829 teachers.

Two further assumptions were made:

1. That 34% of trainees would not go on to become teachers (based on contemporary attrition rates)
2. That once recruited, and retained beyond training, a recruit would go on to work as a teacher for a total of 15 years (the average length of a career in teaching is 15 years)

The calculation of Payback was then carried out as follows:

Figure 41: Teachers – Payback calculation

Total 'extra' trainee teachers	66,829
Attrition rate during teacher training	34%
Total 'extra' teachers in classrooms	**44,107**
Average teacher salary	£28.6k
Cost of equivalent supply cover	£36k
Annual saving per teacher recruited	**£ 8k**
Average length of teaching career	15 years
Total saving per teacher	£120k
Total Saving (Payback)	**£4.9bn**

Step 7: Calculate costs

The total campaign cost was £57 million. This is used, in Step 8, to calculate Net Payback and ROMI.

However, it is also possible to look at the costs incurred each year and discount them to 1998 values. We will do this (and discount the Payback too) in Step 9, Advanced Payback and ROMI.

Step 8: Calculate Net Payback and ROMI

The campaign cost could now be subtracted from the Payback to get the Net Payback, and the result divided by the cost to get ROMI (Figure 42):

Figure 42: Teachers – Net Payback and ROMI calculation

Payback	£4.91bn
Cost of campaign	£57m
Net Payback	£4.85bn
ROMI (Net Payback/Cost of campaign)	**£85:1**
ROMI (as a percentage)	**8500%**

The campaign was shown to have paid for itself, and returned another £85 for every £1 spent – a huge return on the investment.

Of course, these calculations were based on a number of assumptions. But we will show that, even with further refinement and more conservative assumptions, the Teachers campaigns between 1998 and 2005 appear to have delivered a large Payback at a very high ROMI.

Step 9: Understand Payback and ROMI

When this Payback and ROMI analysis was carried out, it was clear that the campaigns had been very effective and efficient. The money saved on supply teachers alone justified the investment in marketing communication many times over – and it is likely that the recruitment of more and higher quality teachers will still be resulting in wider economic benefit that the original calculation didn't take into account.

In 2009, the TDA continue to track the effectiveness of their marketing to inform future investment in marketing communication, working with their agency, DDB.

Step 10: (Optional) Advanced Payback and ROMI

The original Payback and ROMI calculations were fairly simplistic. There are several obvious ways in which they could be improved:

1) Refine the teacher drop-out rate

Our original calculation assumed that teachers have fixed 15-year careers. In reality, new recruits are likely to lapse out of teaching over a much longer period, with some leaving early, and others carrying on right to retirement. However, it turns out that this part of the calculation has almost no effect on ROMI. Even when lapsing behaviour is accounted for properly[27], we still get a ROMI of £85:1.

2) Account for inflation and the time value of money

The original calculation did not take any account of wage inflation or discounting. In fact, these two simplifications more or less cancel each other out. Incorporating both these factors into the calculation yields a ROMI of £87:1.

3) Vary our assumptions about the base level of recruitment

Prior to the campaign, recruitment had been in decline. Once the campaign started, recruitment began to rise. In our calculations, we assumed that this improvement above trend was entirely due to the campaign. But what if the campaign was only responsible for part of the improvement, say 50%? Then ROMI would fall to £43:1.

On the other hand, it's possible that, without the campaign, the decline in recruitment would have worsened. There is in fact some evidence for this. The econometrics tells

[27] An Excel file containing these calculations, and the others in this section, can be supplied

us that, by the end of the campaign, around 50% of all enquiries were being driven by the campaign. If a similar proportion of all recruits were being driven the campaign, then it would imply a much bigger effect than our original estimate. Our ROMI estimate would rise to £143:1.

This exercise tells us three things. Firstly, of the various assumptions that went into our original calculation, only the assumption about the base level has any significant effect on our estimate of ROMI:

Figure 43: Teachers – Refined ROMI calculations

	ROMI for TDA campaigns 1998-2005
Original estimate	**£85:1**
With refined treatment of teacher drop-out rates	**£85:1**
Taking account of inflation and discounting	**£87:1**
Changing assumptions about base level of recruitment	**£43:1 to £143:1**

Secondly, while the original estimate was pretty good (it lies more or less in the middle of our confidence interval), the margin of error is actually quite large. Finally, despite the large margin of error, it is clear that, even on the most conservative estimates, the payback from this campaign was very large indeed.

Before we leave advanced Payback and ROMI there is one further point worthy of discussion. Looking at how the campaign delivered benefits (the map of objectives to outcomes) and how the impact was monetised (putting a value on campaign impact) there are additional ways in which the Teacher Recruitment campaigns could have paid back to the Economy.

If more and better teachers entered schools due to the campaign, then in the long term class sizes could fall (in fact we saw in Figure 36 that they *did*), educational performance could improve and a generation of children could have increased earning potential and contribute to increased UK productivity. If these benefits were quantified, then even if the campaign made a small contribution this could greatly increase our estimates of the size of the Payback.

This leads us to the conclusion that for all the refinements that we have made to our Payback calculation, the actual Payback from the campaign is probably much bigger than the estimate that we reached.

4.6 Epilogue

Recent recruitment figures have continued to be much greater than those seen prior to the teacher campaigns. However, although total recruitment numbers have continued to be impressive when compared with pre 2000 figures, the rapid growth in total enquiries has now slowed and until this year has been in a slight decline.

Since 2005, the objectives have changed from encouraging as many people as possible towards teaching, to gradually being more about recruiting higher quality candidates in specific priority subjects. Because spend is being restricted to smaller pool sizes for the individual priority subjects, there is a slight sacrifice made in recruiting total numbers. This presents a new and unique challenge in the area of measurement and evaluation, and further (but interesting) complications in the Payback calculations.

5 Useful Resources

5.1 Glossary

Term	Definition
Actual Attribution	When direct response channels are used to prove that a campaign drove a certain number of responses
Attribution	The percentage of an outcome that can be attributed to the campaign
Balanced Scorecard	A business approach to understanding and driving achievement of strategic objectives. Involves developing and using a scorecard that tells a rounded story of the status of a business by using a balanced mixture of financial and non-financial measures
Beneficiary	Anyone (including the service provider) who should benefit from the results of the campaign
Campaign	A co-ordinated, discrete programme of marketing communication
Claimed Attribution	When survey data is used to ask people if they changed their behaviour due to the campaign
Customer Lifetime Value	The concept of an individual, having been prompted to action, then saving the Government money over a period of years
Decay rate	The rate at which the impact of a campaign fades after it has finished. Equal to one minus the *Retention rate*
Delivery Chain	The complex networks of organisations, including central and local government, agencies, and bodies from the private and third sectors, which need to work together to achieve or deliver an improved public sector outcome
Discounted Cash Flow analysis	The process of discounting future investments and anticipated income so that they reflect the *Time Value of Money*
Displacement	Campaigns may appear to have solved a problem, yet they have simply moved the problem elsewhere
Econometrics	Mathematical modelling to isolate the effects of other factors from the effect of the campaign
Effectiveness	The degree to which a campaign meets its ultimate objectives
Efficiency	The amount of effort required to run a campaign compared with the degree to which it meets its objectives
Evaluative Payback & ROMI	The measures calculated as part of a retrospective evaluation of a campaign's success. This calculation may not be possible for several years following the campaign.
Financial proxy	An estimated unit financial value that can be given to an outcome
Financial value	The known unit financial value of an outcome
Halo effects	Unexpected outcomes that can be shown to have been caused by the campaign
HEI	Holistic Evaluation Initiative: A COI and cross government programme to further the discipline of marketing communication.

Term	Definition
Impact	The result following directly as a result of the campaign
Intermediary	Anyone at whom a campaign is aimed so that others may feel the benefit
Marketing communication	Communication by the government or public bodies, aimed at the public, with the purpose of raising awareness or changing behaviour
Metric	A number that can be used to track and quantify outcomes
Negative impact	Campaign outcomes which actually result in the Government receiving less money - a side effect to the outcomes which save the Government money. For example, smoking cessation reduces tax revenue
Net Payback	The net financial benefit that can be shown to result from a campaign, at present values. Equal to *Payback*, less *costs*
Net Present Value	The sum of future investments and anticipated income, once they have been discounted using *Discounted Cash Flow* analysis
Objectives	The ultimate goals of a campaign
Other factors	External forces that may be at work at the same time as your campaign, affecting outcomes
Outcome	The result following the campaign, part of which may have been caused by the campaign
Payback	The financial benefit that can be shown to result from a campaign, at present values
Policy Lever	Policy Levers can help give government a control mechanism over public service outcomes. There are a range of Policy Levers, from legislation to codes of practice, from contractual arrangements to financial incentives and from sanctions to marketing communication campaigns
Predictive Payback & ROMI	At the start of the campaign, analysis carried out to determine how Payback and ROMI will be measured and to predict the scale of Payback that might be delivered
Projected Payback & ROMI	During the campaign, examining leading indicators to provide estimates of the campaign's effectiveness and efficiency, feeding back into campaign design or adjustment
Retention rate	The percentage of campaign impact that persists following the end of the campaign, usually per year. Equal to one minus the *Decay rate*
ROI	Return On Investment. The ratio of the net Payback on an investment to the money invested. A general concept that extends beyond marketing communication – we advise avoiding the use of this term to avoid confusion.
ROMI	Return On Marketing Investment - The ratio of the *Net Payback* to the *cost* of the campaign
Sensitivity analysis	Trying out different assumptions to see how they affect results
Stakeholder	Any party whose actions could affect the outcomes of the campaign

Term	Definition
Target Group	A group of people at whom a campaign is aimed
Test and control	Comparing two groups, as similar as possible in every respect except the degree to which they were exposed to the campaign
Time Value of Money	The concept that money is more valuable now that it is in the future. Used in *Discount Cash Flow* analysis to get *Net Present Value*.
Trend analysis	Examining the direction that metrics are travelling in prior to a campaign, to understand what would have happened without the intervention of the campaign

5.2 Resources for putting a value on campaign impact

Area	Resource	Source	Description	Hyperlink
All	**Departmental Economists & Policy Teams**	N/A	Should be the first port of call when attempting to put financial and economic values on the benefits of Government marketing communication.	N/A
All	**A Guide to Social Return on Investment (2008)**	Cabinet Office	A new guide to the Return on Social Investment, commissioned by the Cabinet Office	http://www.sroi-uk.org/component/option,com_docman/Itemid,38/
All	**The Green Book (2003)**	HM Treasury	The central point for access to guidance on the economic assessment of spending and investment	http://www.hm-treasury.gov.uk/data_greenbook_index.htm
Transport	**Highways Economic Note 1 (2005)**	Department for Transport	Cost of fatalities and injuries from road accidents	http://dft.gov.uk/pgr/roadsafety/ea/pdfeconnote105.pdf
Transport	**Transport Appraisal and the New Green Book (2004)**	Department for Transport	A detailed guide to economic assessment in Transport	http://www.dft.gov.uk/webtag/documents/project-manager/unit2.7.php#1_5
Transport	**Economic Valuation with Stated Preference Techniques: Summary Guide (2002)**	Department for Transport	This volume summarises the essential steps required for conducting high quality stated preference valuation studies It will help those who need to decide whether or how to find money values for measurable but unpriced impacts such as environmental effects in order to use these values in cost benefit analysis of policy or project options.	http://www.communities.gov.uk/documents/corporate/pdf/146871.pdf

Area	Resource	Source	Description	Hyperlink
Health	**Policy Appraisal and Health (2004)**	Department of Health	Extensive guide to evaluation of health policy. Chapter 4: Valuing Health Benefits discusses valuation of benefits specifically	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4095414.pdf
Health	**Unit Costs of Health and Social Care (2008)**	Personal Social Services Research Unit at the University of Kent (Commissioned by DH)	Latest in a series of reports into the costs of healthcare in the UK	http://www.pssru.ac.uk/uc/uc2008contents.htm
International Development / Agriculture	**Applications of the contingent valuation method in developing countries (2000)**	UN Food and Agriculture Organisation (FAO)	A guide to valuing certain non-market outputs of agriculture	http://www.fao.org/DOCREP/003/X8955E/X8955E00.htm
Environment	**An economic analysis to inform the review of the Air Quality Strategy (2007)**	Department for Environment, Food and Rural Affairs (Defra)	Detailed assessments of the additional policy measures considered by the Air Quality Strategy The analysis incorporates the monetary valuation of air pollution impacts on health, which represents a major development	http://www.defra.gov.uk/ENVIRONMENT/airquality/publications/stratreview-analysis/
Environment	**Nonmarket Valuation Tools**	US National Oceanic and Atmospheric Administration	Explanation of various non-market valuation techniques as applied to environmental projects	http://www.csc.noaa.gov/mpass/tools_nonmarket.html

6 About the editors and authors

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7 Acknowledgements

Writing this document would have been impossible without the help and co-operation of a number of key individuals and government departments.

We would like to thank the editors, Les Binet and Sarah Carter, for their guidance and insight. Their expertise and experience was invaluable in giving this document the right content and an industry perspective. Their DDB colleague, Alex Vass, contributed to discussions on the econometrics of the teacher recruitment case study. We acknowledge the authors and contributors to the numerous books, papers and articles on and around the subject that we list in the bibliography.

The evaluation group at COI are currently working on the development of several key areas of evaluation, of which this is but one. The group aims to publish further pieces in the coming months – for example on behaviour change – and build their thinking into a holistic GCN Evaluation Service. We thank Mark Cross, James Farnham, Martin Dewhurst, Marc Michaels and David Pullinger for their input or oversight.

The document is brought to life by numerous examples of successful, award-winning, government marketing communication campaigns from across the Government Communication Network. We thank Michele Marr, former Head of Campaigns, and Mike Berger-North, current Director of Marketing and Communications at the Training and Development Agency for Schools, for their support in using the TDA case study. We also acknowledge in particular the Department of Health, Home Office, Department for Work and Pensions, Department for Transport and the Army, for the use of their campaigns as case studies.

Thanks also to Glenn Granger, currently working with the Department of Health, for sharing his thinking on advanced Payback ROMI techniques.

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The Marketing Accountability Imperative	Michael Dunn & Chris Halsall, Prophet	2009	N/A
Accountable Advertising	Simon Broadbent, ISPA and IPA	1997	N/A
The Balanced Scorecard	Kaplan and Norton	1996	N/A
Dictionary of Marketing Terms, Fourth Edition	Barron's Business Guides	2008	N/A
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Evaluation in Government			
The Green Book: Appraisal and Evaluation in Central Government	HM Treasury	2003	http://tinyurl.com/mggks5
The Green Book: Detailed Departmental Guidance	HM Treasury	2003	http://tinyurl.com/yay7gpk
The Magenta Book: guidance notes for policy evaluation and analysis	Government Social Research Unit, HM Treasury	2007	http://tinyurl.com/y9cs9yk
Policy Appraisal and Health: A guide from the Department of Health	Department of Health	2004	http://tinyurl.com/yaf5ddn
Measure for Measure: metrics and marketers in the NHS	Chartered Institute of Marketing	2009	http://tinyurl.com/yb74mpa
The DH Marketing Evaluation Handbook	Department of Health	2009	Contact DH
Evaluating communications: A best practice guide	Home Office	2009	Contact Home Office or GCN

Category or Title	Source or Author(s)	Year	Link
Additionality Guide: A standard approach to assessing the additional impact of interventions	English Partnerships: The National Regeneration Agency	2004	http://tinyurl.com/c58ul9
Business, Innovation and Skills - Impact Assessment: Analysing benefits	Department for Business, Innovation and Skills	2009	http://tinyurl.com/yaswnzw
National Audit Office - Effective Communication with the Public toolkit	National Audit Office	2009	http://tinyurl.com/yc29aht
FABRIC toolkit for performance measurement in Government	HM Treasury, Cabinet Office, National Audit Office, Audit Commision, Office for National Statistics	2009	http://tinyurl.com/ye6mkrm
COI Annual Report 2008/09	COI	2009	http://tinyurl.com/yepw2lh
Institute of Practicioners in Advertising (IPA) Material			
How Public Service Advertising Works	COI, WARC, IPA	2008	N/A
Marketing in the Era of Accountability	Les Binet & Peter Field, for IPA	2007	N/A
The Pursuit of Effectiveness	Les Binet, Peter Field in Marketing Leader	2007	N/A
Measuring Marketing Payback: A Best Practice Guide	Les Binet, for ISBA and IPA	2008	N/A
Advertising Works 17	Neil Dawson, IPA	2008	N/A
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ROI is dead: Now bury it	Prof. Tim Ambler, London Business School, writing in Admap	2004	N/A
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Government Communication Network (GCN)			
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A guide to Social Return on Investment



Cabinet Office
Office of the Third Sector

"For FRC Group using SROI has been a fascinating process which has fine tuned our understanding of the impacts that are achieved as we improve our performance, and exposed areas in which we can do more."

Verity Timmins, Impact Manager, FRC Group

"At Impact Arts we have embraced SROI as one of our central evaluation tools, which complements our existing evaluation practice very well. SROI has clear benefits for our organisation in terms of our future funding and business development activities, as well as focusing our day to day practice on where and how we add value."

Susan Akternel, Innovation and Development Director, Impact Arts

"SROI has helped us develop an ongoing relationship with our stakeholders which shows that we are listening to their needs and we can now report how our work impacts on their lives and the lives of others."

Maeve Monaghan, Director, NOW Project

The SROI Network
Accounting for value

CabinetOffice
Office of the Third Sector

nef
economics as if people and the planet mattered

charities evaluation services

ncvo

New Philanthropy Capital

in association with

The Scottish Government

Foreword

Liam Byrne, Minister for the Cabinet Office and Kevin Brennan, Minister for the Third Sector

Government wants to strengthen the already powerful impact of third sector organisations in our economy. We are also leading a new drive to transform our public services.

While many third sector organisations have a powerful story to tell, the social and environmental value of the impact being made is often underplayed. As we face tough economic times, it is now more important than ever that we allow for better recognition of those who create social and environmental value, leading to more efficient movement of resources to the right people, in the right place, at the right time.

This new guide to Social Return on Investment is timely, as it will help third sector organisations to communicate better their impact to customers, government and the public, through measuring social and environmental value with confidence, in a standardised way that is easy for all to understand.

The guide should also underpin the thinking of commissioners and investors. For the public sector, it will help show us what really matters to the people who use public services and who benefit from third sector activity.

Ultimately, it is those in our communities in need of real help who will benefit.



Acknowledgements

This guide has been written by Jeremy Nicholls, Eilis Lawlor, Eva Neitzert and Tim Goodspeed, and edited by Sally Cupitt, with additional contributions from Sheila Durie, Jenni Inglis, Karl Leathem, Tris Lumley and Richard Piper.

Comments, guidance and advice were also received from the advisory group and from members of the SROI Network. Thanks to the following members of the SROI Network: Helen Fitzhugh, Adrian Henriques, Martin Kinsella, David Marshall, Kathleen Quinn, Kevin Robbie, Stephanie Robertson, Peter Scholten and Sara Williams.

Thanks to the following members of the advisory group: Saeeda Ahmed, Gustavo Bagattini, Simon Berry, Amitti CanagaRetna, Andrea Chauhan, Ken Cooper, Theresa Crawley, Elly de Decker, David Emerson, Tracy Houston, Pradeep Jethi, John Kingston, Martin Kinsella, Alan Knight, George Leahy, Liz Liston-Jones, Joseph Lowe, Fergus Lyon, Claire Michelet, Ralph Mitchell, Penny Newman, Gerald Oppenheim, Akhil Patel, John Pearce, Tess Pendle, Matthew Pike, Martin Scott, Oliver Sian Davies, Richard Spencer, John Stewart, Chris Walker, Peter Wells and Jo Wheeler. Particular thanks also to Gustavo Bagattini and John Pearce.

A number of people and organisations have contributed to the development of SROI, started by Jed Emerson and the Roberts Enterprise Development Fund, developed by **nef** (the new economics foundation) and members of the SROI Network, and supported by, amongst others, the Hadley Trust, the Adventure Capital Fund and the Equal Social Economy Scotland Development Partnership.

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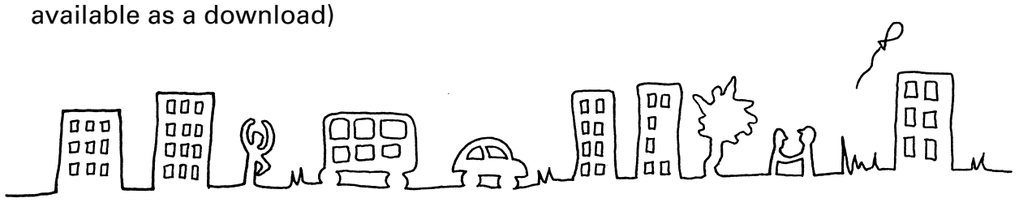
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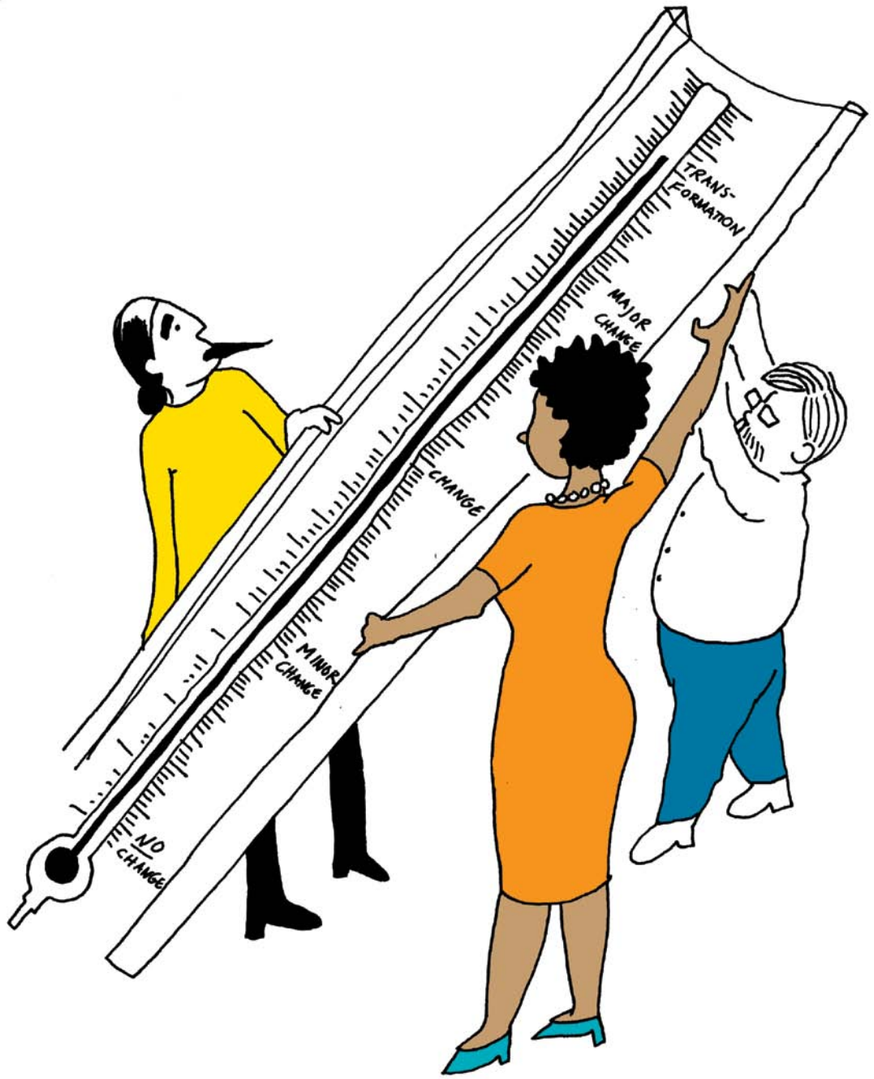
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Introduction



The Office of the Third Sector (OTS) and the Scottish Government recognise that demonstrating added social, economic and environmental value is important for third sector organisations and their funders, investors and commissioners, and is becoming increasingly important for the public and private sectors. The OTS has therefore funded a three-year programme on measuring social value. The work began in November 2008 and is being delivered by a consortium of organisations: the SROI Network, nef (the new economics foundation), Charities Evaluation Services, the National Council for Voluntary Organisations and New Philanthropy Capital.

In addition to this programme, the Scottish Government is also supporting SROI, including the development of a database of indicators to support SROI analysis.

This guide, which builds on the work in three earlier SROI guides[1], has been prepared as part of this programme. The purpose of this guide is to standardise practice, develop the methodology, and provide more clarity on the use of SROI. It has been written for people who want to measure and analyse the social, environmental and economic value being generated by their activities or by the activities they are funding or commissioning.

For more information on these programmes, and on other developments in SROI, please refer to the SROI Network website – www.thesroinetwork.org

1 *The SROI Framework*, drafted by Sara Olsen and Jeremy Nicholls; *A Guide to SROI Analysis* by Peter Scholten, Jeremy Nicholls, Sara Olsen and Brett Galimidi; and *Measuring Social Value*, by Eva Neitzert, Eilis Lawlor and Jeremy Nicholls (new economics foundation).

1 What is Social Return on Investment (SROI)?

Every day our actions and activities create and destroy value; they change the world around us. Although the value we create goes far beyond what can be captured in financial terms, this is, for the most part, the only type of value that is measured and accounted for. As a result, things that can be bought and sold take on a greater significance and many important things get left out. Decisions made like this may not be as good as they could be as they are based on incomplete information about full impacts.

Social Return on Investment (SROI) is a framework for measuring and accounting for this much broader concept of value; it seeks to reduce inequality and environmental degradation and improve wellbeing by incorporating social, environmental and economic costs and benefits.

SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them. This enables a ratio of benefits to costs to be calculated. For example, a ratio of 3:1 indicates that an investment of £1 delivers £3 of social value.

SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value.

In the same way that a business plan contains much more information than the financial projections, SROI is much more than just a number. It is a story about change, on which to base decisions, that includes case studies and qualitative, quantitative and financial information.

An SROI analysis can take many different forms. It can encompass the social value generated by an entire organisation, or focus on just one specific aspect of the organisation's work. There are also a number of ways to organise the 'doing' of an SROI. It can be carried out largely as an in-house exercise or, alternatively, can be led by an external researcher.

There are two types of SROI:

- Evaluative, which is conducted retrospectively and based on actual outcomes that have already taken place.
- Forecast, which predicts how much social value will be created if the activities meet their intended outcomes.

Forecast SROIs are especially useful in the planning stages of an activity. They can help show how investment can maximise impact and are also useful for identifying what should be measured once the project is up and running.

A lack of good outcomes data is one of the main challenges when doing an SROI for the first time. To enable an evaluative SROI to be carried out, you will need data on outcomes, and a forecast SROI will provide the basis for a framework to capture outcomes. It is often preferable to start using SROI by forecasting what the social value may be, rather than evaluating what it was, as this ensures that you have the right data collection systems in place to perform a full analysis in the future.

The level of detail required will depend on the purpose of your SROI; a short analysis for internal purposes will be less time-consuming than a full report for an external audience that meets the requirements for verification.

The principles of SROI

SROI was developed from social accounting and cost-benefit analysis and is based on seven principles. These principles underpin how SROI should be applied and are set out in full in the Resources Section (page 80). The principles are:

- Involve stakeholders.
- Understand what changes.
- Value the things that matter.
- Only include what is material.
- Do not over-claim.
- Be transparent.
- Verify the result.

Judgement will be required throughout an SROI analysis. Often the principle of materiality will guide judgement, so this principle is very important. Materiality is a concept that is borrowed from accounting. In accounting terms, information is material if it has the potential to affect the readers' or stakeholders' decision. A piece of information is material if missing it out of the SROI would misrepresent the organisation's activities. For transparency, decisions about what is material should be documented to show why information has been included or excluded. At certain points we will indicate when it is useful to perform a materiality check. We encourage you to become familiar with the concept as it will inform your decisions throughout the process.[2]

The stages in SROI

Carrying out an SROI analysis involves six stages:

1 **Establishing scope and identifying key stakeholders.** It is important to have clear boundaries about what your SROI analysis will cover, who will be involved in the process and how.

2 **Mapping outcomes.** Through engaging with your stakeholders you will develop an impact map, or theory of change, which shows the relationship between inputs, outputs and outcomes.

2 Guidance from AccountAbility recommends that you consider the views of your stakeholders, societal norms, what your peers are doing, financial considerations, and organisational policies and objectives as criteria for judging materiality.

Introduction

3 **Evidencing outcomes and giving them a value.** This stage involves finding data to show whether outcomes have happened and then valuing them.

4 **Establishing impact.** Having collected evidence on outcomes and monetised them, those aspects of change that would have happened anyway or are a result of other factors are eliminated from consideration.[3]

5 **Calculating the SROI.** This stage involves adding up all the benefits, subtracting any negatives and comparing the result to the investment. This is also where the sensitivity of the results can be tested.

6 **Reporting, using and embedding.** Easily forgotten, this vital last step involves sharing findings with stakeholders and responding to them, embedding good outcomes processes and verification of the report.

SROI has many similarities with other approaches and these are set out in the Resources section (page 80).

2 How SROI Can Help You

An SROI analysis can fulfil a range of purposes. It can be used as a tool for strategic planning and improving, for communicating impact and attracting investment, or for making investment decisions. It can help guide choices that managers face when deciding where they should spend time and money.

SROI can help you improve services by:

- facilitating strategic discussions and helping you understand and maximise the social value an activity creates;
- helping you target appropriate resources at managing unexpected outcomes, both positive and negative;
- demonstrating the importance of working with other organisations and people that have a contribution to make in creating change;
- identifying common ground between what an organisation wants to achieve and what its stakeholders want to achieve, helping to maximise social value;
- creating a formal dialogue with stakeholders that enables them to hold the service to account and involves them meaningfully in service design.

SROI can help make your organisation more sustainable by:

- raising your profile;
- improving your case for further funding;
- making your tenders more persuasive.

3 In the UK, HM Treasury maintains guidance on the methodology that should be used to make an economic assessment of the social costs and benefits of all new policies, projects and programmes. This guidance is set out in the *Green Book*. In the *Green Book* the idea of additionality is comparable with impact in SROI.

SROI is less useful when:

- a strategic planning process has already been undertaken and is already being implemented;
- stakeholders are not interested in the results;
- it is being undertaken only to prove the value of a service and there is no opportunity for changing the way things are done as a result of the analysis.

Comparing social return between different organisations

Organisations work with different stakeholders and will have made different judgements when analysing their social return. Consequently, it is not appropriate to compare the social return ratios alone. In the same way that investors need more than financial return information to make investment decisions, social investors will need to read all of the information produced as part of an SROI analysis. However, an organisation should compare changes in its own social return over time and examine the reasons for changes. Organisations should also endeavour to educate funders and investors on the importance of putting the ratio in the context of the overall analysis.

Certain situations require a different approach

This guide covers most situations. However, for situations where there is investment in assets, or the use of debt finance, there is a note in the Resources section (page 80).

3 Who Can Use SROI?

Types of organisation

SROI has been used by a range of organisations across the third, public and private sectors, including those that are small, large, new and established.

Third sector organisations and private businesses

Third sector organisations and private businesses that create social value can use SROI as a management tool to improve performance, inform expenditure and highlight added value. These may be start-up organisations developing business plans or established organisations. It can be used for analysing the value arising from trading activities whether the organisation is selling to the general public, to the public sector or to other businesses.

Commissioners and funders

Bodies that commission social value or invest in the creation of social value can use SROI initially as a way to help them decide where to invest, and later to assess performance and measure progress over time.

Both social investors and public service commissioners are in the business of securing social value that is delivered by third parties. The mechanisms by which that value is secured may differ but, by measuring that value, better decisions can be made. SROI can be used at three points in the commissioning or investment process:

- **Programme/pre-procurement** – forecast SROI analyses can be used at the strategic planning stage to decide how to set up a programme, for market testing and to determine scope and specification of contracts.

- **Application/bidding** – forecast SROI analyses can be used to assess which applicant or bidder is likely to create the most value. (Where applicants or bidders are already delivering the intervention that is being invested in, evaluative SROI can be used at the application/bidding stage.)

- **Monitoring and evaluation/contract management** – evaluative SROI analyses can be used to monitor the performance of a successful applicant or contractor.

Using SROI to inform public sector commissioning decisions is in line with HM Treasury guidance on value for money appraisals.[4] HM Treasury states that value for money assessments should be based on the 'optimum combination of whole-of-life costs and quality (or fitness for purpose) of the goods or service to meet the user's requirement'. These costs and benefits must include 'wider social and environmental costs and benefits for which there is no market price'.[5]

For developing policy
SROI can be used by organisations that develop public policy, for which recognition of social value is important. For example, it has been used to compare the value of investing in support-focused community penalties for women offenders as opposed to sending them to prison.[6]

Skills required to analyse the SROI report
Carrying out an SROI analysis requires a mixed set of skills. It will be helpful if you have prior experience of engaging stakeholders, outcomes measurement or evaluation, using Microsoft's Excel software and basic accounting skills. Even if you have experience in these areas, it may still be helpful to attend a training course. You can also bring in help from within your organisation, although, in the absence of this, you may need to arrange some external support.

Time requirement
Giving exact guidance on timescales is difficult because it is contingent on many factors, including scope, skills level and data availability, and whether you will be using the report for internal management or external reporting purposes.

All new measurement systems take some resources to implement. However, there are ways to keep the resources you require to a minimum. You could start with a project or contract rather than the whole organisation, or you could start with a forecast SROI analysis, especially when looking at a new business or a new activity. A forecast SROI analysis for internal management purposes, for example to help design information systems, would not need to be as detailed as a report you were planning on making public.

4 www.hm-treasury.gov.uk/data_greenbook_money_sustainability.htm
5 Further guidance on the use of SROI in public sector commissioning is available on the SROI Network website,www.thesroinetwork.org
6 *Unlocking value*, **nef**

An evaluative SROI analysis will be more time-consuming and could take several months, but the time required is much reduced if the organisation already produces good outcomes data or has a system of social accounting in place. However, it can take time to introduce systems to assess outcomes. Doing a forecast SROI analysis first can help one plan and prioritise the introduction of outcome assessment systems.

4 Using this Guide

This guide goes through the SROI process in stages. The completion of a table which maps out the analysis is central to the process. This table is called an Impact Map. There is a loose insert of the Impact Map included in the printed version of the guide, and copies are also available for download from the SROI Network website, www.thesroinetwork.org.

If you are new to SROI, please read the whole guide before starting. This is important because although it works through the process step by step, some of these steps can be completed at the same time, so reading the whole guide first may save you time later. Then return to the beginning and start working your way through. Bear in mind that not everything will be relevant to your analysis.

If you have some experience in SROI you may wish to use the guide as a reference tool. Social investors and commissioners interested in using SROI could focus on the introduction, the principles and the supplement on the SROI Network website,

Symbols
You will see these symbols throughout the guide:



Time for you to put what you have learned into practice. Over to you!



Top Tip: Alerts you to a top tip that can make life much easier for you.



The caution symbol warns you about common mistakes.



The return symbol highlights key points where you may decide you need to go back to an earlier step in the process.



It is important to remember that SROI is a framework based on principles. Often there are no right and wrong answers and you will need to use your judgement to respond to the question appropriately. The main points at which this is required are highlighted with this symbol.



'Involve'. This symbol highlights points where you should involve your stakeholders to refine and confirm your decisions.

Language used
For simplicity we have used the following language throughout this guide:

- 'Social value' is used to describe social, economic and environmental value.
- 'The social return of your activity' is used rather than 'the social return of your organisation'. If you are analysing the social return of all your activities then this would be the same as the social return of your organisation.
- Where 'impact' is used we mean your outcomes after taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.
- The guide is written for 'you' although 'you' may be a single person or a team.

Wheels-to-Meals – The worked example
Throughout the guide we will use the fictional example of Wheels-to-Meals, which is presented in this format.

This is a hypothetical example. It is used to explore the principles and processes of SROI. Some elements of the impact map have been included to support learning and provide an appropriate example.

Wheels-to-Meals is a charity that developed from a meals on wheels service provided by volunteers. Increasingly, it realised that its clients not only needed the good hot meals it provided but, equally important, the contact and socialising with the volunteers who brought them.

Wheels-to-Meals provides a luncheon club to eligible elderly and disabled local residents and the majority of the volunteers are also elderly. The luncheon club is delivered with the same resources as a meals on wheels service, except that residents are transported to meals, rather than the other way round. The service includes provision of hot, nutritious lunches, transport, opportunities to socialise, and mild exercise. The service is available for up to 30 residents, 5 days a week and 50 weeks a year.

Resources available
There is a loose Impact Map enclosed in the printed version of this guide, which is also available for download from the SROI Network website, www.thesroinetwork.org. The Resources section on page 80 also includes:

- The format for an SROI report.
- A glossary.
- A note on cost allocation.
- A note on capital or loan-financed projects.
- Sources of support and further information.
- A summary of the relationship between SROI and other approaches.
- The seven principles of SROI.
- A checklist for SROI analysis – you can use this to tick off each step as you work through.
- An impact map for the worked example.

5 Future Updates

Like financial accounting and other ways of measuring, SROI is subject to further refinement and development. Users of this guide should check the website www.thesroinetwork.org for updates to the methodology.

Suggestions for changes can be made through the SROI Network website.

Stage 1:
Establishing scope and identifying stakeholders



Before you start your SROI analysis, you need to clarify what you are going to measure and how, and why you are embarking on a measurement process.

If you are carrying out an evaluative SROI analysis it may be useful to set up an SROI planning team. Winning management support at this early stage can help to make resources available for the SROI analysis, which in turn might allow you to extend its scope.

There are three steps in this stage:

1.1 Establishing scope
1.2 Identifying stakeholders
1.3 Deciding how to involve stakeholders

1.1 Establishing scope

The scope of an SROI analysis is an explicit statement about the boundary of what is being considered. It is often the result of negotiations about what is feasible for you to measure and what you would like to be able to improve or communicate. You will need to be clear about why you are conducting the analysis and what resources are available, and define the priorities for measurement. This stage will help ensure that what is being proposed is feasible.

The example below illustrates how a housing foundation made decisions about the scope of its SROI analysis.

Example: Establishing scope for a housing foundation
A large housing foundation was interested in calculating its social return to communicate its impact to its primary funder. The foundation has 35 employees and is involved in many activities, ranging from youth clubs to physical estate improvement projects. As there was no budget for the SROI analysis, it was decided that it would be conducted in-house and responsibility would rest with the quality manager at the foundation.

It was decided to publish the results of the SROI analysis alongside the end-of-year financial accounts in four months' time. The short timeframe, limited resources and the fact that the SROI analysis had to be completed in-house meant that the focus was to be on one project, with a plan to consider other projects in subsequent years. The decision was made to focus on a project which gave debt advice to tenants. This project has direct relevance for the foundation's primary funder, as one of the outcomes of the project is an increase in the number of tenants able to pay their rent.

What to consider in order to set scope
The issues you will need to consider include:

1 **Purpose**
What is the purpose of this SROI analysis? Why do you want to begin this process now? Are there specific motivations driving the work, such as strategic planning or funding requirements?

2 **Audience**
Who is this analysis for? This should cover an initial assessment of how you will communicate with your audiences.

3 **Background**
Consider the aims and objectives of your organisation and how it is trying to make a difference. If you are focusing on specific activities you will need to understand the objectives of those activities. It is important that you have a clear understanding of what your organisation does and what it hopes to achieve by its activities. For sources of further support and information on this see the Resources section.

4 **Resources**
What resources, such as staff time or money, will be required? Are these available?

5 **Who will carry out the work?**
Can you undertake the SROI analysis internally, or will you need to bring in external help? Make sure you have the right mix of skills and support from the start. Generally, you will need skills or experience in finance, accounting, evaluation and involving stakeholders.

6 **The range of activities on which you will focus**
Will you be analysing all the activities of your organisation, or just specific ones? You might want to separate the activities related to a particular source of funding,or those that are a priority for you. Keep your scope small if it is the first time you are doing an SROI analysis.

Clearly describe what you intend to measure. For example, if the activity was 'our work with young people', this may cover several departments within your organisation and you may actually mean something more specific, like 'mentoring support provided to young people'.

7 **The period of time over which the intervention will be considered**
SROI analysis is often annual, corresponding with annual financial accounting timescales. This can vary. For instance, a commissioner may want an evaluation of a specified timescale.

8 **Whether the analysis is a forecast or an evaluation**
If this is your first SROI report it will be much less time-consuming to prepare a forecast than to conduct an evaluative SROI analysis, unless you have the right outcomes data available. Otherwise, a forecast SROI analysis will help you to put in place a measurement framework so that you can come back to do evaluative SROI in the future.

Top Tip: Keep good records
Good record keeping is essential to successfully completing an SROI analysis. When you get to Stage 6, you will see that the SROI report needs to contain a lot more than just the calculation of the social return. It needs to document the decisions and assumptions you made along the way. Keeping a dedicated record of your planning and progress from the start will make writing the report a lot easier.

Adjusting the scope
Adjusting your scope in response to new information is good practice and not unusual. In particular, you may wish to review your scope after considering the numbers and types of stakeholders you need to involve. This will determine the resources required and it may mean you need to start with fewer activities.

The worked example – scope
Wheels-to-Meals is a charity that works with older people. Wheels-to-Meals provides transport for its members to come to a centre, where they are provided with hot, nutritious lunches. While at the centre, members have the opportunity to socialise, attend workshops on health and related issues, and take mild exercise.

The local authority contract for this charity is to become the subject of a joint commissioning approach. Wheels-to-Meals wants to contribute to the joint commissioning process with a credible demonstration of the social value it is creating. Wheels-to-Meals' staff and trustees worked together to define the scope of their upcoming SROI analysis and decided that it would:

- contribute to the joint commissioning process;
- cover all the activities of the organisation over one calendar year;
- be a forecast SROI analysis; and
- be undertaken by internal staff.

Remember that this is an example and is not intended to be a full analysis of scope.



Over to you: Establishing scope and constructing a plan
Consider these questions in relation to the SROI analysis you are undertaking.

1 What is the purpose of the SROI?

2 Who is it for?

3 What is the background?

4 What resources do you have available?

5 Who will undertake the SROI?

6 What activities will you focus on?

7 What timescale (period) will your analysis cover?

8 Is the analysis a forecast, a comparison against a forecast or an evaluation?

Record your answers, as you will need to refer to them during the analysis and when you come to write your report.

1.2 Identifying stakeholders

Listing stakeholders
Now that you are clear about the scope of the analysis, the next step is to identify and involve your stakeholders. **Stakeholders** are defined as people or organisations that experience change, whether positive or negative, as a result of the activity being analysed. In SROI analysis we are concerned primarily with finding out how much value has been created or destroyed and for whom.

To identify the stakeholders, list all those who might affect or be affected by the activities within your scope, whether the change or the outcome is positive or negative, intentional or unintentional.

The example below, which is referred to throughout the guide, relates to an organisation called MillRace IT. This is a real example as opposed to our worked example of Wheels-to-Meals. The example below shows you what a stakeholder list looks like.

Example: Listing stakeholders for MillRace IT
MillRace IT is a social firm offering supported volunteering and employment to people with mental health problems. At MillRace IT, computers are refurbished and distributed to new users, or serve as educational parts for the training programme.

Each year, some participants from MillRace IT move forward into employment after training. However, due to the nature of its core client base, some participants may never enter mainstream employment. In these cases, the goal is to provide a long-term volunteer opportunity, where clients are able to contribute and be productive in a supportive work environment. By spending time at MillRace IT, participants can avoid a relapse in their condition and extend their recovery.

MillRace IT is a former project of InterAct, another mental health charity, and the two organisations still work together. MillRace IT also has a commercial partnership with RDC, a private sector computer-recycling firm.

Here is a list of all those who affect or are affected by MillRace IT:

- Employees
- Individual customers who purchase recycled IT equipment
- Organisations which purchase IT services
- Members of the local community
- Project participants – people recovering from mental ill health
- The family members of project participants
- Local mental health care system
- InterAct, as the founding organisation
- RDC, the commercial company that offers office space to MillRace IT
- Local government
- National Health Service
- UK taxpayers



Over to you: Draw up a list of your stakeholders

Deciding which stakeholders are relevant
You can see from the example above that the SROI process would quickly become unwieldy if you had to involve all possible stakeholders.

When deciding whether a stakeholder is relevant you need to think about what the outcomes may be for them. Which stakeholders are experiencing significant change as a result of your activities? In the next step you will be asking stakeholders about this from their perspective and this may mean you have to change your initial decision about the outcomes. However, at this stage you need an initial, broad understanding of stakeholder outcomes.

There is a tendency to focus on the positive outcomes that were intended (or expected) by your stakeholders, particularly if you focus only on your organisational aims or objectives, which do not usually identify unexpected or negative changes. However, intended and unintended outcomes and positive and negative outcomes are all relevant to SROI.

Some **unintended outcomes can be positive**. For example, a local economic development initiative undertook an evaluative SROI analysis and found that there had been a number of positive outcomes beyond getting a job. Those with children said they were now able to be better parents because getting a job had improved their general mental health and wellbeing. In some cases, unintended benefits can be more important to stakeholders than those that were intended.

However, **some unintended outcomes can be negative**. For example, a London-based charity flies young people from disadvantaged homes to Greece during the summer holidays, to give those children an educational experience and a holiday. Alongside the many positive outcomes for the young people, there is also an unintended negative consequence of carbon emissions from the flights. Including the carbon emissions simply makes the trade-off visible and might encourage ideas on how they achieve their objectives in a less carbon-intensive way.

One type of unintended change happens when your activity displaces someone else's activity. For example, reducing crime in one area may displace criminal activity to another area. In this case, the residents of the neighbouring area should be included as stakeholders. This may mean you need to reconsider your scope.

Top Tip: Unintended consequences and forecasting
If you are forecasting your return it may be more difficult for you and your stakeholders to assess possible unintended consequences. However, you may be able to use other people's previous experience of similar activities to identify unintended outcomes.

The example below continues with MillRace IT to show which stakeholders were included in the analysis and which were excluded. You will see that a reason is given for each decision, often based on a broad understanding of the outcomes for that stakeholder.

Example: Selecting material stakeholders at MillRace IT	
Key stakeholders	**Reason for inclusion**
Employees	Those employed would not otherwise be employed. This is a significant change to their lives
Project participants – people recovering from mental ill health	Primary beneficiaries who are likely to be experiencing significant outcomes if intervention is successful
The family members of project participants	Improvement in mental health of participants is likely to have a significant impact on families who may have previously had significant caring responsibilities
Local government in Essex	The computer recycling may reduce landfill charges for the local authority and help to meet environmental targets
National government (NHS and Department of Work and Pensions)	Savings in health spending if mental and physical health improves. Potential for reductions in benefit payments and increased state income from taxes where employment is increased
Excluded stakeholders	**Reason for exclusion**
Board members	No significant changes to board members were identified
Individual customers who purchase recycled IT equipment	Could buy computers elsewhere
Organisations that purchase IT services	Could buy services elsewhere
Members of the local community	Benefit likely to be too diffuse to measure in this analysis and difficulties in determining who would properly represent stakeholders in the community
Local mental health care system	Savings already captured by the national government (see above)

Make sure stakeholder outcomes link to your activities
Be careful that the stakeholders you have included experience change that is related to the activity in your scope. A common mistake is to include stakeholders that are relevant to the organisation but not to the activities set out in the scope. For example, if you are doing an SROI analysis of one project, be careful not to include stakeholders whose outcomes are achieved as a result of another project.

Make sure your choice of groups of stakeholders doesn't hide significant differences
When stakeholder groups are identified it is often assumed that they share enough common characteristics to form one group, for example 'local residents' or 'participants' or 'young people'. Yet members of these groups may experience and want different outcomes depending on their age, income or some other factor. If you think these differences are likely to be significant, split your stakeholders into subgroups.

Occasionally, you may find that past experiences have a major effect on whether participants achieve a particular outcome. For example, for an organisation working with young people, those who have previously had support from another organisation may do better when they work with you. Splitting them into subgroups now may help you sort out how much of the outcome was due to your intervention.

Over to you: Determining which stakeholders to include
Set up a table like the one below. Put all the stakeholders from your initial list in the first column, together with your initial assessment of how they affect or are affected by the activity, including positive and negative effects. Next decide which of the stakeholders experience significant change and are 'material' to the SROI analysis. Give your decision and a reason in the third column. Leave the remaining three columns blank until the next step.

Stakeholder and how they affect or are affected by the activity	What we think happens to them, positive and negative	Included/ excluded?	Method of involvement	How many?	When?

1.3 Deciding how to involve stakeholders

This section introduces you to methods of involving stakeholders. So far you have based your assessment of stakeholders and change on your own knowledge and experience.

As well as helping you find out what really matters to your stakeholders, involving them can help you to understand more about strengths and weaknesses of the activities you are analysing and may provide useful information that can help your organisation improve.

Methods for involving stakeholders
Collecting information from stakeholders can be as simple as phoning someone or as complex as holding a facilitated focus group session. When gathering information from participants, ask staff that work with them about the best way of engaging them. Here is a list of possible methods for involving stakeholders:

- Get stakeholders together in one place and ask them directly;
- Try a workshop format, with informal discussions and a flipchart to record responses;
- Have stakeholders complete a form during a regularly scheduled meeting – for example, an annual general meeting of an organisation, or other set gathering;
- Ring representatives from key stakeholder groups and ask them;
- Email a short form to representatives from key stakeholder groups;
- Have a social event and ask staff members to walk around and speak to stakeholders;
- One-to-one interviews.

Ideally, you should collect information directly from stakeholders. However, lack of time or resources may mean that some information has to come from existing research with your stakeholders. Where possible these existing sources should themselves be based on asking your stakeholders. Also, there may be stakeholders you cannot involve – future generations, for example. In this case you need to identify people to speak on their behalf.

Top Tip: Be practical about involving stakeholders
It is particularly important to be sensitive to the amount of time and resources stakeholders can give to this process, whether they are staff, funders, or participants. Think about each stakeholder's inputs, outputs and outcomes before meetings to ensure that time is used as efficiently as possible. If it is likely that you will have to speak to them again to collect more data for your analysis, make sure that you tell them this so they know what to expect.

Think about ways in which people already gather, for example public meetings or training sessions, and see if you can make use of any of these. Also, where you are asking people to give a significant amount of time to the process with no obvious benefit to them, consider providing incentives such as lunch, travel expenses or vouchers to encourage attendance.

How much involvement?
At this initial stage you do not have to worry about getting a large sample that is statistically representative. You can stop doing new research when you no longer 'hear' new things and so can reasonably expect to have heard the main points. This approach is commonly used in social research and is called 'saturation'.

Using time effectively
Involving your stakeholders need not be onerous or time-consuming and is often a way of checking and refining your work.[1] However, you can limit time spent on this by being creative.

By planning ahead you may be able to use your time (and that of your stakeholders) effectively by collecting data for several stages at once. So don't feel that you have to keep going back to your stakeholders.

For forecast SROI analyses you can often collect the information needed for stages 2, 3 and 4 in one session.

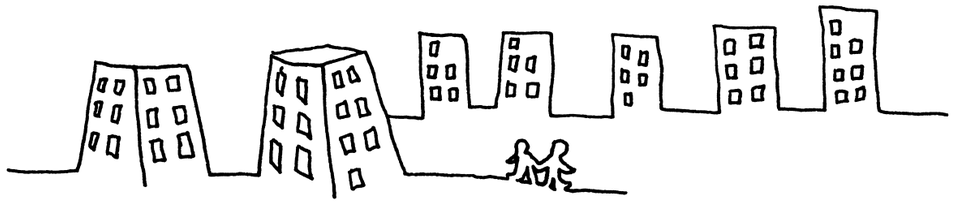
For evaluative SROI analyses you can collect information for stages 2 and 3.1 in one session – although you will need to collect the information in stage 3.2 as a separate exercise. As a result you may be able to collect the information you need for the remainder of stages 3 and 4 either in the first session or at the same time as you collect the information for stage 3.2.

Regardless of the type of SROI analysis, you will also need to engage with your stakeholders for stage 6.



Over to you: Planning for involving stakeholders
Now that key stakeholders have been identified, fill in the next three columns of the plan for involving stakeholders that you started in section 1.2. Put in the details of how you will involve them, how many you will involve and when. This plan will be summarised and form part of your report.

1 In HM Treasury's *Green Book* the principle of proportionality states that the amount of time spent on analysis should be proportionate to the amount being spent on the activity overall.



Stage 2:
Mapping outcomes



In this section we build an Impact Map informed by our engagement with stakeholders. This details how the activities you are analysing use certain resources (inputs) to deliver activities (measured as outputs) which result in outcomes for stakeholders. The Impact Map is central to the SROI analysis. Sometimes this relationship between inputs, outputs and outcomes is called a 'theory of change' or a logic model – or the story of how your intervention makes a difference in the world. You will gain the information from your stakeholders using the plan you established in the previous stage. By involving stakeholders in constructing the Impact Map you ensure that the outcomes that matter to those who are directly affected will get measured and valued.

There are five steps when filling out an Impact Map:

2.1 Starting on the Impact Map
2.2 Identifying inputs
2.3 Valuing inputs
2.4 Clarifying outputs
2.5 Describing outcomes

2.1 Starting on the Impact Map

A loose Impact Map has been included with the printed version of this guide. You can work with this or you could set up your own using Microsoft's Excel or Word software. A pdf of the Impact Map is also available at www.thesroinetwork.org.

The top section of the Impact Map is for information on your organisation and the scope of the analysis from your project plan. Below this, the first two columns of the bottom section ('stakeholders' and 'intended or unintended changes') are based on the stakeholder analysis completed in step 1.3. The last column on the Impact Map is for you to record things you need to do at a later point as you go along. Throughout this stage, the rest of the Impact Map is filled in step by step. We illustrate each step using the worked example.

Top Tip: Impact Maps
If this is the first time you have done an Impact Map it may be easier to work through all the exercises for inputs, outputs and outcomes in relation to one stakeholder and then repeat this for the next stakeholder.

The worked example – starting the Impact Map
Wheels-to-Meals' first step was to complete the top section of the Impact Map with scope and other details, as follows (to view in full, see pages 102 and 103):

Social Return on Investment – The Impact Map for the worked example		
Organisation	Wheels-to-Meals	
Objectives	Provide luncheon club for 30 elderly local residents with additional health and social benefits by bringing residents to meals	
Scope	Activity	30 places for eligible elderly and/or disabled local residents 5 days a week, 50 weeks of the year
	Contract/Funding/Part of organisation	Local Authority Grant

The second step was to fill out the first two columns. Look at the Impact Map for Wheels-to-Meals on page 102: the orange section shows you how these columns have been completed.

Wheels-to-Meals considered the stakeholders that have an effect on its activity and on whom the activity has an effect. However, it decided not to include them all. For example, the local primary care trust could have been a stakeholder but was not included because a number of other significant stakeholders had been identified and there were insufficient resources to analyse more stakeholders for a relatively small activity.

Over to you: Starting on the Impact Map
Fill in the top section and first two columns of your Impact Map.

2.2 Identifying inputs

The inputs column is the next one to fill in on your Impact Map. The investment, in SROI, refers to the financial value of the inputs. You need to able to identify what stakeholders are contributing in order to make the activity possible – these are their inputs. Inputs are used up in the course of the activity – money or time, for example.

The value of the financial inputs, especially for a single grant or a contract, is usually easy to establish, although it is important that you include the full cost of delivering the services. In some situations there are other contributions being made, including non-cash items, which need to be valued. Further information on valuing non-cash inputs is available in the Resources section (see index on page 81).

Where you are analysing the social value generated by an activity that is financed from several sources, some initial analysis of the costs of these activities is required and there is specific guidance on this in the Resources section (see index on page 81).

Beware of double counting inputs
Be careful that all the inputs you record are used in delivering the activity. Your organisation may not use all the funding for an activity; this 'surplus' relates to the amount of the finance that was not necessary for the activity to happen. If there is a surplus then a different treatment is required: either you should include the additional social value that would be generated if you spent the surplus, or you should reduce the value of the input by the amount of the surplus.

2.3 Valuing inputs

When filling out your Impact Map you may have identified non-monetised inputs; these are inputs other than the financial investment, like volunteer time. If the activity would not go ahead to the same extent without these inputs, then you will want to put a value on them. This will ensure that you are transparent about the full cost of delivering your service. This section is for those that want to give a value to their non-monetised inputs.

Two main types of non-monetised inputs are generally relevant in SROI: volunteer time and contributions of goods and services in kind. Valuing volunteer time can be more difficult.

The hours given by volunteers are often given a value equivalent to the average hourly rate for the type of work they are doing. For example, if an administration volunteer does 5 hours a week in an area where administration work is paid on average £5 per hour, their weekly input would be £25. This value is given regardless of whether any

money is paid to the volunteer; it simply gives the input a value that can be added up with other inputs.

Volunteer inputs can also include an allocation of the overheads that would be incurred if the person was employed. This would cover National Insurance and pension contributions and also the costs of desk space, electricity, and so on.

The current convention in SROI is that the time spent by the beneficiaries on a programme is not given a financial value.[2]

Forecasting SROI
If you are forecasting your social return, the quantity of inputs that will be required will be an estimate based on a mix of:

- your experience;
- data from previous years' activity – if you have it; and/or
- research based on other people's experience of the levels of inputs you may require.

Evaluating SROI
If you are evaluating your social return, you will want to obtain the information from your organisation's management systems, such as records of how many hours or days your volunteers contributed. If this is not available, then you can use an estimate for now and this will be an action point for the future.

The worked example – inputs
Look at the Impact Map for Wheels-to-Meals on page 102: the pink section shows you how the column for inputs has been completed.

The material inputs for the scope and stakeholders are primarily time and money. In this example volunteer time is valued at £6/hr – an estimate of minimum wage for 2010 (the end of the period of the forecast). There are different ways of valuing volunteer time depending on the work being done by the volunteers. In this case, the value used is in line with volunteering England's (www.volunteering.org.uk) figure for a kitchen and catering assistant.

Over to you: Inputs
Once you have asked your stakeholders about inputs, fill in the inputs column on your impact map. Where required, try to attach a value.

2.4 Clarifying outputs

Outputs are a quantitative summary of an activity. For example, the activity is 'we provide training' and the output is 'we trained 50 people to NVQ level 3'. You can work through your list of stakeholders, describing the outputs from the activity.

2 This is currently under discussion within the SROI Network.

Sometimes the same output is repeated for several stakeholders, which are included in SROI at this stage because they form part of the theory of change. They will not be counted in the calculation, so there is no risk of double counting. In situations where stakeholders are contributing their time, the output – a number of hours – may be described in the same way as the inputs: a number of hours.

The worked example – outputs
Look at the Impact Map for Wheels-to-Meals on page 102: the pink section shows you how the column for outputs has been completed.

The activity, in this example, is the same for all stakeholders – the luncheon club. However, it needed to be broken down into outputs. So, 'luncheon club' is an important part of the story and context, but the impact map also quantifies the outputs: group activities, transport and meals.

Over to you: Outputs
Once you have asked your stakeholders about outputs, fill in the outputs column on your Impact Map.

2.5 Describing outcomes

Outcomes for stakeholders
SROI is an outcomes-based measurement tool, as measuring outcomes is the only way you can be sure that changes for stakeholders are taking place. Be careful not to confuse outputs with outcomes. For example, if a training programme aims to get people into jobs then completion of the training itself is an output, getting the job is an outcome. Identifying outcomes is not always immediately intuitive, be sure to spend sufficient time getting to grips with the theory of change to ensure that you are measuring the right things.

You have already set out your view of the intended or unintended outcomes that you expect. Now you need to check with your stakeholders to see if this view was correct. They may describe the effects differently to you, perhaps even in surprising ways. You may find that you need to include a new stakeholder. For this reason, the outcomes description column can only be completed after talking to your stakeholders. It can help identify outcomes if you ask stakeholders some questions. For example: 'How would you describe how your life has changed?; 'What do you do differently now?'.

Remember that this symbol appears throughout the guide but that you may be able to collect information from stakeholders relating to several stages at the same time (see page 26).

Relate outcomes to the right stakeholder
Don't write down outcomes against one stakeholder that relate to changes that happened to another stakeholder. For example, if in step 1.3 you recorded

the 'increased integration of refugees' as an intended change for your funder, you need to recognise that this is really an outcome for refugees. If this is also recorded as an outcome against the funder it would be double counting. Sometimes, although a stakeholder contributes to the activity, they are not significantly changed by it.

In cases where the state is the funder there may be changes to society which you could include. In the above example, integration of refugees may reduce benefit payments which can then be included as a change for the state.

Making a judgement on outcomes
In deciding on outcomes, you should consider other factors, such as the organisation's objectives, as well as the views of your stakeholders. Stakeholders' views are critical but they are not the only factors in deciding which outcomes are significant. SROI is described as stakeholder-informed, rather than stakeholder-led, to recognise this.

This has some practical implications. For example, a substance user may express a desire to continue using. In these cases you may decide not to include the desired outcomes of one of your stakeholders as they conflict with your organisation's own intended outcomes and values.

Top Tip: Soft and hard outcomes
People sometimes use the terms 'soft' outcomes and 'hard' outcomes – the latter being outcomes that are easier to measure or subject to more established means of measurement. It is better to avoid this categorisation because if a 'soft outcome' is significant to the stakeholders it will need to be included in your SROI analysis, so it will be necessary to find a way to measure it.

Intermediate outcomes, or distance travelled
Sometimes it takes years for outcomes to take place – for example, slowing the rate of climate change – but there may be observable changes along the way. You may have heard this described as distance travelled, intermediate outcomes, or a chain of events. It is important to establish what this chain of events is, not least because your activity may only bring about some changes in the chain.

When a new outcome is identified by stakeholders or by your assessment of other factors, you will need to decide whether it is an entirely new outcome, or in fact part of an existing chain of events.

The worked example – describing outcomes
Look at the Impact Map for Wheels-to-Meals on page 102, the pink section shows you how the column for describing outcomes has been completed.

When the initial analysis was undertaken, one of the assumptions was that residents would be healthier. However, during initial discussions with stakeholders, it soon became clear that for many residents this was not where the story ended. As a result of exercise sessions, residents were fitter. This resulted in a reduction in falls. Several residents said things like, "Well, I don't end up in hospital as much for a start!" when they were asked what they thought happened to them as a result of coming to the luncheon club. This outcome had not been identified as significant before but it appeared to be an important part of the story for many of this stakeholder group.

To understand this, Wheels-to-Meals considered the 'chain of events' that was occurring as a result of the outputs. So, for this example of fewer falls, the chain of events was:

Activity	Example output	Outcome 1	Outcome 2	Outcome 3
Luncheon club	group activities, including exercise sessions	as a result residents were fitter	as a result they fell less	as a result they ended up in hospital less

These three outcomes are all describing different stages of one change.
The activity and output(s) are summarised together in the outputs column.
The outcomes are summarised together in the outcomes description column.

By involving stakeholders, Wheels-to-Meals also identified an important unintended negative outcome – by coming to the luncheon club, some residents were no longer being supported by neighbours who had been popping in and doing shopping for them. Neighbours were a new stakeholder group, so a new row was included in the Impact Map and inputs, outputs and outcomes for this group were recorded.

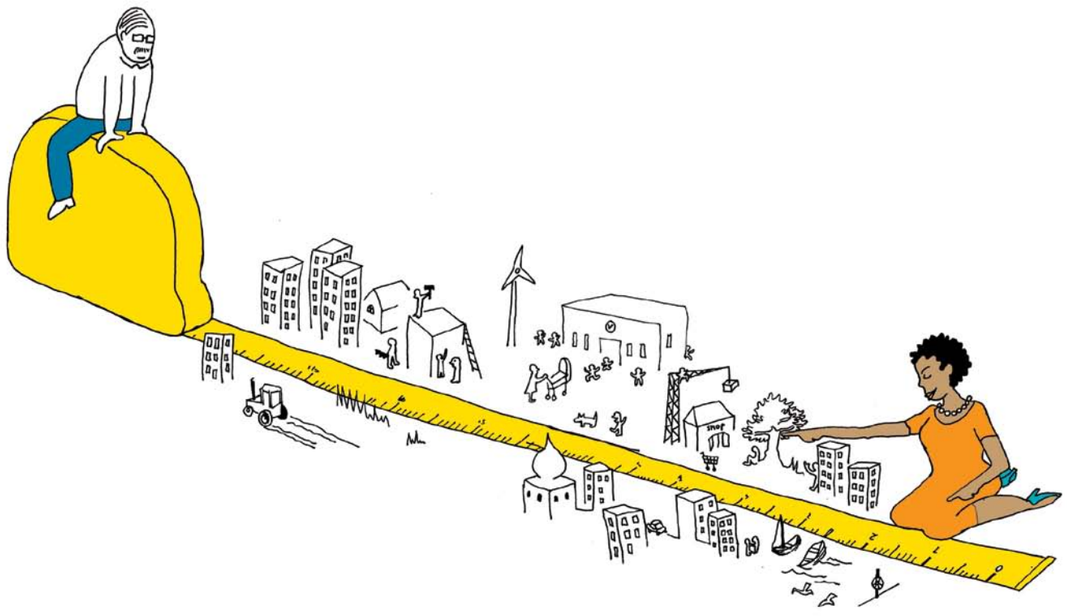
In exploring a chain of events, you may notice that there are different chains for different groups of people within a single stakeholder group. Where this happens you may feel that the differences are significant and you may need to split a stakeholder group into one or more groups, each with a different chain.

Over to you: Finalising what to measure
Once you have asked your stakeholders about outcomes and considered other factors, fill in the outcomes column on your impact map. This chain of events is often described as a theory of change. You can write up the theory of change for each stakeholder and the relationship to the activity covered in your scope. This will form part of your report.

This is also a useful point at which to check your Impact Map to make sure you have only included material outcomes and make any appropriate revisions. Check that you aren't missing anything significant or including something that is not relevant. Take a moment to look at your Impact Map and decide what you will finally include before moving on to measurement. If you make a decision to exclude any outcomes, make sure you document this, and the reasons why, in your SROI report.

Stage 3:
Evidencing outcomes and giving them a value





So far you have mapped out and described the outcomes that are occurring for stakeholders. In this step, we develop outcome indicators and use these to collect evidence on the outcome that is occurring.

There are four steps in stage 3:

3.1 Developing outcome indicators
3.2 Collecting outcomes data
3.3 Establishing how long outcomes last
3.4 Putting a value on the outcome

Stage 3

3.1 Developing outcome indicators

Indicators are ways of knowing that change has happened. In SROI they are applied to outcomes as these are the measures of change that we are interested in.
The next stage in developing the impact map is to clarify one or more indicators for each of the outcomes on your map. You will need indicators that can tell you both whether the outcome has occurred, and by how much.



Time to involve your stakeholders
Stakeholders are often the best people to help you identify indicators, so ask them how they know that change has happened for them.

For example, if the outcome was an increase in self-confidence, ask the people whose self-confidence is increased what they now do as a result, or ask them to tell you what they mean by self-confidence. In this way you are more likely to get to something that you can measure. They might say: "Before [the activity] I would never go out, but now I get the bus into town to meet my friends." In this example the indicator of self-confidence could be whether people go out more or spend more time with other people.



Balancing subjective and objective indicators
Sometimes you need to use more than one indicator. Try to mix subjective (or self-reported) and objective indicators that complement each other. There are risks of relying on self-reporting measures that can be offset by supporting them with objective indicators. Check your indicators with your stakeholders. For example, frequency of use of GP services is commonly used to measure health outcomes but could be either positive or negative depending on the circumstances (eg increased use of GP services is often a positive outcome for homeless people who are less likely to present with health problems when they arise).

The example below is for a mental health day service.

Example: Choosing indicators	
Outcome	Indicator
Reduced social isolation	• Whether participants are taking part in new activities (eg taking up new sports or hobbies, visiting new places) • Whether participants report having more friends • Level of social skills reported by participants • Whether participants are accessing relevant public services that they had not used in the past, like public transport
Decreased stigmatisation of people with mental health problems	• Number of activities participants are involved in outside the mental health services • Number of incidents of discrimination reported by participants • Involvement of local community in organisation's activities • Change in attitudes within the local community

The worked example – indicators
Look at the Impact Map for Wheels-to-Meals on page 103: the blue section shows you how the columns for indicators has been completed.

The indicators for some outcomes were quite straightforward. For example, the outcome 'fewer hospital admissions' has a simple indicator: number of hospital admissions.

In other cases – healthier residents, for example – indicators needed to be identified to measure the outcome described. In this case, Wheels-to-Meals chose an objective indicator ('fewer GP visits') and a subjective indicator ('number of residents reporting improved health'). The subjective and objective indicators support each other.

Checking your indicators
Now that you have indicators that are relevant to the stakeholder and scope, you need to check that they are not only measurable but that you will be able to measure them within the scope and the resources you have set.

If you are completing a forecast SROI report you need to check that you could reasonably measure your indicators in future. If you are doing an evaluative SROI analysis, you need to check the cost of collecting information about outcomes that have happened, if the information is not available. This can be expensive as it can involve surveys of people who are no longer involved with your organisation. If, for example, a survey is not possible, one of the recommendations is likely to be to change the way you capture information in future.

Sometimes your stakeholder will only achieve the outcome they seek later on, when they are no longer working with you. You will need to maintain contact with your stakeholders to make sure you capture this and that you therefore have indicators that are relevant to your stakeholders. This can be done through postal and telephone surveys and can be limited to a representative sample. You may need to provide a financial incentive for your stakeholders to respond.



Measure what matters
A common mistake here is to misinterpret what we mean by measurable. A basic principle of SROI is to measure and value the things that matter. Measurability means expressing the outcome indicator in terms that are measurable, rather than finding an indicator that is easy to measure.

Avoid the trap of using inappropriate indicators just because they are readily available. If the outcome is important you will need to find a way to measure it.

Stage 3

Top Tip: Knowing the numbers
In an Impact Map, indicators are often expressed using terms like 'more', 'fewer', 'less' or 'increased' – such as 'a 20% decrease in school exclusions'. Strictly speaking the indicator is 'number of exclusions'. In order to know whether the number of exclusions has changed you will need to know the actual numbers of exclusions before and after the activity.

Over to you: Choosing indicators
Return to your Impact Map. For each outcome, choose indicators that will tell you whether the outcome has occurred, and to what extent. Try to think of more than one indicator per outcome to strengthen your findings and help you be sure that the outcome has occurred.

3.2 Collecting outcomes data

You will now need to collect data on your indicators. This may be available from existing sources (internal or external) or you may need to collect new data.

If you are doing a forecast SROI analysis, use existing data where available. If you have delivered this activity before, you can base your estimation on your own previous experience. If this is the first time you have undertaken the activity, then your estimate will be based on research or other people's experience in similar activities. Look at information from:

- Membership organisations, government departments, market research firms, consulting companies, partner organisations; and
- Published research from universities, government departments and research organisations.

As part of your forecast SROI analysis, it is important to change the way you collect data so that you have the right information in place to carry out an evaluative SROI study at a later date. Think about ways that you can incorporate this into everyday activities to make it as cost-effective as possible. For example, a childcare intervention could engage with parents at regular intervals as they collect their children and record outcomes that way.

If you are doing an evaluative SROI analysis, use and review the data the organisation already collects and what is available from other sources. It is more time-consuming and costly to gather data about impact after the event, and existing data and self-reported change may have to suffice.

New data will usually come from people directly involved in the creation of social value – project participants or employees, for example – and will be gathered by your organisation. You may be able to get another organisation, like the local authority, to agree to let you include questions in a standard questionnaire that it would administer.

The most commonly used techniques for primary data collection include:

- One-to-one interviews
- Record keeping (such as case files)
- Focus groups
- Workshops and seminars
- Questionnaires (face-to-face, over the phone, in the post, on the Internet).

A common question is how big the sample of your clients should be. There is no hard and fast rule here. If you work with twenty young people, you should try and speak to all of them. If you work with thousands of people, you should use a representative sample and statistical tests to support your arguments. If this is not feasible it is recommended that you choose a sample size that you feel is defensible and within your budget. See the sources of further information in the Resources section (page 80) for help in calculating sample sizes and for drawing conclusions from samples.

Finding relevant data can be difficult, so use the best available information or make assumptions or estimates. Do not worry about not being able to collect every piece of data. You may even conclude that it would be best to go back to Stage 1 and redefine your scope until more resources are available and organisational priorities permit. Remember that in order to be transparent you will need to explain what you have used. The table below gives you some examples of collecting outcomes data for a community-based employment-mentoring programme.

Stakeholder	Outcome	Indicator	Data Collection
Unemployed person	Gains and maintains employment	Whether in work after 12 months	Annual postal survey of stakeholders and telephone follow up
Participant with physical disability	Reduced social isolation	Frequency of social contact with friends	Gathered systematically at six month review between client and worker
Young person	Improved behaviour	Number and type of school exclusions	Report by teacher
Local authority	Increase in recycling	Amount of waste going to landfill	Monitoring of change in amount of waste
Local community	Reduced fear of crime	Number of local people who report feeling safer	Home Office crime mapping tool

Top Tip: Tap into innovation on outcomes measurement
Sometimes you will find that there is an indicator but there is currently no way of measuring it and new methods need to be developed[1]. It was once commonly thought that confidence, self-esteem and other experiential outcomes could not be measured. However, there are many techniques for measuring a range of wellbeing outcomes that are now widely accepted by government and charities.
Look into what is already being done in this area that could be used or adapted for your purposes, or consider how you can work with others to develop new ways of measuring outcomes.

Local Multiplier (LM3) is an example of a tool that was developed by **nef** in order to measure local money flows. See www.procurementcupboard.org for more information. A tool called the Outcomes Star has been developed to assist homelessness charities to capture the distance travelled by their clients. This is a good example of how you can measure progress towards an outcome. You can find more information about the Outcomes Star at www.homelessoutcomes.org.uk

Worked example – source and quantity of indicators
Look at the Impact Map for Wheels-to-Meals on page 103: the blue section shows you the source and quantity of the indicators.

Do not double count outcomes
When you are dealing with a chain of events, be careful not to double count. For example: ten people want to gain work through training and all ten gain qualifications. But only five gain work. When you come to value the outcome for the five that gained work, valuing both the qualification and the employment will double count the value of the training.

Another situation where there is a risk of double counting is when looking at savings to the state. For example, an SROI study might include the financial saving to the state of reducing homelessness. However, such calculations can include savings to the NHS on healthcare. You shouldn't then separately include the savings to the NHS as it would be double counting. But remember this is subtle. For example, if a disabled person gets a job, benefits might accrue to them (expressed in part through income), to their carer (respite), and to the state (tax and benefits). Counting all three is not considered double counting in SROI because the value is experienced separately by all three stakeholders.

To distinguish between the two, ask yourself: am I counting the same value, for the same stakeholder, twice?

1 Go to www.thesroinetwork.org for information on the indicator database.

Over to you: Outcomes data collection
Complete the column on the Impact Map for sources of information. Once you've collected your data, fill in the 'quantity' column.
Don't forget that you are communicating to different audiences and may need a number of different types of information. Almost always it will help people understand what you do and explain how you create change if you can record short case studies of one or two people or organisations in each stakeholder group. These would form part of a full SROI report. You should now have enough information to be able to prepare these.

3.3 Establishing how long outcomes last

The effect of some outcomes will last longer than others. Some outcomes depend on the activity continuing and some do not. For example, in helping someone to start a business it is reasonable to expect the business to last for some time after your intervention. Conversely, providing a service so that people do not visit their GP so often may depend on the service being available all the time.

Where you believe that the outcome will last after the activity has stopped, then it will also continue to generate value. The timescale used is generally the number of years you expect the benefit to endure after your intervention. This is referred to as the duration of the outcome or the benefit period.

You will need an estimate of the duration of each of your outcomes. Ideally this would be determined by asking people how long an intervention lasted for them – this will give you evidence of the duration. However, if information is not available on the durability of different outcomes, you can use other research for a similar group to predict the benefit period, such as the likelihood that ex-offenders will begin offending again, or that people in employment will lose their jobs. Look for research to support your decision. It is important to use data that is as close as possible to the intervention in question so as not to inappropriately generalise. This is an area where there can be a tendency to overstate your case and lose credibility.

Sometimes the duration of the outcome is just one year and it only lasts while the intervention is occurring. In other instances it might be 10 or even 15 years. For example, a parenting intervention with children from deprived areas may potentially have effects that last into adulthood. You will need to have longitudinal data to support the duration of the outcome and should consider how you might start to collect this (if you are not already doing so). If you don't have this information you will need to make a case based on other research. The longer the duration, the more likely it is that the outcome will be affected by other factors, and the less credible your claim that the outcome is down to you. This is addressed by looking at the rate at which the outcome drops off and is considered in Step 4.4.

Beneficiaries	Duration	Rationale
Participants on a year-long IT training programme that go on to get related employment	4–5 years	The move into successful employment could set participants on a career path. Although they might stay on this for some time (eg 15 years), the period is kept to 4-5 years as increasingly the effect of the training will wear off and their work experience will become more important
Carers that get brief respite (1 week)	Up to 1 year	Respite care needs to be regular in order to sustain the benefits
Children that get a preschool intervention.	10–15 years	Evidence from some other early interventions with children suggests that the benefit can be long lasting, setting children on a different path
Businesses that get support with cheap workspace	3–4 years	The support could set up businesses that last for much longer than 3-4 years. However, it is likely that after the initial set up other factors (eg the general economic climate) will become more important
Participants that get better-quality wheelchairs	2 years	The benefit of the new wheelchair will depreciate much like other assets

Duration and life expectancy are different
In the case of capital projects it is important to recognise the difference between the duration of the benefit and the life expectancy of the asset. For example, a new building may last 20 years and in each year create benefits which last several years. There is a note in the Resources section on using SROI with capital projects.

Keep a record of the rationale you used for determining the benefit period for each outcome. This will need to go into your SROI report.

To date, the convention in SROI has been to account for outcomes from the time period after the activity, even if they occur during the activity.[2]

The worked example – duration
Look at the Impact Map for Wheels-to-Meals on page 103: the blue section shows you how the column for the duration of the outcome has been completed.

For Wheels-to-Meals, most of the benefit occurs during the activity and would not be sustained if the luncheon club ceased to operate. However, in line with convention, this is accounted for as if it happened in the period after the activity. We will consider two examples: fewer falls as a result of the mild exercise and fewer GP visits as a result of the practice nurse sessions.

- Fewer falls
  The activities were designed to maintain and improve general wellbeing in older and less mobile people. We have assumed that residents would not have mild exercise sessions without coming to the luncheon club and so, for our impact map, residents will stop having these sessions at the end of the year and the benefit will not endure. The duration is one year.
- Fewer GP visits
  Here, the change is due to increased awareness of health issues and contributing factors. Residents are given knowledge. When they stop having the practice nurse sessions at the luncheon club they do not lose the knowledge. They might use it less as time goes on (the effect of which on our analysis is picked up later in "drop-off"), but the change is not reversed. So the benefit endures beyond the activity. We have estimated the duration to be 5 years.

Over to you: Duration of outcomes
Complete the 'Duration' column on your Impact Map.

3.4 Putting a value on the outcome

Now that you have quantities of each outcome indicator the next step is to give each outcome a financial value. Remember that you are identifying a value for the outcome and not the indicator. You will then be able to complete the columns on the impact map relating to financial proxies, their value and their sources.

What is valuation?
This process of valuation is often referred to as monetisation because we assign a monetary value to things that do not have a market price. All the prices that we use in our day-to-day lives are approximations – 'proxies' – for the value that the buyer and the seller gain and lose in the transaction. The value that we get will be different for different people in different situations.

For some things, like a pint of milk, there is considerable agreement on and consistency in the price. For other things, such as a house, there is likely to be a wider spread of possible prices. For others – a new product that has never been sold before, for example – there may be no comparison.

All value is, in the end, subjective. Markets have developed, in large part, to mediate between people's different subjective perceptions of what things are worth. In some cases this is more obvious than in others. But even where prices are stable and have the semblance of 'objective' or 'true' value, this is not really the case.

2 This is a simplification of the approach used in HM Treasury's *Green Book*, where the outcomes are accounted for in the time period they arise. There is a risk that the simplification used in SROI will distort the calculation of social value in some situations. Although SROI uses this simplification, it is perfectly possible to calculate the SROI based on the time periods in which the outcomes occur, in which case it is important to state that this is what has been done.

If we take the house example again, how much it is worth depends who we are referring to. If you are selling a house, you will have a sense of what you are prepared to accept for it – how much value it has for you. If I am thinking of buying your house, I have my own view of what I am prepared to pay – how much value it has for me. What the market does – in fact, what it is effectively for – is to bring together people whose valuations happen to coincide. This 'coincidence' is called 'price discovery' – but it is not uncovering any 'true' or 'fundamental' value, rather it is matching people who (broadly) agree on what something is worth.

Arriving at an estimate of social value is the same as this in almost every way. The difference is that goods are not traded in the market and so there is no process of 'price discovery'. This does not mean, however, that these social 'goods' do not have a value to people. If I want to buy a house but there are no sellers, this does not mean that it does not have a value to me or that I don't have an idea of what this is. Similarly, if a local authority creates a park for residents, where I can go, this too has a value to me. The fact that I have not had to pay for this does not negate this fact.

In SROI we use financial proxies to estimate the social value of non-traded goods to different stakeholders. Just as two people may disagree on the value of a traded good (and so decide not to trade), different stakeholders will have different perceptions of the value they get from different things. By estimating this value through the use of financial proxies, and combining these valuations, we arrive at an estimate of the total social value created by an intervention.

This is no different in principle to valuations on a stock market, which are simply a reflection of the cumulative subjective valuations of buyers and sellers. With SROI, however, the total valuation arrived at is likely to be more complete. Why? Because share prices only reflect the valuations of a very limited group of stakeholders (institutional and retail investors), while an SROI analysis, if done properly, captures the different types of value relating to an activity, intervention or organisation, as seen from the perspective of those that are affected – ie the stakeholders.

The process of valuation has a long tradition in environmental and health economics; SROI is building on the methodology and extending it to other fields. While it may seem initially daunting, it is relatively straightforward and gets easier with practice. As SROI becomes more widespread, monetisation will improve and there will be scope for pooling good financial proxies. Now we will take you through some guidance drawn from different disciplines for identifying proxies for each of these.

Proxies that are easy to source

Sometimes monetisation is a fairly straightforward process – where it relates to a cost saving, for example. This might be the case where you are interested in the value of improved health from the state's perspective; you may decide to use the cost of attending a GP clinic.

Sometimes this will not result in an actual cost saving because the scale of the intervention is too small to affect the cost in a significant way (see section on marginal costs, below) but it still has a value.

The flipside to cost savings is an increase in income. Rises in income for people through salary or for the state through tax increases are obvious examples. However, be careful of double counting here. For example, if an individual gets a job, they increase their income and the state receives increased taxes. In this case the increase in income should be recorded after deducting taxes.

The increase in income may also not be additional to either the person or the state. For the person the increased income may be offset by an increase in taxes or loss of benefits. For the state the increase in taxes will only result in an increase in government income if no one else loses work and the total level of employment increases. However, there may still be a value to the state of that person getting a job that should be included – perhaps because inequality has been reduced.

Remember we are talking about proxies here, as some of these outcomes will not result in actual financial savings. However, for some stakeholders, such as the funders, you may want to demonstrate cash savings. If you want to do this credibly you will need to approach it rigorously and should consult the guidance on marginal costs and displacement. The information you collect on costs will help you with this but it may require a separate calculation.

Proxies that are more challenging

SROI also gives values to things that are harder to value so are routinely left out of traditional economic appraisal. There are several techniques available.

In **Contingent valuation** we ask people directly how they value things. This approach assesses people's willingness to pay, or accept compensation, for a hypothetical thing. For example, you may ask people to value a decrease in aircraft noise in their town – their willingness to pay for it. Conversely, you may ask them how much compensation they would require to accept an increase in crime.

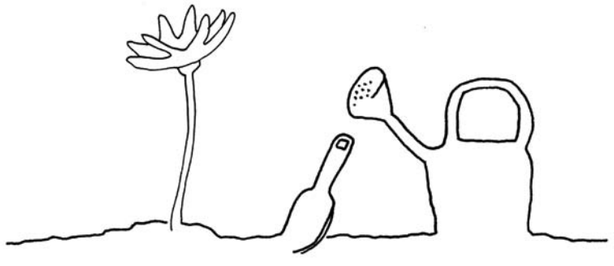
Revealed preference techniques infer valuations from the prices of related market-traded goods. One form of revealed preference builds up a value from the market values of constituent parts of the service or good being considered. This method could be used to value environmental amenities that affect the price of residential properties. For example, it can help us value clean air (and the cost of pollution) by estimating the premium placed on house prices in areas with clean air (or the discount on otherwise identical houses in polluted areas). Another example might be to look at wage differentials that people require to take on certain risks, to calculate how they value different aspects of their lives. This is called hedonic pricing.

Another approach recognises that people are generally willing to travel some distance to access goods and services on which they place a value. This inconvenience can be translated into money to derive the estimate of the benefits of those goods and services. This is called the **travel cost method**.

You can also look at **average household spending** on categories like 'leisure', 'health' or 'home improvement' to reveal how much people value these types of activity, relative to others. This type of data is often available from government surveys. In England, the Family Spending Survey can be a useful source.

When identifying proxies it is important to remember that we are not interested in whether money actually changes hands. It also doesn't matter whether or not the stakeholders in question could afford to buy something – they can still place a value on it. We assume that health has a similar value to people on any income. So, for example, you may want to use the average cost of health insurance as a proxy for improved health amongst children in care. The fact that those children would not be in a position to take out such insurance is beside the point – it gives generic guidance on how people value health.

There are problems with each of these techniques, and there are no hard and fast rules as to which you would use in given situations. We offer them to support you in deriving proxies. Nonetheless, this section requires creativity and research on your part, as well as consultation with your stakeholders to identify the most appropriate values. The following table gives examples of proxies that have been used in previous SROI analyses. For most outcomes we suggest a range of different possible proxies to help your own brainstorming.



Stakeholder	Outcome	Indicator	Possible Proxies
Person with mental health problem	Improvement in mental health	• Amount of time spent socialising • Extent to which participants engage in new activities • Level of use of mental health services	• Cost of membership of a social club/network • Percentage of income normally spent on leisure, • Cost of counselling sessions
Local community	Improved access to local services	•Take-up of those services, and by whom	• Savings in time and travel costs of being able to access services locally
Person with physical health problem	Improved physical health	• Number of visits to GP surgery • Extent of improvements in health (self-reported) • How often they exercise	• Cost of visiting private GP clinic • Cost of health insurance • Cost of gym membership
Care giver	Improved wellbeing	• Number of hours respite/ spent in leisure activities	•Value of hours spent engaged in these activities
The environ-ment	Less waste	• Amount of waste going to landfill • Level of carbon emissions	• Cost of landfill charges • Cost of CO2 emissions
Prisoners' families	Improved relationships with family and social ties	• Number of family visits • Satisfaction with family visits	• Cost and time spent on travel
Young people	Decrease in drug use	• Level of drug use	• Average amount spent by young people on drugs
Offenders	Reduced reoffending	• Frequency of offences for which participant is charged • Nature of offence	• Forgone wages due to time spent in prison or doing community service
Care leaver	Reduced homeless-ness	• Access housing upon leaving care • Satisfaction with appropriateness of housing	• Rent • Cost of hostel accommodation
Woman offender	Improved family relationship	• Child continues living in the family home	• Amount that parents spend on their children annually •Value of time spent with children • Cost of childcare
Local community	Improved perception of the local area	• Residents report improvements in local area	• Change in property prices • Amount spent on home improvements

Stage 3

Identifying your financial proxies
Your stakeholders will be a good starting point for finding your proxies because only they know what it is they value and so know best how this might be captured.

While they may not be able to identify a tangible value, they can guide you as to what the change is worth to them.

As you check the proxy with stakeholders and see increasing agreement, the proxy may gain credibility. Where there is disagreement on values it is possible that the outcomes need to be expressed differently, otherwise it may be necessary to use average values. Often you can find academic articles or other research that has already assigned a monetary value to the outcome you are interested in. You'll still need to check that it is appropriate to your case.

Information on unit costs may be available from:

- websites maintained by the stakeholder who might gain from the cost saving (eg government departments like the Department for Work and Pensions);
- research into costs by government or independent bodies. The Personal Social Services Research Unit (www.pssru.ac.uk), for example, publishes comprehensive unit cost data for health and social care on an annual basis;
- your own estimates or research with the stakeholder on how much the saving would be.

Information on changes in income can be obtained from a range of places, including:

- data from stakeholders;
- reference to the average increase in a sample of your stakeholders;
- reference to other research of average increases that occur as a result of similar activities relating to the same outcomes.

Be careful with unit costs when calculating actual financial savings
Information on cost savings is often available in the form of unit costs. Unit costs are sometimes calculated as the total cost of an activity divided by the number of people benefiting from the activity. This includes both fixed costs, like the cost of a building, as well as variable costs, eg day-to-day running. The fixed costs may remain the same regardless of the number of participants in an activity. For example, the unit cost of housing a prisoner is in the region of £40,000 per annum when the total cost of the prison estate is divided by the number of prisoners. But if 100 people are prevented from going to prison that does not affect the fixed costs and is unlikely to achieve the full unit cost reduction per prisoner.

When you use unit costs be careful not to overstate the savings. The cost savings that you use should be the change in costs arising from your activity, called the **marginal costs**. Marginal costs will vary depending on the scale of the activity.

The problem is that data on marginal costs is harder to access, whereas unit costs are more routinely calculated.

Remember also that the department investing is not necessarily the one that makes the final saving. It is quite common for central government to benefit from cost savings that result from a local government initiative (eg prison savings from a reduction in crime) and vice versa. Even within an organisation it is possible that the cost saving would not be made by the department funding the activity but by another. Separating out stakeholders is necessary to avoid confusion and help communication.

Choosing credible financial proxies
It is important when communicating social value to understand that some proxies are more credible than others for different stakeholders. The most credible proxies have been used before (by third party sources with existing credibility), or are at least based on research undertaken by your organisation. Other proxies are market comparisons (what it would cost to achieve the same outcome) or working assumptions that will need to be related to proposed future improvements. These latter two may be necessary but are usually less credible.

When we get to sensitivity analysis you will have the opportunity to test the overall impact that the proxies have on your analysis. If you are having difficulties choosing between two proxies, make a note of them and later test what difference using either of them would make.

Top Tip: Proxies and double counting
It is possible to have the same financial proxy for different indicators without double counting. For example, if an activity improves the relationship between family members the same proxy (for example, the proportion of family income spent on children) may be applicable for both parents and children because it represents the value to each of them of the intervention. The total value is therefore the sum of these.

The worked example – financial proxies
Look at the Impact Map for Wheels-to-Meals on page 103: the blue section shows you how the column for financial proxies has been completed.
For example, for the outcome of 'fewer hospital admissions', desk research showed that this was not accounted for as a single figure. A hospital admission and stay was built up of a number of interventions from admission through to continuing care. Furthermore, costs varied for different patient groups, so the proxies chosen by Wheels-to-Meals were specific to older people. The source of these was the NHS cost book.

These proxies are examples of indirect cost savings. The change would not by itself result in a smaller budget or reduced spend for nearby hospitals in following years as there would be many more people in need of these services. Also, seven fewer

admissions would not make a signifi cant difference amongst all the other factors that affect the budgets. However, the costs identifi ed are good proxies for this outcome and produce an appropriate way of valuing the change.

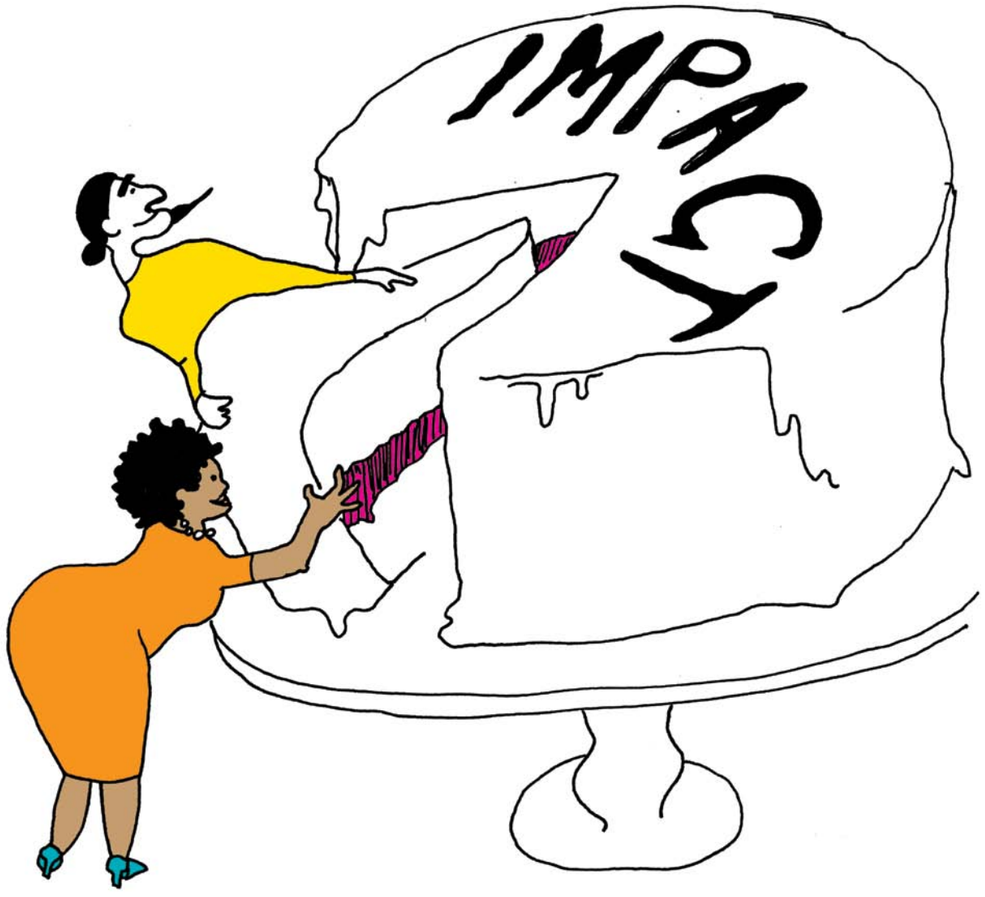
Other proxies were considered for the reduction in 'neighbourly care/shopping and breakdown of informal community networks' outcome. For example, Wheels-to-Meals considered whether the value of the neighbour's time might be a better financial proxy to use. They found a median wage using NOMIS (Annual Survey of Hours and Earnings – www.nomisweb.co.uk). If a neighbour were going shopping anyway, then the time involved would be the extra time they spent with residents before and/or after the shopping trip; they guessed this would total about half an hour. At the hourly median wage of £11.97 for half an hour per shopping trip this would be £5.99 per trip. As this was similar value to that used on the Impact Map for a supermarket online delivery fee, they felt more certain using the latter proxy.

Over to you: Financial proxies
You can now complete the sections on the Impact Map relating to fi nancial proxies.



Stage 3

Stage 4:
Establishing Impact



This section provides a number of ways of assessing whether the outcomes you have analysed result from your activities. These methods provide a way of estimating how much of the outcome would have happened anyway and what proportion of the outcome can be isolated as being added by your activities. This is what we mean when we use the term impact.

Establishing impact is important as it reduces the risk of over-claiming and means that your story will be more credible. It is only by measuring and accounting for all of these factors that a sense of the impact that the activity is having can be gained. Otherwise there is the risk of investing in initiatives that don't work, or don't work as well as intended. As you will see, establishing impact may also help you identify any important stakeholders that you have missed.

There are four parts to this section:

4.1 Deadweight and displacement
4.2 Attribution
4.3 Drop-off
4.4 Calculating your impact

Stage 4

4.1 Deadweight and displacement

Deadweight is a measure of the amount of outcome that would have happened even if the activity had not taken place. It is calculated as a percentage. For example, an evaluation of a regeneration programme found that there has been a 7% increase in economic activity in the area since the programme began. However, the national economy grew by 5% during this time. Researchers would need to investigate how much of the local economic growth was due to wider economic changes and how much to the specific intervention being analysed.

To calculate deadweight, reference is made to comparison groups or benchmarks.[1] The perfect comparison would be the same group of people that you have affected, but seeing what happened to them if they had not benefited from the intervention.

Therefore, measuring deadweight will always be an estimate since a perfect comparison is not possible. Instead, you need to seek out information that is as close to your population as possible. The more similar the comparison group, the better the estimate will be.



Ask stakeholders about their services
In an evaluative SROI analysis, information on deadweight can be gathered during the data collection phase. For example, you may be able to ask stakeholders what other services they access and how helpful they find them. Or they may be able to tell you if they could have accessed another similar facility in the area anyway.

However, you will often have to go elsewhere for the kind of information you need. Data on some indicators will be available from government sources, both from individual departments and from organisations like the Office for National Statistics. Other information is sometimes available from infrastructure, member, trade or sector groups that represent the interests of particular stakeholders.

The simplest way to assess deadweight would be to look at the trend in the indicator over time to see if there is a difference between the trend before the activity started and the trend after the activity started. Any increase in the trend after the activity started provides an indication of how much of the outcome was the result of the activity.

There is a risk that the same change in the trend is happening elsewhere in a wider population of which your stakeholder group is a part. It is therefore better to also compare the trend in the indicator with trends in the wider population.

There is still a risk that whilst there is a change in the indicator relative to the wider population, the change happened to similar groups elsewhere, relative to their wider populations, where a similar intervention or activity was not available. The solution to this risk would be to calculate and compare the relative changes for both your stakeholder group and a similar group elsewhere.

1 Sometimes referred to as the counterfactual.

Here are some examples of data you could use to calculate deadweight for different kinds of outcome.

Outcome	Benchmark indicator
Reduction in reoffending rates among young ex-offenders (16-24 yrs) taking part in a rehabilitation programme	National average reoffending rate among 16-24-year-olds
Improvement in educational outcomes for young people in high-quality residential care homes	Educational outcomes for children in the residential care population as a whole
Increase in number of long-term unemployed gaining a job after participating in an employment training programme	Average rate at which the long-term unemployed come off benefits in the same region
Decreased crime in a borough after a borough-wide initiative increasing the number of police on the streets	Change in crime rate in a borough with similar socio-economic profile, but not subject to a specific crime-reduction initiative

Whether you want to understand your impact, or be more credible in your discussions with stakeholders, one advantage of calculating deadweight is that it weights the social value towards outcomes for stakeholders where deadweight is low. For what are sometimes called 'hard to reach' groups, deadweight is likely to be lower than for other groups. For example, the likelihood of someone who has been long-term homeless moving into employment without support is low; the likelihood is that much, if not all, of the change is due to the support received. This means that if the two groups experienced similar outcomes the impact would be higher for the harder to reach group.

As deadweight increases, your contribution to the outcome declines. When deadweight is high this may mean that the outcome is no longer material to your analysis.

Deadweight will be measured as a percentage and then that percentage of the outcome is deducted from the total quantity of the outcome.

Displacement is another component of impact and is an assessment of how much of the outcome displaced other outcomes. This does not apply in every SROI analysis but it is important to be aware of the possibility. Two examples show where displacement is most relevant:

1. An evaluation of a state-funded street lighting programme in one borough found a reduction in crime; however, the neighbouring borough reported an increase in crime during the same period. It is possible that the reduced crime was simply displaced.

2. A project supporting ex-offenders into employment counted the contribution to economic output, decreased benefit payments and increased taxes in its analysis. From the point of view of the state these benefits would have a high displacement rate as these are most likely jobs that are now denied to someone else that could have made similar contributions. This is irrespective of any other economic benefits to the individual or community that this project might produce.

If you think that displacement is relevant and your activities are displacing outcomes, you may find that there is now another stakeholder being affected by the displacement. You could go back and introduce the new stakeholder into the impact map or you could estimate the percentage of your outcomes that are double counted because there is some displacement, calculate the amount using this percentage and deduct it from the total.

Top Tip: Set yourself a limit on how much time you spend gathering data to establish impact
Do not spend too much time searching for information that you think should be available. You might consider setting a time limit on this stage. Always remember: the purpose of establishing impact is to help your organisation manage change. Avoid spending too long chasing false accuracy. This means you should be comfortable with estimates that are based on the best available information.

The worked example – deadweight and displacement
Look at the Impact Map for Wheels-to-Meals on page 104: the yellow section shows you how the column for deadweight has been completed.

For example, for the outcome of 'healthier volunteers', although the luncheon club had a demonstrable effect on the amount of physical activity reported by all volunteers, it was considered that if they hadn't been volunteering for Wheels-to-Meals they might have been volunteering somewhere else or doing other things with this time (such as going for a walk) that would have led to the same outcome. However, as part of the volunteer annual assessment the volunteers identified that the luncheon club involved more physical exercise than they might have otherwise sought. Volunteers were asked to estimate how much more. The average was around 45% more. So if the benchmark is 100%, because all of them would have done some other exercise anyway, the increase is therefore 145%. The estimate of deadweight is 100%/145% or 70%. This was used as the estimate for the activity that would have happened anyway.

For the outcome of 'residents having nutritious meals', the nutritious meals, and resulting health improvements, were identified as the change that the council expected. However, this change would have happened anyway: if Wheels-to-Meals were not delivering this contract, the council would have another provider deliver it, as a meals-on-wheels service, to a similar standard of nutrition (specified in the contract). So deadweight is 100%. This will result in no impact on our impact map for this row. However, we will still show the row as it is a part of the story of change.

In this example, displacement has not been considered.

Over to you: Deadweight and displacement
You can now complete the section on the Impact Map relating to deadweight and displacement. Although there is no space to record the rationale and the sources, you need to keep a record of these so that they can be included in your report.

4.2 Attribution

Attribution is an assessment of how much of the outcome was caused by the contribution of other organisations or people. Attribution is calculated as a percentage (ie the proportion of the outcome that is attributable to your organisation). It shows the part of deadweight for which you have better information and where you can attribute outcome to other people or organisations.

For example, alongside a new cycling initiative there is a decrease in carbon emissions in a borough. However, at the same time, a congestion charge and an environmental awareness programme began. While the cycling initiative knows that it has contributed because of the number of motorists that have switched to cycling, it will need to determine what share of the reduced emissions it can claim and how much is down to the other initiatives.

It will never be possible to get a completely accurate assessment of attribution. This stage is more about being aware that your activity may not be the only one contributing to the change observed than getting an exact calculation. It is about checking that you have included all the relevant stakeholders.

Reassess your stakeholders
The first question is whether there are any organisations or people that contribute to the outcomes that you haven't included – these are missing stakeholders.

It is also possible that the contributions made by organisations and people in the past should be taken into account. For example, a person seeking work may gain that job because of your support in training as well as another organisation's support with preparing CVs and helping with interview techniques.

Where different stakeholders had other support in the past it may be useful to consider them as different groups of stakeholders. For example, children in care may have different journeys through the system depending on their experiences prior to coming into care.

As a result you may want to reconsider your stakeholders and split them into groups that had different experiences before their involvement with your activity. If you don't go back and include the new stakeholder and the inputs that they make then you will need to estimate the attribution. Either you will increase the overall inputs included in the Impact Map or you will have to reduce the outcome attributed to the existing inputs.

There are three main approaches to estimating attribution. You may want to use a combination of these methods to make your estimate as robust as possible:

1. Base your estimate on your experience. For example, you have been working with other organisations for a number of years and have a good idea of how you each contribute to the outcomes.

2. **Ask stakeholders** – both existing ones and any new ones you have identified – what percentage of the outcome is the result of your activity. In an evaluative SROI analysis this could be conducted during the data collection phase, through surveys, focus groups or interview.

3. Consult with the other organisations to which you think there is attribution. You could find out how much they all spend towards meeting the objective and attribute according to the amount they spend on a unit of outcome. Of course, this assumes that all expenditure is equally effective. Alternatively, you could have conversations with these organisations (even a joint meeting) to understand how they all contribute to the client's journey and then work out percentages that they can claim credit for on that basis.

Common mistakes with attribution
There are three common mistakes that people make with attribution:

1. Remember that the purpose of the estimate of attribution is to help your organisation manage change – but it will be an estimate. So don't spend too long on this, but do explain how you have reached your estimate.

2. Take care not to attribute outcomes to organisations or people that are being paid out of the inputs (investment) that you recorded in Stage 2, as the investment takes account of their contribution.

3. As attribution may have been included as part of your estimate of deadweight, take care not to take off more than you should from your outcomes. This will depend on the quality of the benchmark used.

The worked example – attribution
Look at the Impact Map for Wheels-to-Meals on page 104; the yellow section shows you how the column for attribution has been completed.

For example: for the attribution of 'more socialising' outcome, Wheels-to-Meals used a questionnaire to ask residents if they had joined clubs and groups as a result of the luncheon club. Because it is difficult to justify that this is entirely down to Wheels-to-Meals the questionnaire also asked if other friends and organisations had recommended or promoted clubs and groups, and, if so, how important this had been to the decision to join. Based on the results in the questionnaire it was possible to estimate that 35% of the outcome was the result of the contributions of others.

Over to you: Attribution
You can now complete the section on the Impact Map relating to attribution by putting in a percentage. Although there is no space to record the rationale for your attribution and its source you need to keep a record of this somewhere so that it can be included in your report.

You should record a description of any organisations or people relating to attribution and a description of the relationship to your work. This will form part of your report.

4.3 Drop-off

In Stage 3.3 we considered how long the outcomes lasted. In future years, the amount of outcome is likely to be less or, if the same, will be more likely to be influenced by other factors, so attribution to your organisation is lower. Drop-off is used to account for this and is only calculated for outcomes that last more than one year.

For example, an initiative to improve the energy efficiency of social housing has great short-term success in reducing energy bills and carbon emissions. However, as time passes, the systems wear out and get replaced with cheaper but less efficient systems. Unless you have built up some historical data on the extent to which the outcome reduces over time, you will need to estimate the amount of drop-off, and we recommend a standard approach in the absence of other information. You can inform this estimate with research, such as academic sources, or by talking to people who have been involved in similar activities in the past.

Drop-off is usually calculated by deducting a fixed percentage from the remaining level of outcome at the end of each year. For example, an outcome of 100 that lasts for three years but drops off by 10% per annum would be 100 in the first year, 90 in the second (100 less 10%) and 81 in the third (90 less 10%).

Over the longer term you will need to have a management system that allows you to measure this ongoing value more accurately. However, it is likely that you will need to track your participants as part of your data collection anyway, so questions to evidence drop-off can be included.

Over to you: Drop-off
You can now complete the section on the Impact Map relating to drop-off by putting in a percentage. Although there is no space to record the rationale for your drop-off and its source, you need to keep a record of this so that it can be included in your report. You won't make use of this until Stage 5, Calculating your SROI.

4.4 Calculating your impact

All of these aspects of impact are normally expressed as percentages. Unless you have more accurate information it is acceptable to round estimates to the nearest 10%. In some cases you might consider that there is an increase in the value rather than a reduction. However, we do not recommend that you increase your impact as a result of considering these issues. In this situation you would simply not make a deduction. Your Impact Map should now have percentages filled in for deadweight, attribution, drop-off and (if applicable) displacement. You can calculate your impact for each outcome as follows:

- Financial proxy multiplied by the quantity of the outcome gives you a total value. From this total you deduct any percentages for deadweight or attribution.
- Repeat this for each outcome (to arrive at the impact for each)
- Add up the total (to arrive at the overall impact of the outcomes you have included)

The worked example – calculating impact
This is how Wheels-to-Meals staff calculated the impact for one of the indicators, 'clubs and groups joined'.

First, they took the quantity of each outcome and multiplied by the financial proxy. This gives the total value of the outcome.

Total outcomes	16 x £48.25	= £772.00

Then they deducted the deadweight, or what would have happened anyway.

Less deadweight	£772 - 10% (or 90% of £772) 90% of £772 0.9 x £772	= £694.80

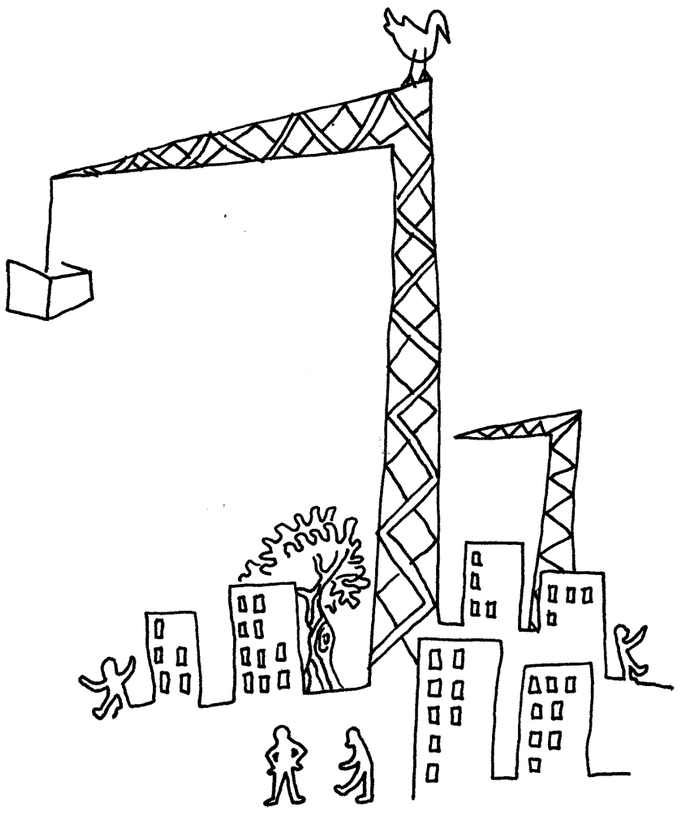
Next they accounted for attribution, or how much of the change was down to others.

Less attribution	£694.80 - 35% £694.80 x 0.65	= £451.62

For that row, this is the value of the impact created during the period of the scope – the year of the luncheon club being analysed.

Look at the Impact Map for Wheels-to-Meals on page 104; the yellow section shows you how these columns have been completed.

Over to you: Impact
You can now complete the section on the Impact Map relating to impact.



Stage 4

Stage 5:
Calculating the SROI



You will now have collected all the information together to enable you to calculate your SROI. You will also have recorded qualitative and quantitative information that you will need in the report. As you will want people to read your report, remember to keep the information you include to a minimum. This stage sets out how to summarise the financial information that you have recorded in the previous stages. The basic idea is to calculate the financial value of the investment and the financial value of the social costs and benefits. This results in two numbers – and there are several different ways of reporting on the relationship between these numbers.

If you are carrying out an evaluative SROI analysis, then the evaluation should ideally take place after the period for which the outcome was expected to last. However, interim evaluations will still be useful in order to assess how well the intervention is working and to provide information to support any changes. If you are comparing actual results against a forecast you will need the information relating to the time periods over which your outcomes last.

There are four steps to calculating your ratio, with an optional fifth:

5.1 Projecting into the future
5.2 Calculating the net present value
5.3 Calculating the ratio
5.4 Sensitivity analysis
5.5 Payback period

All these stages will be outlined below. We will discuss each step before asking you to do your own calculations.

Stage 5

5.1 Projecting into the future

The first step in calculating your ratio is to project the value of all the outcomes achieved into the future. In step 3.3, above, you decided how long an outcome would last. Using this, you will now need to:

- set out the value of the impact (from step 4.4) for each outcome for one time period (usually 1 year);
- copy the value for each outcome across the number of time periods it will last (as recorded in the Duration column on your impact map); then
- subtract any drop-off you identified (step 4.3) for each of the future time periods after the first year.

In the worked example this was done using Excel. We have not included an example of a blank Excel sheet because different people have different approaches to Excel and because we have found that standard approaches cannot be easily used for different situations. It is easier to set up your own spreadsheet using the worked example and the description in the text as a guide.[1]

The worked example – drop-off and impact projected in future years
Look at the impact map for Wheels-to-Meals on page 104: the yellow section shows you how the columns for impact have been completed.

If we take the line for GP practice nurse group sessions, the duration is 5 years and the drop-off 10%. The 10% is an estimation of the likelihood that residents will use the knowledge they gain less as time goes on as they forget the sessions.

So the calculation Wheels-to-Meals used to work out the effect of drop-off on the projected impact into future years goes like this:

Impact in year 1 = £1,539.00

This is the same as the impact calculated at the end of the project. We only account for the outcomes in the year after the activity and only calculate drop-off in following years.

Impact in year 2
yr1 impact less drop-off
£1,539.00 less 10%
£1,539.00 x 0.9 = £1,385.10

Impact in year 3
yr2 impact less drop-off
£1,385.10 less 10%
£1,385.10 x 0.9 = £1,246.59

Impact in year 4
yr3 impact less drop-off
£1,246.59 less 10%
£1,246.59 x 0.9 = £1,121.93

Impact in year 5
yr4 impact less drop-off
£1,121.93 less 10%
£1,121.93 x 0.9 = £1,009.74

5.2 Calculating the net present value

In order to calculate the net present value (NPV) the costs and benefits paid or received in different time periods need to be added up. In order that these costs and benefits are comparable a process called discounting is used. Discounting recognises that people generally prefer to receive money today rather than tomorrow because there is a risk (eg, that the money will not be paid) or because there is an opportunity cost (eg, potential gains from investing the money elsewhere). This is known as the 'time value of money'. An individual may have a high discount rate – for example, if you would accept £2 in one year's time, instead of £1 now, that implies a discount rate of 100%.

This is a controversial area and one where there is ongoing research and discussion. The main problem with using discounting in SROI is that it encourages short-termism by discounting the future. This is especially problematic for environmental outcomes, where the value may even increase. This betrays the extent to which people actually value their future and their children's future.

There is a range of different rates. For the public sector, the basic rate recommended in HM Treasury's *Green Book* is 3.5%. The Stern Review on the economics of climate change argued that it was not ethically defensible for pure time preference to be applied to cost-benefit calculations where these involved significant wealth transfers from the future to the present and used lower rates. Following the Stern Review, HM Treasury published supplementary guidance on intergenerational wealth transfers, in which a reduced discount rate of 3%, which eliminates the pure time preference element, is applied alongside the usual discount rate.[2]

This issue is under review by the Measuring Social Value consortium, and the aim is to produce further guidance on discounting in due course.

The process is to discount the projected values over time, as you set out in stage 5.1, above. This can be easily done if you are using Excel, which has functions for calculating Present Value and Net Present Value.

Although this calculation is automated in Excel (=NPV, discount rate, value1, value 2…), it may be useful to know how the calculation for Present Value works and this is shown below ('r' represents the discount rate):

1 See www.thesroinetwork.org for information on developments in software that will assist in completing this stage.

2 More information on the different elements that make up the discount rate is set out in Annex 6 of the *Green Book*.

Present Value	=	Value of impact in Year 1 / $(1+r)$	+	Value of impact in Year 2 / $(1+r)^2$	+	Value of impact in Year 3 / $(1+r)^3$	+	Value of impact in Year 4 / $(1+r)^4$	+	Value of impact in Year 5 / $(1+r)^5$

Here is a fictional example for an organisation called Youth Work, where r = 3.5%, or 0.035.

		Year 1		Year 2		Year 3		Year 4		Year 5
Benefits		£448,875		£414,060		£389,935		£355,648		£319,005
Discounted Values	=	£448,875 / (1.035)	+	£414,060 / (1.035)2	+	£389,935 / (1.035)3	+	£355,648 / (1.035)4	+	£319,005 / (1.035)5
Present Value	=	1,750,444								

Having calculated the Present Value of your benefits, you can deduct the value of your inputs (the investment) to arrive at the Net Present Value (NPV).

NPV = [Present value of benefits] - [Value of investments]

In the Youth Work example the investment was £576,000. Therefore, the net present value would be calculated as follows:

NPV = £1,750,444 - £576,000
= £1,174,444

5.3 Calculating the ratio

You are now in a position to calculate the initial SROI ratio. This is a very simple sum. You divide the discounted value of benefits by the total investment.

$$\text{SROI ratio} = \frac{\text{Present Value}}{\text{Value of inputs}}$$

An alternative calculation is the net SROI ratio. This divides the NPV by the value of the investment. Both are acceptable but you need to be clear which you have used.

$$\text{Net SROI ratio} = \frac{\text{Net Present Value}}{\text{Value of inputs}}$$

The worked example – calculating the SROI (discounting and net present value)

Look at the Impact Map for Wheels-to-Meals on page 105: the green section shows you the value of the discounted benefits.

Using Excel and the NPV function, the total present value of our example has been calculated following the above method. Wheels-to-Meals also used the 3.5% discount rate.

Total present value = £81,741.93

Net present value — total present value - total inputs
£81,741.93 - £42,375 = £39,366.93

SROI — total present value / total inputs
£81,741.93 / £42,375 = £1.93: £1

So for Wheels-to-Meals, there is £1.93 of value for every £1 of investment.

5.4 Sensitivity analysis

One of the strengths of setting up a spreadsheet is that it is possible to assess the importance of elements of the model relatively easily; by altering the figures, the spreadsheet will make all the changes to the calculation for you. After calculating the ratio, it is important to assess the extent to which your results would change if you changed some of the assumptions you made in the previous stages. The aim of such an analysis is to test which assumptions have the greatest effect on your model.

The standard requirement is to check changes to:

- estimates of deadweight, attribution and drop-off;
- financial proxies;
- the quantity of the outcome; and
- the value of inputs, where you have valued non-financial inputs.

The recommended approach is to calculate how much you need to change each estimate in order to make the social return become a social return ratio of £1 value for £1 investment. By calculating this, the sensitivity of your analysis to changes in estimates can be shown. This allows you to report the amount of change necessary to make the ratio change from positive to negative or vice versa.



We are interested in which changes have a significant impact on the overall ratio. It is these that you would consider as potential priority areas in managing the value you are creating. For example, if your result is sensitive to changes in a particular indicator you may want to prioritise investment in systems to manage (and resources to improve performance in) that indicator.

In general the greater the change that you need to make in order for the SROI to become £1 for every £1 invested, the more likely it is that the result is not sensitive. It is also possible that a choice you made earlier between two proxies is now resolved because the choice doesn't affect the overall ratio. All of these findings should be discussed in the final SROI report.

This focus on the significant issues will help you keep your report short.

The worked example – sensitivity analysis

Let us consider, as an example, how Wheels-to-Meals explored the sensitivity of the top row of the Impact Map, which covers the outcome 'fewer falls' (you will need to consider all rows). This was a useful row to work with as it resulted in the biggest financial value on the Impact Map, so needed scrutiny.

- Impact. Low deadweight and attribution were identified in this row. This could be an issue. What if this was wrong and, for example, more of this change was down to others than Wheels-to-Meals had realised? How far out would the attribution figure have to be for the SROI to fall to £1: £1?

  Using the spreadsheet to change the numbers and repeat the calculations, attribution would have needed to be 53% for the SROI to become £1: £1 rather than the 5% we have identified. If this were the case, the impact would fall from a total for this row of £81,648 (for all three financial proxies) to £40,394, reducing the SROI to £1: £1.

  The change in attribution from 5% to 53% is a 960% increase.

- Financial proxies. There are three financial proxies in this row. As an example, we will see how Wheels-to-Meals assessed the sensitivity of the financial proxy from the NHS cost book for 'geriatric continuing care inpatient'.

  The change required to this figure (in this case a reduction) for the SROI to fall to £1:£1 is for the financial proxy to drop from £7,220 per admission/stay to £1,093 – a change of 85%. This figure is, therefore, more sensitive, although the value would still need to change significantly, so Wheels-to-Meals felt that the proxies it had chosen were adequate.

Remember that the SROI figure is based on an incomplete example and this has implications for the sensitivity analysis. The point of the example is to show how it is applied.

It would also be possible to now present the results from a different perspective. For example, if the cost of admission/stay fell to just over £1,093, the social return of Wheels-to-Meals would still be more than £1: £1.

5.5 Payback period (optional)

The 'payback period' describes how long it would take for an investment to be paid off. Specifically, it answers the question: at what point in time does the value of the social returns start to exceed the investment? Many funders and investors use this kind of calculation as a way of determining risk in a project. While a short payback period may be less risky, a long payback period is often a feature of activities that can generate significant long-term outcomes, thus longer-term core funding is required.

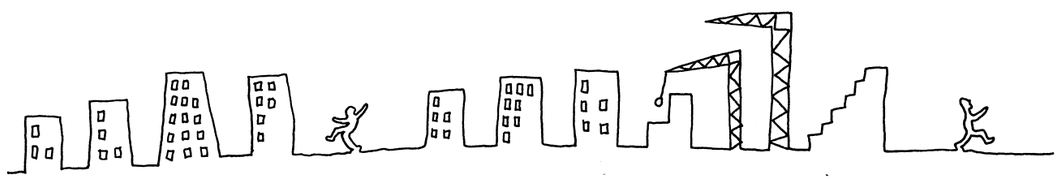
Often the investment will be paid back over a period of months rather than whole years and so is reported in months. Assuming that the annual impact is the same each year, the first step is to divide the annual impact for all participants by 12 to get impact per month. Then divide the investment by the impact per month to get payback period in months.

The basic formula is:

$$\text{Payback Period in Months} = \frac{\text{Investment}}{\text{Annual impact}/12}$$

Over to you: Financial projections

You can now complete your financial projections on your Impact Map.



Stage 6:

Reporting, using and embedding







Congratulations! You now have a completed SROI analysis.

However, the process is not complete. There is a final important stage: reporting to your stakeholders, communicating and using the results, and embedding the SROI process in your organisation. This stage gives guidance on how to make the most of all of your hard work so far.

The three issues to consider are:

6.1 Reporting to stakeholders
6.2 Using the results
6.3 Assurance



6.1 Reporting to stakeholders

You need to make sure that the way in which you communicate the results is relevant to the audiences that you decided upon when you set your scope. Your findings may be for internal management use, for public distribution or as the basis for different discussions with different stakeholders. Preparing a report is useful because it is the place where you can make recommendations to influence what happens as your organisation or project moves forward.

SROI aims to create accountability to stakeholders. As such it is important that the results are communicated to stakeholders in a meaningful way. This involves more than publishing the results on your website. You may well find that external stakeholders are very interested to hear about your work with SROI – both the process you went through and the results.

Your final report should comprise much more than the social returns calculated. The SROI report should include qualitative, quantitative and financial aspects to provide the user with the important information on the social value being created in the course of an activity. It tells the story of change and explains the decisions you made in the course of your analysis.

The report should include enough information to allow another person to be assured that your calculations are robust and accurate. That is, it needs to include all the decisions and assumptions you made along the way. To help your organisation improve it should include all the information that you were able to find out about the performance of the organisation which might be useful to strategic planning and the way it conducts its activities. You will need to be aware of commercial sensitivities in deciding what you include in the report.

An SROI report should be as short as possible while meeting principles of transparency and materiality. It should also be consistent, using a structured framework that allows comparison between reports. Details of the contents of an SROI report can be found in the Resources section. However, the following quantitative and qualitative information is usually included in a comprehensive and considered SROI report:

- information relating to your organisation, including a discussion of its work, key stakeholders and activities;
- description of the scope of the analysis, details of stakeholder involvement, methods of data collection, and any assumptions and limitations underlying the analysis;
- the impact map, with relevant indicators and any proxies;
- case studies, or quotes from participants that illustrate particular findings;
- details of the calculations, and a discussion of any estimates and assumptions. This section would include the sensitivity analysis and a description of the effect of varying your assumptions on social returns;
- an audit trail for decision-making, including which stakeholders, outcomes or indicators were included and which were not, and a rationale for each of these decisions;
- an executive summary aimed at a broad audience, including participants.

Try and present your findings in a balanced way; how you phrase your recommendations may affect how they are taken up. It is important, therefore, to stress the positive as well as negative findings and to present them in a sensitive fashion.

It is also important to be able to distinguish between benefits that are not happening and benefits that may be happening but cannot be evidenced. Make sure to include recommendations for ways to improve data collection and evidencing outcomes.



Top Tip: Presentation of social return calculations
There is a risk, and perhaps a temptation, to focus on the social return ratio. However, the number by itself does not have much meaning – it is merely a shorthand way of expressing all of the value that you have calculated so far. In the same way, financial investors need more than the ratio – it would be an unwise investor who based their investment decisions purely on one number. Therefore, the ratio should be presented alongside the other information, such as the story of how change is being created and case studies from participants.

Example: Executive summary for MillRace IT
This is an extract from the executive summary of MillRace IT's SROI report. It is an example of how to combine the rest of the story about social value creation with the numbers generated by the calculations.

'The aggregate social value created by MillRace IT each year is projected to be approximately £76,825. MillRace IT's SROI ratio of 7.4:1 implies that, for every £1 invested, £7.40 of social value is created each year for society in terms of reduced healthcare costs, reduced benefits costs, and increased taxes collected.'

As the SROI analysis demonstrates, MillRace IT creates value in two key ways. First, by participating in MillRace IT, clients get long-term support and avoid a relapse in their condition. Second, a number of participants leave MillRace IT to go on to employment. By creating a supportive environment and teaching marketable skills in an area where there is much demand, MillRace IT effectively combines financial sustainability and high-quality support for those recovering from mental ill health.



Over to you: Preparing the SROI report
Prepare your SROI report. Include findings, analysis, and recommendations as to what the organisation can learn from the information generated through the entire SROI process.

Stage 6

6.2 Using the results

Unless you do something as a result of carrying out your SROI analysis there was not much point in undertaking it in the first place. This is one of the most important parts of the SROI analysis but, often, one to which the least time and resources are dedicated. It is easy to overlook it after the 'excitement' of reaching the SROI ratio.

To be useful, the SROI analysis needs to result in change. Such change might be in how those that invest in your activities understand and support your work, or how those that commission your services describe, specify and manage the contract with you. However, there will also be implications for your organisation, whether you carried out an evaluative or forecast SROI analysis.

Changes following a forecast SROI analysis
The results of a forecast SROI analysis may make you review your planned activities in order to try and maximise the social value you plan to create. Its findings may also require you to review your planned systems for gathering information on outcome, deadweight, attribution and displacement. See if they need to be adapted for your next SROI analysis and change them accordingly. Following a forecast SROI analysis you may also want to build in ways to:

- systematically talk to your stakeholders about their intended outcomes and what they value; and
- work with partners to explore attribution.

Changes following an evaluative SROI analysis
An evaluative SROI analysis should result in changes in your organisation. Your organisation will need to respond to findings and think through implications for organisational objectives, governance, systems and working practices. Ensure that the organisation acts on the recommendations and that findings feed into your strategic planning process.

Your ratios will be very useful in communicating with stakeholders. However, where the ratio has most value is in how it changes over time. This can tell you comprehensively whether your activities are improving or not. This should also give your organisation information about how to change its services to maximise social value in future.

It is important to secure commitment to further SROI analyses. The way you approach this will vary depending on your role in the organisation. A starting point might be to present the findings from the study to staff, trustees and stakeholders, stressing the benefits as well as the challenges of the process. This would give you the opportunity to also present a plan for making SROI analysis a routine and regular component of the organisation's reporting. Such a plan should set out:

- a process for regular data collection, particularly for outcomes;
- a process for training staff to ensure knowledge and expertise is retained in your organisation even if there is turnover;
- a clear timeline for the next SROI analysis;
- a description of the resources that will be required for ongoing monitoring of SROI; and
- how data security will be ensured.

Change can be difficult, especially if you are a large organisation with complex management systems. Remember that the extent to which recommendations are taken up by your organisation will depend on the level of organisational buy-in you have achieved. This is why we have stressed involving stakeholders throughout the process. It is helpful to allocate responsibility for future SROI analyses. It may be that once the data collection mechanisms are in place the responsibility for assessing SROI can sit with your finance team and become integrated with the financial accounting system. Remember that these changes do not have to be put in place overnight, so set yourself a realistic timescale.



Top Tip: External stakeholders' comparison of SROI reports
The way in which external stakeholders and the wider public use published SROI reports will vary. Comparison of social return ratios is unlikely to be helpful, whereas an analysis of the different judgements and decisions made in completing an individual SROI report, and the proposed changes that those responsible for the activity are planning to make, will be much more useful. Similarly, comparing the changes in an organisation's ratios over time will guide investors as to the scale of improvements organisations are making. This highlights how important it is that the information is presented in ways that meet the requirements of different stakeholders and that there is independent assurance of the information.

See www.thesroinetwork.org for guidance for social investors and commissioners.



Over to you: Communicating and using findings, and embedding SROI
In presenting the results of your analysis, consider your audience, tailoring the discussion to each group of stakeholders. Stakeholders will have different objectives, and the relationship of each stakeholder to your organisation will vary.

Prepare a plan for using the findings and embedding the process within your organisation.

Stage 6

6.3 Assurance

Assurance is the process by which the information in your report is verified. The principle requires that there should be appropriate independent assurance of your report's claims. There are two levels of assurance:

Type 1 Assurance focuses on assurance that the analysis has complied with the principles of good practice in SROI.

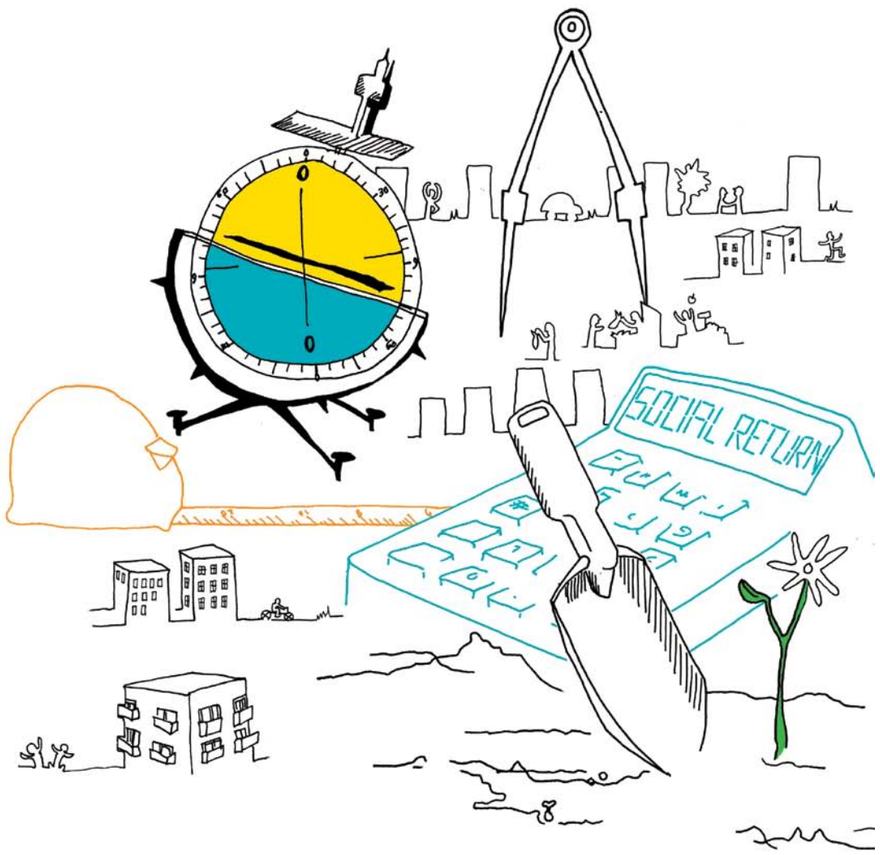
Type 2 Assurance covers assurance of both principles and data.

For more information on the assurance processes and sources of support, refer to www.thesroinetwork.org.



Stage 6

Resources



This section contains a number of resources that can be used as you go along.

1 Format for an SROI report
2 Glossary
3 Note on cost allocation
4 Note on capital or loan-financed projects
5 Sources of support and further information
6 Downloads
7 A summary of the relationship between SROI and other approaches
8 The seven principles of SROI
9 Checklist for SROI analysis
10 The worked example
11 A blank Impact Map (provided as a loose insert in the printed version of this guide, and also available as a download)

Resources

1 Format for an SROI report

The following sets out the key elements of an SROI report. Within the structure of the six stages there is flexibility about how the information can be presented. The information will be a balance between qualitative, quantitative and financial data that together describe the value resulting from the activities set out in the scope. The aim will be to provide enough information to comply with the principles and to provide evidence that the process has been followed.

Executive summary

1 Scope and stakeholders
A description of your organisation: its activities and values, the activity under analysis, including location, main customers or beneficiaries.

An explanation of SROI, the type undertaken and the purpose of the analysis. The time period of the activity.

One or two stakeholder case studies from the point of view of each stakeholder and a description of their journey of change.

A description of the theory of change: of how the activity is expected to achieve its objectives. A summary of organisations involved in attribution.

The analysis of the stakeholders and stakeholder groups.

The numbers of people or organisations in each stakeholder group.

Description of how stakeholders were involved.

The numbers of people or organisations from each group that were involved in developing the theory of change for that stakeholder group.

2 Outcomes and evidence
Description of inputs, outputs and outcomes for each stakeholder group. Outcomes will include changes that are positive, negative, intended and unintended.

Description of the indicators and data sources used for each outcome.

Quantity of inputs, outputs and outcomes achieved for each stakeholder group.

Analysis of the investment required for the activity.

The length of time over which the outcome is expected to last, or against which the outcome will be attributed to the activity.

Description of the financial proxy to be used for each outcome, together with the source of the information for each proxy.

3 Impact
Description of the other areas or groups against which deadweight is estimated.

Description of the other organisations or people to which outcomes have been attributed.

The basis for any estimates of attribution and deadweight.

% attribution for each indicator of outcome with a financial proxy.

% deadweight for each indicator of outcome with a financial proxy.

% drop-off for each indicator of outcome with a financial proxy.

Description of displacement, if included.

The total impact.

4 Social return calculation
Calculation of the social return, showing sources of information, including a description of the type or types of social return calculation used.

A description of the sensitivity analysis carried out and why.

A description of the changes to quantities as a result of the sensitivity analysis.

A comparison of the social return in the sensitivity analysis.

5 Audit trail
Stakeholders identified but not included, and rationale for this.

Outcomes identified but not included, for each stakeholder, and the rationale.

Any financial proxies not included, and the rationale.

Resources

2 Glossary

Attribution An assessment of how much of the outcome was caused by the contribution of other organisations or people.

Cost allocation The allocation of costs or expenditure to activities related to a given programme, product or business.

Deadweight A measure of the amount of outcome that would have happened even if the activity had not taken place.

Discounting The process by which future financial costs and benefits are recalculated to present-day values.

Discount rate The interest rate used to discount future costs and benefits to a present value.

Displacement An assessment of how much of the outcome has displaced other outcomes.

Distance travelled The progress that a beneficiary makes towards an outcome (also called 'intermediate outcomes').

Drop-off The deterioration of an outcome over time.

Duration How long (usually in years) an outcome lasts after the intervention, such as length of time a participant remains in a new job.

Financial value The financial surplus generated by an organisation in the course of its activities.

Financial model A set of relationships between financial variables that allow the effect of changes to variables to be tested.

Impact The difference between the outcome for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.

Impact Map A table that captures how an activity makes a difference: that is, how it uses its resources to provide activities that then lead to particular outcomes for different stakeholders.

Income An organisation's financial income from sales, donations, contracts or grants.

Inputs The contributions made by each stakeholder that are necessary for the activity to happen.

Materiality Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.

Monetise To assign a financial value to something.

Net present value The value in today's currency of money that is expected in the future minus the investment required to generate the activity.

Net social return ratio Net present value of the impact divided by total investment.

Outcome The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.

Outputs A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

Outcome indicator Well-defined measure of an outcome.

Payback period Time in months or years for the value of the impact to exceed the investment.

Proxy An approximation of value where an exact measure is impossible to obtain.

Scope The activities, timescale, boundaries and type of SROI analysis.

Sensitivity analysis Process by which the sensitivity of an SROI model to changes in different variables is assessed.

Social return ratio Total present value of the impact divided by total investment.

Stakeholders People, organisations or entities that experience change, whether positive or negative, as a result of the activity that is being analysed.

Resources

3 Note on cost allocation

The value of the contribution made by whoever is financing the activity will often be relatively easy to calculate – for example, where the activity is funded completely by one or more sources then the value of the contribution is known.

If the analysis relates to part of an organisation then it may be more difficult to calculate the investment being made. It is important to get this right so that the cost of producing social value is not understated. This is similar to full cost recovery in grant applications. Unless you identify the full cost of your activities (not just the grant funding, for example), you will not get an accurate ratio.

For example: in an organisation with two departments, where the analysis only relates to one department, it will be necessary to start by calculating how much the department costs. Most of the costs will be known and could be obtained from the accounts. The problem arises if the organisation buys things that are used by both departments (such as electricity or the organisation's manager). It will be necessary to allocate these costs to the department and then identify who provided the inputs (the investment that covered the costs). This may need some proportioning between sources of finance. It may be helpful to involve your accountant, if you have one, at this point.

Even when you are analysing the social return arising from, say, a grant, you will need to take care that the activity does not depend on other contributions from elsewhere in the organisation that are not being funded through the grant.

The steps are:

A. Identify costs for goods and services that are required for the activity you are analysing.

B. Identify and allocate the costs of goods and services that are shared by different departments.

C. Identify the sources of income for these goods and services.

D. If necessary, identify proportions of income from different sources.

A. Identify costs for goods and services that are required for the activity you are analysing

This can normally be done by reference to the organisation's accounts. If expenditure is not divided between different departments you will need to go through each type of expenditure and identify which costs wholly relate to the department you are analysing.

B. Identify and allocate the costs of goods and services that are shared by different departments

For those costs that are shared, you will need to decide how to allocate them. There are three main methods.

For **salary costs**, the costs can be allocated according to how much time the member of staff spends working for each department. If there are timesheets, these will provide the information. If there are not, then you will need to estimate. Some staff, such as the chief executive, may work across all the departments. In this case you can allocate their costs according to the relative size of the budget for each department.

For **non-salary costs**, it may be appropriate to allocate costs based on a measure of activity within the department – such as allocating electricity costs according to the overall expenditure on goods and services.

For **rent**, however, it would be more appropriate to allocate using the share of the overall floor space.



Resources

Example 1:

Costs in £000	Total costs	Department 1	Department 2
Manager (see point 1 below)	45	26	19
Training manager (see point 2 below)	40	24	16
Department staff, 1 in each department	30	15	15
Department non-staff costs, 20 for Department 1and 10 for Department 2	30	20	10
Subtotal for departments	60	35	25
Heat and light (see point 3 below)	20	13	7
Rent (see point 4 on next page)	20	5	15
Total	185	103	82

Figures have been rounded to the nearest whole number.

1 The manager's costs of £45,000 can be allocated according to the relative project costs. Overall, the project costs are £30,000 for staff and £30,000 for non-staff, a total of £60,000. However, this is not split evenly between the two departments. For Department 1 the costs are £35,000 (£15,000 for staff plus £20,000 for non-staff) and £25,000 (£15,000 for staff and £10,000 for non-staff) for Department 2.

£35,000 divided by £60,000 multiplied by £45,000 equals £26,250 for Department 1. £25,000 divided by £60,000 multiplied by £45,000 equals £18,750 for Department 2. Rounded up or down, these are the relative costs of the manager's time spent on each project.

2 The training manager, who costs £40,000, spends 60% of their time in Department 1 and 40% in Department 2. 60% times £40,000 is 24,000.

3 The organisation cannot measure electricity usage by department and so has allocated costs based on department non-staff costs. £20,000 divided by £30,000 multiplied by £20,000 equals £13,333.

4 For rent, 20% of the available space is used by Department 1 and 70% by Department 2The remaining 10% is used by the manager. 20% of £20,000 is £4,000. 70% of £20,000 is £14,000.

This still leaves £2,000 unallocated (£20,000 minus £14,000 minus £4,000) that relates to the manager. If this were allocated according to the share used by the manager (the departmental subtotal of £35,000 divided by £60,000), it would be split £1,200 and £800. So the total rent for Department 1 is £4,000 plus £1,200 equals £5,200 (rounded to £5,000).The rent for Department 2 is £14,000 plus £800 equals £14,800 (rounded to £15,000).



Resources

C. Identify the sources of income for these goods and services

These costs must now be allocated a second time, to those financing the activity. In Example 2, below, one of the sources has stated that all the finance must be used for Department 1 costs and has accepted the method for allocating these, as used above. The other source of income covers the balance in Department 1 and all of Department 2.

Example 2

Income	£000	Department 1	Department 2
Funder 1	100	100	
Funder 2	85	3	82
Total	185	103	82

D. If necessary, identify proportions of income from different sources

In contrast to Example 2, in Example 3, below, the sources can be used for the whole organisation's expenditure. £100,000 divided by £185,000 multiplied by £103,000 equals £56,000.

Example 3

Income	£000	Department 1	Department 2
Source 1	100	56	44
Source 2	85	47	38
Total	185	103	82

You are now in a position to include the stakeholders for income sources 1 and 2, and the contributions of £100,000 and £3,000 in Example 2, or £56,000 and £47,000 in Example 3, can be entered in the input column on the Impact Map.



4 Note on capital or loan-financed projects

This is an area in which the SROI Network will be developing further guidance.

Where the investment is for an asset that will have a long life expectancy, such as a building, the calculation of the social return is more complex. It is made more complex still if the investment is financed by a loan.

Firstly, a building may have a life expectancy of many years and the activity in the building will generate value each year – a value that may itself last for more than one year. The value created depends, however, on the activities that happen in the building: activities that can only be supported by additional regular income.

Secondly, in the case of a loan, repayments over the period of the loan offset the investment in the first year. The only net cash flows over the life of the loan are the interest payments on the loan.

Currently, the guidance for using SROI in these situations is to focus on one year only and to emphasise that the SROI only examines the social value created by inputs that were necessary for the activity in that one year. Again, it may be helpful to involve your accountant here, if you have one.

In the case of a building, the inputs would be the costs of the activity, as discussed above, plus the depreciation for one year of the expected life of the building. There are accounting conventions for the life of buildings and your accounts will state what these are. This represents an allocation of the cost of the building to the overall costs that are required for the activities in the building.

5 Sources of support and further information

General
There are a number of online tools that are available to help you with SROI.
For more information go to the SROI network website:
www.thesroinetwork.org

nef has been working on SROI since 2001 and has pioneered its use in public policy.
For more information go to:
www.neweconomics.org

For an overview of evaluation in the voluntary sector, see *Practical Monitoring and Evaluation: a guide for voluntary organisations*, by Jean Ellis:
www.ces-vol.org.uk/index.cfm?pg=140

There is also information on many of the issues covered in this guide at:
www.proveandimprove.org

There are a number of tools on, including ones for full cost recovery, at:
www.philanthropycapital.org

For guidance on the economic assessment of spending and investment, and for related guidance, including the preparation of business cases for the public sector, see:
www.hm-treasury.gov.uk/data_greenbook_index.htm

To learn more about social accounting and social audit, see the SAN *Social Accounting and Audit Workbook*, Social Audit Network:
www.socialauditnetwork.org.uk

Really Telling Accounts!, by John Pearce and Alan Kay, can be found at:
www.socialauditnetwork.org.uk

Materiality
A number of reports relating to AccountAbility's work on redefining materiality can be found at:
www.accountability21.net

There is also a useful discussion of materiality in nef's report Investing in Social Value, which is available at:
www.thesroinetwork.org

Stage 1: Establishing scope and identifying stakeholders

Stakeholder involvement
Lots of information on engaging with people can be found at:
www.peopleandparticipation.net/display/Involve/Home

Participation Works! is available from:
www.neweconomics.org

AccountAbility has also produced a standard and a manual on stakeholder engagement, both of which are available from its website:
www.accountability21.net

Stage 2: Mapping outcomes

Cost analysis
A guide and a toolkit on cost allocation are available from ACEVO at:
www.acevo.org.uk/index.cfm/display_page/FCR_3rdsec_tools

Valuing inputs
Further information on valuing inputs is available at these three websites:
www.esf.gov.uk/_docs/July2006Rules_regs_-_Match_funding_trac.doc

www.volunteering.org.uk/NR/rdonlyres/0F4C3354-82C4-4306-907D-FBC31DCD0B04/0/Calculatingvolunteervalue.pdf

www.statistics.gov.uk/pdfdir/ashe1108.pdf

Details of how to value goods in kind can be found at:
www.wefo.wales.gov.uk/resource/Annex%20C%20-%20Guidance%20note%20on%20Match%20Funding%20in%20Kind%20February%2020073414.pdf

Stage 3: Evidencing outcomes and giving them a value

Sampling
Creative Research Systems provides information on sample design at:
www.surveysystem.com

Mapping outcomes and indicators
The Charities Evaluation Services website contains a range of resources on outcomes assessment in the voluntary sector:
www.ces-vol.org.uk

The Urban Institute's Center on Non-profits and Philanthropy has developed an outcomes framework for non-profit organisations. The framework has example outcomes and indicators for many different areas of activity:
www.urban.org

The website Homeless Outcomes is dedicated to resources for assessing outcomes in the homelessness sector, but the resources within, including Outcomes Star, are applicable to many organisations in the voluntary sector:
www.homelessoutcomes.org.uk

The following publications give guidance on outcomes assessment and outcomes tools:

Managing Outcomes: a guide for homelessness organisations, by Sara Burns and Sally Cupitt:
www.ces-vol.org.uk/index.cfm?pg=171

Your Project and its Outcomes, by Sally Cupitt:
www.ces-vol.org.uk/index.cfm?pg=165

Review of Outcomes Tools for Homelessness Sector, Triangle Consulting:
www.homelessoutcomes.org.uk/resources/1/PDFsguidetotool/ReviewofOutcomesTools.pdf

Indicator databank
An indicator bank is being developed by the SROI Project supported by the Scottish Government.

Valuation
These websites provide more information on approaches to non-market valuation:
www.csc.noaa.gov/mpass/tools_nonmarket.html

www.ecosystemvaluation.org/contingent_valuation.htm

www.fao.org/DOCREP/003/X8955E/X8955E00.htm

HM Treasury (2003) *Green Book*:
www.hm-treasury.gov.uk/data_greenbook_index.htm

The following publications focus on valuing social goods:
Measuring the Value of Culture, Snowball J, Springer Verlag, Heidelberg DE, 2008.
A Primer on Nonmarket Valuation, Champ, Boyle and Brown, Kluwer, Dordrecht NL, 2003.

Using Surveys to Value Public Goods; the Contingent Valuation Method, Carson and Mitchell, Washington, USA, 1989.

Stage 4: Establishing impact

Deadweight
English Partnerships' Additionality Guide is available at:
www.englishpartnerships.co.uk/communitiespublications.htm

Stage 5: Calculating SROI

There are a number of case studies on the SROI Network website which include examples of how SROI has been calculated:
www.thesroinetwork.org

Stage 6: Reporting, using and embedding

Assurance
For more information on the options for the assurance of your report go to:
www.thesroinetwork.org

Other
Procurement
nef and the London Borough of Camden jointly developed an outcomes-focused commissioning model based on SROI principles. Further details of the Sustainable Commissioning Model can be found on the Sustainable Procurement website:
www.procurementcupboard.org

6 Downloads

Documents available from **www.thesroinetwork.org** include:
The guide (in full and in sections)
A blank Impact Map
The checklist
Further examples of Impact Maps
An example of an SROI report based on the worked example

7 A summary of the relationship between SROI and other approaches

Cost-benefit analysis
One difference between SROI and economic appraisal as described in HM Treasury's Green Book is that SROI is designed as a practical management tool that can be used by both small and large organisations, rather than from a macro perspective. SROI focuses on, and emphasises, the need to measure value from the bottom up, including the perspective of different stakeholders, while the Green Book appraisal is about valuing costs and benefits to the whole of UK society. The main similarity between SROI and the Green Book is that they both use money as a proxy of costs and benefits arising from an investment, activity or policy.

Social accounting
Both SROI and social accounting are approaches used to measure the creation of social value. SROI focuses on the perspective of change that is expected or happens to different stakeholders as a result of an activity. Social accounting starts from an organisation's stated social objectives. SROI and social accounting share a number of common principles but social accounting does not advocate the use of financial proxies and a 'return' ratio. SROI and social accounting can be compatible: the completion of an SROI report is much easier if it is built on the basis of a good set of social accounts, for example.

Resources

Outcomes approaches
The process of measuring outcomes as part of a theory of change is common to other outcomes models, such as that used by Charities Evaluation Services. The involvement of stakeholders is also a key feature of SROI that is emphasised, to a greater or lesser extent, in other outcomes models. The main difference between SROI and many other outcomes approaches is the importance of giving financial value to their outcomes.

The common ground between the initial stages of SROI and other outcomes approaches means that organisations that have already done a lot of work on outcomes are likely to find undertaking an SROI analysis much easier than organisations looking at outcomes for the first time.

Sustainability reporting
SROI shares basic principles, such as the importance of engaging with stakeholders, with approaches like the Global Reporting Initiative and AccountAbility's AA1000 standards.[1] SROI differs in that it develops simple theories of change in relation to significant changes experienced by stakeholders and includes financial proxies for the value of those impacts.

Other methods of economic appraisal
SROI is similar to other economic analyses that attempt to value and compare the costs and benefits of different kinds of activities that are not reflected in the prices we pay. This approach is particularly well developed in environmental economics.

Environmental impact assessment (EIA)
EIA is a methodology for assessing a project's likely significant environmental effects. It enables environmental factors to be considered alongside economic or social factors. EIA has to be completed as part of planning consent for major projects, as defined by European Community legislation. Like SROI, the assessment of what is considered 'significant' is critical.

8 The seven principles of SROI

1 **Involve stakeholders:**
Inform what gets measured and how this is measured and valued by involving stakeholders.
Stakeholders are those people or organisations that experience change as a result of the activity and they will be best placed to describe the change. This principle means that stakeholders need to be identified and then involved in consultation throughout the analysis, in order that the value, and the way that it is measured, is informed by those affected by or who affect the activity.

2 **Understand what changes:**
Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.
Value is created for or by different stakeholders as a result of different types of change; changes that the stakeholders intend and do not intend, as well as changes that are positive and negative. This principle requires the theory of how these changes are created to be stated and supported by evidence. These changes are the outcomes of the activity, made possible by the contributions of stakeholders, and often thought of as social, economic or environmental outcomes. It is these outcomes that should be measured in order to provide evidence that the change has taken place.

3 **Value the things that matter:**
Use financial proxies in order that the value of the outcomes can be recognised. Many outcomes are not traded in markets and as a result their value is not recognised.
Financial proxies should be used in order to recognise the value of these outcomes and to give a voice to those excluded from markets but who are affected by activities. This will influence the existing balance of power between different stakeholders.

4 **Only include what is material:**
Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.
This principle requires an assessment of whether a person would make a different decision about the activity if a particular piece of information were excluded. This covers decisions about which stakeholders experience significant change, as well as the information about the outcomes. Deciding what is material requires reference to the organisation's own policies, its peers, societal norms, and short-term financial impacts. External assurance becomes important in order to give those using the account comfort that material issues have been included.

5 **Do not over-claim:**
Only claim the value that organisations are responsible for creating.
This principle requires reference to trends and benchmarks to help assess the change caused by the activity, as opposed to other factors, and to take account of what would have happened anyway. It also requires consideration of the contribution of other people or organisations to the reported outcomes in order to match the contributions to the outcomes.

1 AccountAbility's standards, the AA1000 Series, are principles-based standards that provide the basis for improving the sustainability performance of organisations. They are applicable to organisations in any sector, including the public sector and civil society, of any size and in any region.

Resources

6 **Be transparent:**
Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders.
This principle requires that each decision relating to stakeholders, outcomes, indicators and benchmarks; the sources and methods of information collection; the difference scenarios considered and the communication of the results to stakeholders, should be explained and documented. This will include an account of how those responsible for the activity will change the activity as a result of the analysis. The analysis will be more credible when the reasons for the decisions are transparent.

7 **Verify the result:**
Ensure appropriate independent assurance.
Although an SROI analysis provides the opportunity for a more complete understanding of the value being created by an activity, it inevitably involves subjectivity. Appropriate independent assurance is required to help stakeholders assess whether or not the decisions made by those responsible for the analysis were reasonable.



9 Checklist for SROI analysis

This is for your own use, to check your progress as you work through the guide.
For more information on the assurance process, go to: www.thesroinetwork.org

Checklist	Complete?
Stage 1: Establishing scope and identifying stakeholders	
Have you provided background information on the organisation?	
Have you explained why you are carrying out the analysis and for whom, including considering how you will communicate with them?	
Have you decided if you are analysing part of the organisation or all of it?	
Have you decided if you are analysing the social return in relation to a specific source of income or for activities funded by a number of sources?	
Have you decided whether this is an evaluation of the past or a forecast of the future?	
Have you decided what timescale to cover?	
Have you identified the resources you need (eg sufficient time, resources and skills)?	
Have you drafted a list of your stakeholders and completed the stakeholder table?	
Have you considered that some of these changes may happen to stakeholders that are outside your scope and whether you should revise the scope to include them?	
Stage 2: Mapping outcomes	
Have you completed the first two columns of the Impact Map for stakeholders and what you think happens to them?	
Have you documented your decisions on which stakeholders are material?	
Have you involved stakeholders in completing the next sections?	
For each stakeholder, have you included their contribution (input) to the activity (there may be some stakeholders that do not make an input)?	
Have you given the inputs a value?	
Have you checked to make sure that the inputs you have recorded include whole costs of delivering the service (eg overheads, rent)?	
Have you identified the inputs and outputs for the stakeholders?	

Resources

Have you included a description of the outcomes?	
Have you included intended and unintended changes?	
Have you included positive and negative changes?	
Have you completed the columns on the impact map for inputs, outputs and outcomes?	
At this point, do you want to add or remove stakeholders or stakeholder groups?	
Stage 3: Evidencing outcomes and giving them a value	
Have you identified indicators for the outcomes?	
How long do the outcomes last?	
Do you already have information in relation to each indicator?	
If not, do you have a plan for how you will gain this information?	
Have you completed the column for the source of the information?	
Have you completed the column for each indicator?	
For each outcome where you have not recorded one or more indicators, have you included the reason in your report?	
Can you record or forecast the amount of change in relation to each indicator?	
Have you identified a financial proxy for each outcome?	
Have you completed the column for the financial proxy?	
Have you completed the column for the source of the proxy?	
Are there any indicators for which you have not recorded a financial proxy? Have you included these in your report?	
Stage 4: Establishing impact	
Do you have information for deadweight in relation to each outcome?	
Do you think any of your estimates for deadweight can be explained by reference to displacement or attribution?	
If some deadweight can be explained by displacement, have you decided to add a new stakeholder (and/or change the scope)?	
If there is attribution, does this mean that you have missed out contributions made by other stakeholders who should now be added?	
Have you estimated attribution and recorded how you made the estimate?	

If the outcomes last for more than one time period, what happens to the outcome over this time period (drop-off)?	
Have you calculated impact (indicator multiplied by financial proxy minus percentages for deadweight, displacement and attribution)?	
Have you calculated any drop-off?	
As a result, are there any changes where the activity(ies) in the scope do NOT contribute to a significant change?	
Have you completed the columns for deadweight, attribution, displacement and drop-off?	
Stage 5: Calculating the SROI	
Have you set out the financial values of the indicators for each time period?	
Have you selected a discount rate?	
Do you have a total value for the inputs?	
Have you calculated: a) social return ratio, b) net social return ratio, c) payback period?	
Have you checked the sensitivity of your result for amounts of change, financial proxies, and measures of additionality?	
Stage 6: Reporting, using and embedding	
Have you summarised the changes required to the organisation's systems, governance or activities in order to improve ability to account for and manage social value created?	
Have you prepared a plan for these changes?	
Have you planned how to communicate your value in formats that meet your audiences' needs?	
If you have decided to produce a full report, does it include an audit trail of all decision-making, assumptions and sources?	
If you have decided to produce a full report, have you included a qualitative discussion of the assumptions and limitations underlying your analysis?	
Have you reviewed whether your communications created the desired effect in your audiences, and whether they liked the content and format?	
Have you decided on your approach to verification?	

Social Return on Investment –The Impact Map for the worked example (continues on the next page)

Organisation	Wheels-to-Meals	**Name**	
Objectives	Provide luncheon club for 30 elderly local residents with additional health and social benefits by bringing residents to meals	**Date**	

Scope	**Activity**	30 places for eligible elderly and/or disabled local residents 5 days a week, 50 weeks of the year	**Objective of Activity**	**Time Period**	1 year (2010)
	Contract/Funding/Part of organisation	Local Authority Grant	**Purpose of Analysis**	**Forecast or Evaluation**	Forecast

Stage 1 → **Stage 2** →

Stakeholders	**Intended/unintended changes**	**Inputs**		**Outputs**	**The Outcomes**
		Description	Value £		Description
Who do we have an effect on? Who has an effect on us?	What do you think will change for them?	What do they invest?		Summary of activity in numbers	How would you describe the change?
elderly / disabled residents	residents use health services less	time	£0	luncheon club: – group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions)	the mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less
					the GP practise nurse group sessions helped residents manage their health and symptoms better and they were healthier
	residents get out of the house more				residents made new friends and spent more time with others through the group activities
					residents had nutritious meals with 3 (out of) 5-a-day and they were healthier
local authority	residents provided with nutritious meal	meals on wheels contract (annual)	£24,375		material outcomes for residents only (not for council). All outcomes for this stakeholder already considered above.
Wheels-to-Meals volunteers (retired)	keep active	time (at min wage) 4 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£18,000	– transport for 30 people	healthier volunteers (retired)
neighbours of elderly/ disabled residents	look out for neighbours	time	£0	– 7500 hot meals annually	reduction in neighbourly care/shopping and breakdown of informal community networks
Total			£42,375		

Stage 3 →

The Outcomes (what changes)						
Indicator	Source	Quantity	Duration	Financial proxy	Value £	Source
How would you measure it?	Where did you get the information from?	How much change was there?	How long does it last?	What proxy would you use to value the change?	What is the value of the change?	Where did you get the information from?
fewer falls and associated hospital admissions/stays annually	oneoff research	7	1 year	accident&emergency	£94.00	NHS cost book 07/08
			1 year	geriatric assessment inpatient	£4,964.00	
			1 year	geriatric continuing care-Inpatient (average 5 wks x £1,444)	£7,220.00	
fewer GP visits annually (appointments) and residents report improvement in physical health	questionaire and interviews	90	5 years	GP consultation	£19.00	NHS cost book 2006
new clubs/group activities joined during year and residents report an increase in personal wellbeing/ feeling less isolated	questionaire	16	1 year	average annual membership/cost	£48.25	current average costs of bus trips, bingo and craft clubs
fewer District Nurse visits and residents reporting increased physical activity of 3 hours or more a week	questionaire	14	2 years	District Nurse visits	£34.00	NHS cost book 07/08
volunteers report increased physical activity of 3 hours or more a week since volunteering	volunteer annual assessment	4	1 year	annual elderly residents swimming pass	£162.50	local authority
fewer instances of neighbours shopping for residents annually	One-off survey	275	3 years	supermarket online shopping delivery fee	- £5.00	www.tesco.co.uk

Social Return on Investment –The Impact Map for the worked example (continued from previous page)

Organisation	Wheels-to-Meals	**Name**	
Objectives	Provide luncheon club for 30 elderly local residents with additional health and social benefits by bringing residents to meals	**Date**	

Scope	**Activity**	30 places for eligible elderly and/or disabled local residents 5 days a week, 50 weeks of the year	**Objective of Activity**		**Time Period**	1 year (2010)
	Contract/Funding/Part of organisation	Local Authority Grant	**Purpose of Analysis**		**Forecast or Evaluation**	Forecast

Stage 1 duplicate	Stage 2 duplicate	**Stage 4** →			
Stakeholders	**The outcomes**	**Deadweight**	**Attribution**	**Drop Off**	**Impact**
	Description	**%**	**%**	**%**	
Groups of people that change as a result of the activity	How would you describe the change?	What would have happened without the activity?	Who else contibuted to the change?	Does the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution
elderly / disabled residents	the mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less	0%	5%	50%	£625.10
					£33,010.60
					£48,013.00
	the GP practise nurse group sessions helped residents manage their health and symptoms better and they were healthier	0%	10%	10%	£1,539.00
	residents made new friends and spent more time with others through the group activities	10%	35%	0%	£451.62
	residents had nutritious meals with 3 (out of) 5-a-day and they were healthier	100%	0%	0%	£0.00
local authority	material outcomes for residents only (not for council). All outcomes for this stakeholder already considered above.				£0.00
Wheels-to-Meals volunteers (retired)	healthier volunteers (retired)	70%	10%	35%	£175.50
neighbours of elderly/ disabled residents	reduction in neighbourly care/shopping and breakdown of informal community networks	5%	0%	5%	-£1,306.25
Total					£82,508.57

Stage 5 →					
	Calculating Social Return				
	Discount rate (%)		3.5%		
	Year 1 (after activity)	**Year 2**	**Year 3**	**Year 4**	**Year 5**
	£625.10	£0.00	£0.00	£0.00	£0.00
	£33,010.60	£0.00	£0.00	£0.00	£0.00
	£48,013.00	£0.00	£0.00	£0.00	£0.00
	£1,539.00	£1,385.10	£1,246.59	£1,121.93	£1,009.74
	£451.62	£0.00	£0.00	£0.00	£0.00
	£0.00	£0.00	£0.00	£0.00	£0.00
	£0.00	£0.00	£0.00	£0.00	£0.00
	£175.50	£0.00	£0.00	£0.00	£0.00
	-£1,306.25	-£1,240.94	-£1,178.89	£0.00	£0.00
	£82,508.57	£144.16	£67.70	£1,121.93	£1,009.74
Present Value*	£79,718.43	£134.58	£61.06	£977.70	£850.17
Total Present Value (PV)					£81,741.93
Net Present Value					£39,366.93
Social Return £ per £					£1.93: £1

* See page 68 for an explanation of these calculations

"Our departmental researchers necessarily tend to focus very much on the costs and benefits in terms of 'pure' costs of prisons or community sentences. Through using SROI in our work on women offenders and women at risk of offending – women who are often primary carers too – it vividly illustrates the broader costs that need to be considered within and beyond the department."

Liz Hogarth, Criminal Justice Women's Strategy Unit, Ministry of Justice

"I think the guide is excellent – it works through the processes clearly and logically; sets out the different elements of judgement, caution, and looking back; and overall I was very impressed."

David Emerson, Chief Executive, Association of Charitable Foundations

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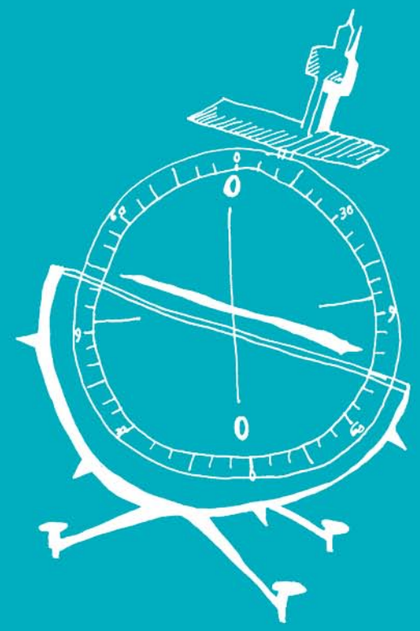
FSC approved

A carbon neutral publication

This guide was produced by Society Media, www.societymedia.co.uk, April 2009

Illustrations: Sofia Sköld

ISBN: 978-0-9562274-1-6





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HOUSE OF LORDS

Select Committee on Communications

1st Report of Session 2008–09

Government Communications

Report with Evidence

Ordered to be printed 10 December 2008 and published 26 January 2009

Published by the Authority of the House of Lords

London : The Stationery Office Limited
£price

HL Paper 7

The Select Committee on Communications

The Select Committee on Communications was appointed by the House of Lords with the orders of reference "to consider communications".

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Lord Corbett of Castle Vale
Baroness Eccles of Moulton
Lord Fowler (Chairman)
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Government Communications

CHAPTER 1: INTRODUCTION

1. One of the most important tasks of government is to provide clear, truthful and factual information to citizens. The accurate and impartial communication of information about government polices, activities and services is critical to the democratic process. Government communications embrace two separate but complementary areas of activity—Government communication with the media, and Government communication directly with the public.

2. In recent years, governments have had to re-assess how they approach the media and the public because of changes in expectations and demands from both these groups. New technology has led to an ever-larger media with a 24-hour appetite to feed, and has also made it considerably easier to communicate directly with the public, which in turn has changed public expectations about access to information.

3. One result has been that the size and cost of Government communications have grown considerably in recent years. This growth means that it is more important than ever to scrutinise this area and ensure that it is effective and delivering value for money.

4. The last external review of Government communications took place in 2003–04 and was conducted by Sir Robert Phillis, then Chief Executive of the Guardian Media Group. Since that review, there have been some significant changes to the structure and focus of Government communications.

5. At the beginning of this inquiry, we called for evidence on whether the reforms since Sir Robert's Review have resulted in a more effective system of communications. The purpose of this report is to consider what progress has been made since the Review and to make recommendations for further improvements in specific areas.

6. The membership of the Committee is set out at Appendix 1. We received valuable written and oral evidence from the witnesses listed at Appendix 2.

CHAPTER 2: THE PHILLIS REVIEW

Events that led to the Phillis Review

7. In his evidence, Sir Robert explained that "the Labour opposition before the election was very, very effective in its news management, and on taking power I think the view was that much of the old [Government Information Service] system was not well equipped in the skills of news and media management … as the Labour opposition had been before they took power" (Q 8).

8. In the two years following the 1997 election, 17 of the 19 departmental Heads of Information left office (Q 534), and a number of political special advisers (see paragraph 85 for further background) were appointed to work in communications.

9. In September 1997, the then Cabinet Secretary, Sir Robin (now Lord) Butler appointed Sir Robin Mountfield to review the Government Information Service (GIS). The Mountfield Report was published in November 1997. It identified a number of weaknesses with the existing system, including wide variation in the practice and effectiveness of press offices across departments. In some instances, there had been a breakdown in effective co-ordination between civil service press officers and special advisers briefing the media. There had also been accusations of pre-emptive briefing by one department against another, and criticism from some senior journalists of the loss of impartial and press office service providing a function of record[1]. Most of the report's recommendations were adopted (see paragraph 35).

10. However, despite clearer guidance to both civil servants and special advisers on their respective functions and duties, further problems arose. Most notable were the high-profile events in 2001–02 within the then Department for Transport, Local Government and the Regions, which led to the resignation of both the special adviser, Jo Moore, and the Director of Communications, Martin Sixsmith.

11. In July 2002, the House of Commons Public Administration Select Committee conducted an investigation of the incident and made a number of recommendations intended to stop any such problems arising in the future. One of the main recommendations was for a "radical external review of Government communications" to "examine not only the effectiveness of the Government Information and Communication Service, but also the roles played by other civil servants and special advisers who have a responsibility for communications".[2] The Government accepted this recommendation.

The Phillis Review's terms of reference and principles

12. The Government subsequently appointed Sir Robert Phillis to chair the Review, which began work in February 2003. Its terms of reference were to:

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1 *Report of the Working Group on the Government Information Service*, Cabinet Office (Office of Public Service), November 1997, paragraph 4.

2 Public Administration Select Committee, 8th Report (2001–02): *"These Unfortunate Events": Lessons of Recent Events at the former DTLR*, (HC 303), paragraph 64, p 19.

> "conduct a radical review of government communications. This will include the examination of different models for organising and managing the government's communication effort, the effectiveness of the current model based on the Government Information and Communication Service, and the roles played by other civil servants, including those special advisers who have a responsibility for communications."[3]

13. The Review's main recommendations are reproduced at Appendix 6. It published an interim report in August 2003 and a final report in January 2004. The final report suggested seven main principles should underpin all Government communications. They were:

- Openness, not secrecy.
- More direct, unmediated[4] communications with the public.
- Genuine engagement with the public as part of policy formation and delivery, not communication as an afterthought.
- Positive presentation of government policies and achievements, not misleading spin.
- Use of all relevant channels of communication, not excessive emphasis on national press and broadcasters.
- Co-ordinated communication of issues that cut across departments, not conflicting or duplicated departmental messages.
- Reinforcement of the civil service's political neutrality, rather than a blurring of government and party communications.[5]

14. It is important to keep these principles in mind as they underpin all the Review's recommendations. It is against these principles that our inquiry has sought to examine the present effectiveness of Government communications.

What the Phillis Review found

A breakdown in trust

15. Sir Robert told us that the "major theme that dominated" (Q 20) the final report was a "three-way breakdown in trust between government and politicians, the media and the general public".[6] The Review suggested that this breakdown had led to increasing disillusion among parts of society, particularly the young and certain ethnic groups and concluded that the "traditional culture of secrecy in British government has not helped this breakdown".[7] The main focus of the recommendations was therefore to help restore "trust in, and the credibility of, government communications".[8]

16. The Review's recommendations were aimed at the Government, but we did ask Sir Robert what reciprocal responsibility rested with the media. He explained that although "the media was not a specific part of our brief and

---

3 *An Independent Review of Government Communications*, January 2004, p.1 ("the Phillis Review").

4 By "unmediated", the Phillis Review seems to have meant not mediated by journalists.

5 Phillis Review, p. 2

6 Ibid.

7 Ibid.

8 Ibid.

review … we felt that both government and the media and the press should ask themselves what their responsibilities were in the reporting of accurate, credible, timely and truthful information during the process" (Q 13). We agree.

The communications structure

17. The fundamental problem the Review identified related to the structure of Government communications. The influence of the Government Information and Communications Service (GICS), which had replaced GIS, was minimal. It was not involved in policy formulation in individual departments, or the process of co-ordinating information between departments (QQ 8, 14). It had no formal role in departments' recruitment or development of communications staff.[9] The Review concluded in its interim report that GICS had "neither the authority nor the capability to enforce standards in communications".[10]

18. Membership of GICS was voluntary, and, according to Howell James CBE, who was a member of the Phillis Review, it was very hard to identify the criteria for membership (Q 45).

19. The weakness of GICS resulted in a lack of co-ordination in the event of crises or policies that involved several departments. The Review found "duplication of effort, contradictory messages and a damagingly slow response to crises".[11] Sir Robert described the lack of co-ordination during the foot-and-mouth crisis of 2001 as "extraordinary" (Q 31). These "structural and systems weaknesses" made GICS "no longer fit for purpose".[12]

20. The Review's identification of this fundamental problem resulted in a recommendation in the interim report that the Government replace GICS with "a more powerful, authoritative centre"[13] that used "a wider definition of communications professionals encompassing all those involved in communication activity". This new centre was to be led by a new post of Permanent Secretary, Government Communications.[14]

21. The Review suggested that the new Permanent Secretary, Government Communications should have responsibility for appraising departments' communications performance, in order to encourage consistency, transparency and high standards. His functions would also include setting standards in recruitment and instigating a development programme in order to improve skills[15], and co-ordination of cross-government communications activity.[16]

Special advisers

22. Sir Robert told us that the weaknesses of Government communications had led to the incoming administration in 1997 trying to take greater central control. One way it sought to do this was to expand the number and role of

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9 Ibid., p. 9.

10 Ibid., p.32.

11 Ibid.

12 Ibid., p. 3

13 Ibid., p. 34

14 Ibid., p.3.

15 Ibid., pp. 19, 21.

16 Ibid., p.13.

special advisers skilled in handling the media (Q 8). He suggested that the approach of many of the special advisers working in communications was to favour an "inner circle" of reporters that led to "a sense of exclusion" among the rest of the media (QQ 13, 18). Sir Robert told us that this increased the adversarial relationship between the Government and the media, which resulted in a "tendency to challenge every piece of government information from whatever source" (Q 13). This tendency was exacerbated by the timing of the publication of Government statistics and facts, which Sir Robert believed were sometimes "used to reinforce a political point" (Q 19). This "use of information as a political weapon" had "contributed to the atmosphere of mutual suspicion between the government and the national media".[17]

23. To address the particular issue of the use of statistics, the Review recommended that "core central government statistical information should be automatically, routinely and systematically made available, with schedules published in advance and strictly observed"; and proposed "a new statute to define a clear remit for the National Statistician and the Statistics Commission"[18], which would underline their independence from political interference.[19]

24. In 1997, the Prime Minister's Director of Communications and Strategy, Alistair Campbell, had been given the power to direct civil servants. This arrangement made Sir Robert "very uncomfortable" (Q 29).

25. The Review also found that, in some departments, special advisers' relationships with Civil Servants, and their respective roles and responsibilities, were not always clear. Such relationships had the potential to create confusion over the point at which advocacy compromised impartiality.[20]

26. The Review therefore recommended that the new Permanent Secretary, Government Communications should develop clear guidelines to cover all staff involved in communications, including special advisers[21], with new rules to cover the conduct of special advisers and boundaries with the civil service[22]. It also recommended that complaint procedures should be introduced for civil servants experiencing difficulties as a result of the demands of special advisers.[23]

27. With particular reference to the arrangements at Number 10, the Review recommended that shorter-term media handling and cross-government crisis co-ordination should be shared between two posts—first, a politically appointed Director of Communication, and second, the Prime Minister's Senior Official Spokesperson, a civil service appointment, with management responsibility for Number 10's communications civil servants to fall to the civil service appointment.[24] The executive powers given in 1997 to

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17 Ibid., p. 23.

18 Ibid., p. 4.

19 Ibid., p. 25.

20 Ibid., p. 32.

21 Ibid., p. 4.

22 Ibid., p. 21.

23 Ibid., p. 22.

24 Ibid., p. 14.

Alistair Campbell in his role as Director of Communications and Strategy should not apply to the successor appointment at Number 10.

The Lobby

28. A further area that the Review examined was the Lobby system. The 'Lobby' is the name given to a group of parliamentary journalists who enjoy privileged access to briefings and to certain parts of Parliament. The chief privilege is the right to enter Members' Lobby (adjacent to the Commons Chamber)[25] in order to interview MPs. The other main privilege is access to Lobby briefings given twice daily by the Prime Minister's Spokesperson. One is held in the Treasury at 11am, hosted by Number 10 and now open to all journalists. The other is held in the Palace of Westminster at 3.45pm, hosted by the Lobby itself and restricted to journalists with Lobby passes. (See Appendix 4 for the current number of Lobby passholders for each news organisation and Appendix 5 for an example of a summary of a Lobby briefing.)

29. The Review was concerned that there was a perception among journalists that an 'inner circle' received more information than other reporters. This was partly to do with the Lobby. The Review found that the Lobby system was "no longer working effectively for either the government or the media"[26], both of which had had "their credibility damaged by the impression that they are involved in a closed, secretive and opaque insider process".[27]

30. The Review therefore recommended that "all major government media briefings should be on the record, live on television and radio and with full transcripts available promptly online", and that "Ministers should deliver announcements and briefings relevant to their department at the daily lobby briefings, which should also be televised, and respond to questions of the day on behalf of the government".[28]

The focus of Government communications

31. Although the term 'Government communications' embraces both media handling and direct communication with the public, the Review was concerned that the Government had concentrated its time and resources too much on the national media. This led to the Review's "central recommendation"—that "the role and scope of government communications" be redefined to mean a citizen-focussed "continuous dialogue with all interested parties"[29], based on the principle of "direct, unmediated communications to the public"[30]. The Review further recommended empowering the public through "Customer-driven online communication"—the presentation of Government information on the internet to reflect user need and perceptions.[31]

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25 Only journalists with Lobby passes may enter Members' Lobby. Journalists with general parliamentary passes have access to other areas, including Portcullis House, where many meetings between journalists and MPs now take place.

26 Phillis Review, p. 4.

27 Ibid., p. 25.

28 Ibid., p. 4.

29 Ibid., p. 3.

30 Ibid., p. 2.

31 Ibid., p. 5.

32. In evidence, Sir Robert said that the public has more trust in information that is not mediated by journalists and that this was the driver behind the Review's recommendations (Q 20).

Government communications and the regions

33. The Review cautioned against the "excessive emphasis on national press and broadcasters", and urged, as a matter of principle, that the Government use "all relevant channels of communication".[32] It found that "much can be done to improve the relevance and appeal of communication from government by tailoring it to the different communities of the United Kingdom." Two advantages were cited for this "more localised approach"—the potential both to "harness the greater trust often placed in local media"; and to "engage" audiences directly affected by Government policy in a particular way in particular regions.[33]

34. An important element of this new approach would be the value regional offices could add to the Government's message by providing information on local or regional impact—and communication of local views back to Whitehall. It was also suggested that the Government "should involve local and regional newspapers and regional radio and TV to a much greater extent".[34] In addition, it was suggested that more "frequent visits to the regions by Cabinet Ministers are important, particularly when there is a controversial live issue to address such as a major road or airport development."[35]

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[32] Ibid., p. 2.

[33] Ibid., p.18.

[34] Ibid.

[35] Ibid., p. 19.

CHAPTER 3: CHANGES TO GOVERNMENT COMMUNICATIONS

The Mountfield Report

35. The Government implemented many of the recommendations in the 1997 Mountfield Report (see paragraph 9). For example, a Strategic Communications Unit was set up in Number 10, answerable to the Prime Minister and working through the Chief Press Secretary. The Government also implemented reforms to the Lobby system, including on-the-record briefings and attributable sources. In addition, it encouraged closer co-operation between departmental press officers and special advisers. The Government Information Service was renamed the Government Information and Communications Service (GICS) in order to reflect a new focus on two-way dialogue with the public.

Government innovation in communication

36. We also note that this Government has established new ways of communicating. These include the Prime Minister's twice-yearly appearances before the House of Commons Liaison Committee; the Prime Minister's monthly press briefing; 'Ask the PM' (which allows citizens to submit their own video questions to the Prime Minister); and 'E-Petitions' (a system for submitting online public petitions).

From GICS to GCN

37. The Government accepted many of the Phillis Review's recommendations. GICS was replaced by a stronger central structure, called the Government Communications Network (GCN). GCN incorporated all communications disciplines, not just press officers. In addition, the Government accepted that GCN should be led by a Permanent Secretary, based in the Cabinet Office and reporting directly to the Head of the Home Civil Service.

38. In his evidence to us, Howell James (who held the position of Permanent Secretary, Government Communications from July 2004 until June 2008) outlined his vision for the role and described it as "head of profession for all government communications … taking on the senior Civil Service leadership for all government communicators [and] responsible for the professionalising agenda across government for the communicators". He went on to say that his focus was on "cross-government comms activity—not the sort of short term news management stuff that Number Ten tends to focus on, but some of the longer term planning activity, which also touched on counter terrorism, crisis management, foot-and-mouth, avian flu, pandemic flu planning" (Q 34).

Number 10

39. The Government accepted the Phillis Review's recommendations for restructuring communications at Number 10. The post of Director of Communications was split in two, with a politically appointed Director of Communications, and a career civil servant as the Prime Minister's Spokesperson. The Order in Council allowing the politically appointed Director of Communications to direct civil servants was revoked, in June 2007.

40. The current Prime Minister, Gordon Brown, subsequently combined both roles into one position—the Prime Minister's Spokesperson, who is still a civil servant, currently Michael Ellam. He told us that "as well as being the Prime Minister's spokesman I am the Director of Communications in Downing Street and that means I have responsibility for managing the civil service staff in Downing Street who deal with communications" (Q 474). Sir Robert told us this change did not concern him "providing that that centre has the strong Permanent Secretary and professional leadership of the civil servants working to the Cabinet Office and therefore Number Ten" (Q 30).

Regional Government communications

41. Recent changes within regional Government communications fall broadly into two main areas. First, the Government has its own regional news service, which at the time of the Phillis Review was called the Government News Network (GNN) and based in the Cabinet Office. In 2005, GNN was moved to the Central Office of Information (COI), restructured and renamed the News Distribution Service (NDS). The NDS now has regional directors in all nine English regions, as well as in Scotland, Wales and Northern Ireland. In many cases they are co-located within the regional Government Office, in an attempt to improve co-ordination of Government communications between Whitehall, the devolved nations and the English regions.

42. The second area of change is within central Government departments. In its written submission, the Cabinet Office said that "the way that departments deal with the regional media is changing. Many departments now have dedicated regional press officers who work closely with regional media on issues of importance to the local area. They are responsible for working with national colleagues to deliver key information around rights and responsibilities." The Government points to a number of examples, such as at HM Revenue and Customs (HMRC), where 45 members of staff volunteer to act as spokespeople on local radio, answering questions on all aspects of HMRC operations from filling in a self-assessment form to paying the national minimum wage (p 126).

Government statistics

43. The most important reform in this area has been the creation of an independent United Kingdom Statistics Authority[36], which was established by statute[37] as a non-ministerial department in order to depoliticise the release of official statistics. It oversees the release of all official statistics by the Office for National Statistics and reports directly to Parliament. The Cabinet Office states that the Statistics Authority's *Code of Practice for Statistics* "will reinforce the existing requirement that the release of all official statistics should be pre-announced one year ahead, with the exact date of release announced either six months ahead (in the case of market-sensitive statistics), or one month ahead (in the case of other official statistics)" (p 126).

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36 Known, legally, as the Statistics Board.

37 Statistics and Registration Service Act 2007.

Freedom of Information

44. In this inquiry we have not focussed on the Government's implementation of the Freedom of Information Act (which came into force on 1 January 2005). However, it was considered by the Phillis Review, and some witnesses did raise the issue with us. The Review stated that FOI "offers a real opportunity to make government at every level more accountable, breaking the current culture of secrecy and partial disclosure of information which is at the root of many of the problems we have examined"[38] and that "when implementing the main provisions of the Freedom of Information Act, the overriding presumption should be to disclose".[39]

Training and support for Government communicators

45. The GCN has been mandated to improve communications within the civil service, as well as providing new tools for supporting civil servants to improve their own communication skills. It has established two programmes to achieve this aim, Engage and Evolve. The first programme, Engage, was launched in April 2006 as a best practice communications planning model and guide, which allows staff to identify their audiences and tailor messages suited to that audience. The second programme, Evolve, began in March 2007, and is an interactive professional development framework designed to improve skills and strengthen both recruitment and training across departments (p 122). Sir Robert Phillis was supportive and commented that Evolve "involves a comprehensive programme of recruitment, a selection of training … of testing one's own skills … combined with a sensible and judicious bringing in from private sector of skills in that area" (Q 20).

Online communication

46. Growth in the use and popularity of the internet over the past few years has opened up opportunities for the Government to supply information directly to the public in a cost-effective manner. We recognise the considerable progress the Government has made in harnessing the potential of online communication to improve and increase communications directly with the public. As one way of achieving better communication of information to the public, the Phillis Review advocated one central Government website "within which the output of the various different departments and agencies can be found."[40]

47. The Government accepted this recommendation and launched the Directgov website (www.directgov.uk). This website was designed to provide a single point of access to public sector information and services. It contains information from 18 different Government departments and is structured from the point of view of users. Users therefore do not need to know the structure of government in order to find the information they want (p 125).

Conclusion

48. Sir Robert told us that members of the Review were pleased with the Government's "very speedy response" to their recommendations (Q 21). We,

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38 Phillis Review, p.23.

39 Ibid., p.4.

40 Ibid., p.26.

too, welcome and acknowledge the aspects of the Phillis Review that have been properly and fully implemented. Nevertheless, Sir Robert told us there were areas of his report "where perhaps all that we had hoped for has not been achieved" (Q 22). The purpose of the rest of this report, therefore, is to consider in what areas there is still need for improvement.

CHAPTER 4: WHAT STILL NEEDS TO BE DONE

Openness not secrecy

49. The first of the Review's seven principles, "openness not secrecy"[41], is of fundamental importance. This is the key to improving Government communications. If all Government departments and Ministers fully embraced this principle, many of the problems identified during this inquiry would be substantially reduced.

50. Evidence we received suggested that the Government has made some improvement in its efforts to be more open in the provision of information, particularly in making more information available directly to the public through the internet (see paragraph 115). However, in other areas there is still progress to be made by the Government to ensure it adheres to the principle of openness, not secrecy. We are particularly concerned about the way in which governments sometimes choose to make announcements.

Making announcements

51. In their evidence to us, some journalists were critical of what they said were Government statements being selectively trailed in advance of the official announcement, as well as policies being announced prior to Parliament being informed.

52. We are particularly concerned about the selective trailing of announcements. The evidence we received from journalists suggested that 'friendly' journalists are sometimes told the content of Government announcements before they are made formally. An obvious reason for doing this is to secure favourable and prominent coverage for a Government policy in return for exclusivity.

53. Jackie Ashley, (*Guardian* columnist); Steve Richards, (*Independent* columnist); Benedict Brogan, (*Daily Mail* Political Editor); and Nigel Hawkes (Health Editor, *The Times)* all agreed that selective trailing is not a new phenomenon but is more common now (QQ 153, 251, 255). Nigel Hawkes told us that "everything is trailed … usually to journalists who are more likely to take a favourable view" (Q 153). Nicholas Jones, a journalist and member of the Campaign for Press and Broadcasting Freedom, agreed. He suggested:

> "What is needed is a change of culture and a new presumption that the flow of information from the state to the media should be de-politicised and that all news providers outlets should have equal access … The practice of trailing government announcements in advance—almost invariably on an off-the-record basis—has now become institutionalised within Whitehall departments. To all intents and purposes it has become the state-sanctioned leaking of official information" (p 170).

54. Nigel Hawkes argued that selective trailing is unfair, as it advantages certain media outlets over others. He also said that:

> "certain things will get trailed in advance, sometimes on the understanding that you will not make any phone calls to stand them up

[41] Ibid., pg 12.

> or to get criticism of them. The stories appear and they are slightly half-baked stories: when the actual report appears, the appetite for writing about it has gone. Very often big announcements will be made, they will be so extensively trailed that by the time the report actually appears I cannot persuade my news desk it is of the slightest importance. 'We knew all that already, did we not?' That leads to bad reporting" (Q 154).

55. A closely associated issue is the making of announcements through the media that should properly have been made first to Parliament. Again, this may make it easier for Government to secure positive coverage of their policies. Nick Robinson, Chief Political Editor at the BBC, suggested that the nature of the modern media is also responsible. There can be huge pressure on the Government to respond to breaking stories immediately rather than wait until Parliament is sitting. Referring to one case where the Home Secretary announced a new Government policy on knife crime directly to the media, he explained that:

> "despite the genuine desire of Gordon Brown when he became Prime Minister to do things in Parliament first, the pressure to give something to the papers … to fill the time between the headlines on knife crime and the announcement on Tuesday, meant that it was not said to Parliament first, it was not said formally, it was not said by the departmental press team … So all of those things stem from the political pressure that Number 10 feels under, under any administration, to have things to say when they are in trouble" (Q 130).

56. The Minister for the Cabinet Office and Chancellor of the Duchy of Lancaster, the Rt Hon. Liam Byrne MP, told us that all substantial announcements should be made to Parliament first with no pre-briefs (Q 568). We agree with this aim but doubt whether it is always fulfilled. We witnessed one example in the course of this inquiry. In October 2008, the Pensions Bill was being considered by the House of Lords. The Government had previously resisted a backbench amendment to make it easier for women to buy back years to improve their basic pension. The *Daily Mail* was particularly critical of the Government's refusal to act. Then, on 24 October, the *Daily Mail* carried an exclusive story splashed on its front page which announced that the Government had reconsidered its policy and would table its own amendment that day. The article included direct quotes from the Secretary of State for Work and Pensions, the Rt Hon. James Purnell MP. The announcement was made first on an exclusive basis to a newspaper that was likely to give it a positive reception.

57. The Ministerial Code states: "When Parliament is in session, the most important announcements of Government policy should be made in the first instance, in Parliament."[42] This is an important principle. Members of Parliament are the democratically elected representatives of the people and they have been elected to Parliament in order to scrutinise the Executive on behalf of their constituents.

58. In Parliament, substantial announcements should be made orally by the relevant Minister. (Statements made in the House of Commons may be repeated in the House of Lords.) Other announcements may be made by

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[42] Ministerial Code, Cabinet Office, July 2007, paragraph 9.1, p 19.

written statement to both Houses or in the course of debate or passage of a Bill.[43]

59. When an announcement is made to Parliament, the information is put in the public domain in an open and transparent manner. All journalists and members of the public have access to that information at the same time and the opportunity of opposition parties and backbenchers to question the Government means that policy is scrutinised from different perspectives as soon as it is announced. The release of information through a statement to Parliament is fully in line with the Phillis principle of "openness, not secrecy".

60. Recently, some departments have published prior press releases in order to maximise press coverage of the parliamentary statement. Sian Jarvis, Director General of Communications at the Department of Health, told us that it was common and accepted practice to "put out information" in advance about the major themes of a statement in order to be on "the front foot" in promoting government policy. She argued that this was "entirely appropriate" (Q 361). Whether it is appropriate or not depends on the facts of the individual case. What is clear, however, is that in employing this practice the Government risks breaking its own rules (see paragraph 57) on making announcements to Parliament. Government departments must be very careful not to pre-empt Parliament.

61. In October 2000, the Speaker of the House of Commons, the Rt Hon. Michael Martin MP, made it clear that the content of ministerial statements should not be trailed before they are made to Parliament:

> "I must make it clear that if Ministers were to release information to the press before the House was informed of major policy developments I would regard that as an unacceptable discourtesy to the House. If that occurred, I would expect the Minister concerned to apologise to the House … I expect Ministers to take measures to ensure that other authorities, who are privy to confidential information, protect it until the House has been informed."[44]

62. **We appreciate that in the case of market sensitive information, or certain EU-wide announcements, it may not be practical or possible to inform Parliament first. In such cases, we recommend the Government should commit to return to Parliament at the earliest opportunity in order to give an account of developments.**

63. We also readily acknowledge that both selective trailing and announcements that pre-empt Parliament can raise difficult issues of judgment. It is not always black and white. Journalists themselves compete for "exclusive" stories and some of these will result from "leaks" rather than briefings. Specialist correspondents who know their area can often make an informed guess of which way Government policy is developing. A Minister may make a remark at a lunch with political correspondents that fills in a gap in the journalist's knowledge. Steve Richards observed that "information will get out in all its different forms whatever structure is put in place" (Q 217).

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[43] Written ministerial statements are a procedure introduced in 2004 that we welcome, as they make the process of written Government announcements to Parliament much more open and transparent; HC Deb 13 February 2001 col 160.

[44] HC Deb 30 October 2000 col 513.

64. It is important, however, that neither selective trailing nor a willingness to pre-empt Parliament should ever become part of any Government's communication strategy. It is vital that Ministers of any administration should understand clearly the standards expected of them. To help achieve this, we make two recommendations.

65. **First, we recommend that the Prime Minister draw all Ministers' attention to the guidance in the Ministerial Code that the most important announcements of Government policy should be made in the first instance to Parliament. Ministers should be reminded that trailing the content of announcements is incompatible with the Ministerial Code and the guidance of the Speaker of the House of Commons. This should be repeated at the start of every new Parliament.**

66. **Second, the Prime Minister should also issue clear instructions to all Ministers, and their staff, that new information should always be provided on a fair and equal basis to all interested journalists. This instruction, too, should be repeated at the start of every new Parliament.**

The Lobby

67. Another barrier to openness is the Lobby system. The Phillis Review suggested that there was "an 'inner circle' of reporters who have good access, but a disenfranchised majority who do not."[45] In 2008, the Lobby had 176 members, with the BBC alone having 30. The Review recommended reform of the Lobby, including televising briefings.[46] In his evidence to us Sir Robert said that the Review's recommendations about televising Lobby briefings had not been adopted because there was "no enthusiasm at all … in relation to media briefings in the role of the Lobby" (Q 22).

68. Benedict Brogan, current Chairman of the Lobby, said that, previously, the Lobby had been "closed", "secretive and quasi Masonic" (Q 211). He suggested that the modern Lobby is not like this. Howell James, former Permanent Secretary, Government Communications, agreed. He told us that the Lobby had opened up slightly in recent years, with summaries (but not verbatim transcripts) of briefings available on the internet. He questioned, however, whether there was any appetite for televising the briefings (Q 80).

69. Other witnesses supported broadcasting the Lobby. They included the Chartered Institute of Public Relations (CIPR), which told us:

> "Recent reforms to the Lobby system have been useful, but have not addressed the central issue—which is the concept that there is some kind of 'magic circle' of privileged journalists who are granted special access to the thinking of ministers. The current system encourages an unhealthy closeness between government and a small elite group of journalists, and the kind of anonymous briefing which exacerbates the cynicism with which the general public views the political system and politicians themselves. Briefings should be open and transmitted live along similar lines to White House press conferences, where the

45 Phillis Review, p.10.

46 Ibid., p. 26.

spokesperson (a professional communicator) can choose to respond to questions" (pp 163–4).

70. Nicholas Jones told us: "Despite its acceptance of the Phillis recommendations, the government made only a half-hearted attempt to persuade Lobby correspondents to accept on-camera briefings and it was no surprise that the Lobby voted to maintain the status quo, anxious to defend at all cost the un-attributable and anonymous briefings which have become the lifeblood of modern political journalism." He went on to state: "On-camera briefings would introduce a sense of discipline … Greater certainty about the government line would also assist departments and agencies" (p 170).

71. Benedict Brogan said that he would have no particular objection to televising Lobby briefings but wondered whether any real benefits would derive from such action (Q 212). Jackie Ashley said that she "would love to see it on camera. I would not spend my time going there because as a columnist it is not a good use of your time, but I would love to be able to just turn on my computer and click in every day and see what is going on" (Q 213).

72. However, some witnesses had concerns about a particular aspect of broadcasting Lobby briefings. Benedict Brogan argued that the reason the briefings were not televised was that "civil servants are perhaps reluctant to become faces on television" (Q 211). Howell James was "nervous" (Q 81) about televised briefings, and questioned whether it would be an "appropriate role for a civil servant to appear on television every day". He suggested that, if such briefings were televised, alternatively the Government could consider creating a Minister for Communication to lead the briefings (Q 80).

73. Civil servants conducting public briefings is not unprecedented. For example, during the Falklands War, a Ministry of Defence civil servant, Ian McDonald, provided press briefings that were broadcast on television and radio. More recently, prominent civil servants such as Liam Donaldson, Chief Medical Officer, and Sir David King, Chief Scientific Adviser 2000–07, have both conducted media interviews on screen discussing Government policy.

74. The morning Lobby briefing is already open to all journalists, and although the afternoon meeting is not, this is at least in part because of security and space considerations (it is held in Parliament). Summaries of both briefings are available on the Number 10 website and quotes are attributable to the Prime Minister's Spokesperson. We see no reason, therefore, why the Prime Minister's Spokesperson should not continue to speak at the Lobby briefings if they were broadcast. He would not need to change the nature of what he said: the briefings would continue as they are. Broadcasting them will make them more transparent and open. The Lobby would be more open if briefings were broadcast. This would also help dispel any continuing myths about the Lobby and the sense of secrecy it still engenders.

75. We see no good reason for not broadcasting the daily Lobby briefings but we note that no progress has been made to break the log-jam. Broadcasting such briefings would give the public and all parts of the media confidence that they are not being excluded from an "inner circle", and would give them information to which they are entitled. **We therefore propose that, as a first step, the morning briefing, which is already open to all journalists, should be live on the Number 10 website. If television or radio broadcasters wished to use clips from that footage they could do so.**

76. In the Government response to the Phillis Review, the then Minister for the Cabinet Office, the Rt Hon. Douglas Alexander MP, stated: "The Government remains committed to the principle, reflected in the Ministerial Code, that when the House is sitting announcements of Government policy should, in the first instance, be made in Parliament."[47] From what we have said it is clear that we have no intention of challenging this principle, but the point is that these briefings already take place and should not include pre-announcements. (See Appendix 5 for a summary of a lobby briefing). We are proposing nothing new in that respect. All that televising the briefings would do is make them available to a larger audience.

77. Historically, the Leader of the House of Commons gave a weekly Lobby briefing after Business Questions. This no longer happens. Adam Boulton, Political Editor, Sky News, explained:

> "One of the longstanding conventions of the lobby has been that the Leader of the House had a weekly lobby briefing which was the main point of direct contact between the Government and the lobby. That was something that fell into abeyance but was brought back by Jack Straw. Harriet Harman, although we sought her out, discontinued it. I think that is a real shame and damages Parliament, not least because it was concentrated around business and what was going on" (Q 139).

78. Benedict Brogan said it was to his "deep regret" that this practice had been discontinued (Q 208). Previously, this briefing ensured direct contact between the Lobby and Ministers each week and also helped raise the profile of parliamentary business. **We recommend that the Leader of the House of Commons should reinstate a weekly briefing on parliamentary business.**

Open access to press conferences

79. A related concern is open access to Government press conferences. In his written evidence William Horsley, Chairman of the Association of European Journalists (UK), argued: "If the government accepts the Phillis recommendations, ministers should take responsibility for ensuring that press officers allow open access to press conferences, and wherever possible to background briefings as well" (p 168).

80. We received evidence of one case where a journalist was excluded from a press conference at the Department of Health. Mr Tony Collins, Executive Editor of *Computer Weekly*, told us about a time in 2005 when the department had held a press conference about an NHS information technology project:

> "An invitation was sent to a number of magazines and national journalists, one of whom sent a copy of the invitation to me … it was the first time I have seen an invitation to a press conference which was confidential and the journalist was asked not to pass on the invitation. I rang and asked whether I could go and we were told that the conference was full. My editor asked me to go anyway and about 18 journalists filed through the electronic turnstiles at Richmond House and when I went through, I had my way barred by the minister's adviser" (Q 142).

Mr Collins was told that he could not attend because the matter would not be of interest to him but he believes that "they did not want me to ask informed questions" (Q 146).

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[47] http://archive.cabinetoffice.gov.uk/gcreview/News/governmentresponse.pdf

81. Sian Jarvis defended the Department of Health's actions in this case. She said that the event was a "bespoke briefing" rather than a press conference and that: "Sometimes we want to bring a group of journalists up to speed on a particular subject and in this case we identified that the health lobby did not have as much information about the national programme for IT ... We did not invite the trade press—Tony Collins is part of the trade press—because they had so much information about it" (Q 347).

82. Whatever the details of this case, we are concerned that there should never be a perception that access to press conferences or briefings is dependent on the kind of coverage a journalist is likely to give. This perception can only fuel the breakdown in trust between the media and the Government. **We recommend that all Government press conferences should be as open as possible and that all major press conferences should be live on the internet so that they are open for anyone to listen to.**

The roles of civil servants and special advisers

Civil Service neutrality

83. The Phillis Review recommended that one of the seven principles underpinning all Government communications should be reinforcement "of the Civil Service's political neutrality, rather than a blurring of government and party communications."[48] In his evidence to us, Sir Robert stated: "The professional Civil Service communicator must remain impartial, and it was one of the bulwarks of what we said in our report, that this division had to be clear" (Q 16).

84. In its written evidence, the Cabinet Office stated:

> "All government communications activity is subject to strict propriety guidance, which, along with the Civil Service Code, defines how civil servants can properly and effectively present government policies and programmes. The following basic criteria have been applied to government communications by successive administrations. The communication:
>
> - should be relevant to government responsibilities;
> - should be objective and explanatory, not biased or polemical;
> - should not be—or liable to be—misrepresented as being party political; and
> - should be conducted in an economic and appropriate way and should be able to justify the costs as expenditure of public funds" (p 120).

Special advisers

85. Special advisers are temporary civil servants appointed by Ministers (with the written agreement of the Prime Minister). While they must adhere to the Civil Service Code, they are exempt from the stipulation to behave with impartiality and objectivity.[49] The Code of Conduct for Special Advisers states:

> "Special advisers are employed to help Ministers on matters where the work of Government and the work of the Government Party overlap and where it would be inappropriate for permanent civil servants to become involved. They are an additional resource for the Minister providing

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48 Phillis Review, p 2.

49 Civil Service Order in Council 1995, Article 3.

assistance from a standpoint that is more politically committed and politically aware than would be available to a Minister from the permanent Civil Service."[50]

86. The Code attaches further conditions because of special advisers' political status. For example, although they may represent Ministers' views on Government policy to the media, the relevant political party must handle briefing on purely party political matters. The Code also establishes that all contacts with the news media should be authorised by the appointing Minister and conducted in accordance with the Guidance on Government Communications.[51]

87. We note that, since 1995, the number of special advisers employed by the Government has risen from 38 to 73—a 92 per cent increase. According to the Rt Hon. Liam Byrne MP, Minister for the Cabinet Office, 13 of the Government's special advisers deal primarily with the media, including two media specialists at Number 10 (Q 561). We believe that it is extremely important that special advisers adhere to the same rules as civil servants, with respect to selective trailing and pre-announcements. For example, the Government's own propriety guidance for its own communications staff clearly states: "Any announcement of a new policy must always respect the primacy of Parliament. If a minister announces a new policy outside the House, they risk being reprimanded by the Speaker."[52] Ministers appoint their own special advisers and only they have the power to remove them. Ministers therefore have a special responsibility to ensure this occurs.

TABLE 1

Number of special advisers employed by the Government

Financial Year	Number
1995–96	38
1996–97	38
1997–98	70
1998–99	74
1999–00	78
2000–01	79
2001–02	81
2002–03	73
2003–04	84
2004–05	77
2005–06	82
2006–07	68
2007–08	73

Source: Cabinet Office written evidence, p 133.

50 Code of Conduct for Special Advisers, paragraph 2, p.1. The Code was first published in 1997; the current version is dated November 2007.

51 Ibid., paragraphs 10, 11, p 3.

52 *Propriety Guidance*, Cabinet Office, p 7.

88. **We believe it is of key importance that Ministers make clear at all times that special advisers must follow the guidance available and stay within the limits set down. As well as sending the guidance to all new special advisers, we believe it is imperative that the guidance is brought to the attention of all new Ministers.**

Structure of departmental communications

89. During our inquiry, it became clear that some Government departments have a better reputation than others for the way in which they communicate. This was also the case when the Phillis Review was taking place. The Review noted that "more needs to be done to increase the professionalism and effectiveness of communication within individual government departments and agencies. The implementation of the Mountfield recommendations has been patchy."[53]

90. In evidence to us, Sir Robert said that one of the problems at the time of his Review was that communications was seen as a second-class role by the civil service and therefore it did not always attract the top people (Q 14). The Review stated: "The standards for entry should be at least as rigorous as those in other areas of the Civil Service. We want communications staff to become what they already are in theory—part of the mainstream Civil Service."[54]

91. In addition, the Phillis Review advocated greater movement of career civil servants between policy and delivery jobs and communications jobs: "Two-way traffic should be commonplace, both as a means of spreading communication skills through the wider Civil Service and as a way of breaking down the 'them and us' attitude that we have witnessed." It states:

> "All policy officials identified as having the potential to reach the very top levels of the Civil Service (SASC level) should have appropriate communications knowledge or experience. Those entering the senior levels of the Civil Service should be able to demonstrate good understanding of the wider role of communications within government and where they have successfully applied those skills in previous jobs."[55]

92. However, despite the leadership of the Permanent Secretary, Government Communications, and some significant progress made in developing training and development programmes for communications professionals, it is clear there are still some departments that fail to attract top staff to communications posts. The Chartered Institute of Public Relations (CIPR) told us:

> "In some, particularly the outward-facing and delivery departments, communications has been re-positioned and resourced as an important function with an increasing number of Communications Directors taking on more senior roles. However, there are still a number of departments that neither position and resource communications appropriately nor do they appreciate the contribution that communications can make. In this respect the civil service has fallen

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53 Phillis Review, p 15.

54 Ibid., p 19.

55 Ibid., p. 21.

behind best practice in industry, where the director of communications almost invariably has a seat at the top table" (p 161).

93. CIPR also characterised civil service performance as patchy, due largely to a de-centralised professional structure, disparities in budgets and the varying commitment of senior officials and Ministers (p 160).

94. We also took evidence from the senior communications officials of three large Government departments—the Ministry of Defence, the Foreign and Commonwealth Office and the Department of Health. Ian Hargreaves, Strategic Communications Director at the Foreign and Commonwealth Office, told us: "The ideal person joining the Foreign Office Press Office is somebody who has a combination of good knowledge of the Foreign Office by having done a number of postings in the Office combined with some hands-on experience of doing communications work, perhaps in an overseas mission working on the press side" (Q 390).

95. In contrast, Sian Jarvis explained that it is less common for the Department of Health press office to have staff with significant experience of policy work: "They are mostly professional press officers" (Q 391). She went on to explain that the department does sometimes have fast-stream civil servants with policy experience to do "stints" in the press office, but these rarely last more than six months (Q 393).

96. Attracting high-calibre staff to communications positions helps ensure that communications is seen as an important role in all departments. The departments that have high-flying staff in their communications offices are better equipped to deal with complex press enquiries. Many of the journalists who gave evidence to us spoke of their frustration in dealing with press officers who were not qualified to discuss policy.

97. Adam Boulton told us that departmental press offices are "much punier and more insignificant than they were once" (Q 116). He added that in contrast special advisers are now more influential in Government communications, but this had not always produced a good outcome. He said that there had been "a number of instances where the Government have ended up getting into trouble because … the briefing has been done by the special adviser, who frankly did not know what they were talking about and in any case was trying to put a political spin on it" (Q 128).

98. Nigel Hawkes agreed, saying "you would not these days ring departmental press officers to find out what is going on" (Q 151). Frank Gardner, BBC Security Correspondent, suggested the Ministry of Defence has a mixed record in this area:

> "Generally I find that there is an enormous difference between speaking to serving officers who have recently been on operations, who are now manning a desk at the MoD, and civilians who, frankly, do not know nearly as much and will often be reading from a prepared script which has very much the stamp of central government on it; not quite spin but 'This is the official line and we're sticking to it' … the MoD have come on in leaps and bounds in the last two years; they are making more of an effort to talk intelligently to us and treat us as grownups, but they still have a way to go" (Q 161).

99. In contrast Tim Marshall, Foreign Affairs Editor at Sky News, held the FCO up as a shining example of best practice: "I am a bit of a patsy perhaps but I

do think the FCO is possibly the best press department in Government" (Q 165). He went on to explain:

> "I am able, on a daily basis, to talk through why HMG went down that line on the Zimbabwe vote recently, why they do this, what would have happened if they had done that and they are happy to talk through that and that really informs you as a so-called specialist to be able to get the context. I do not know of any other department which does that. They have a piece of paper in front of them which has the line and they will read it to you and if you try to ask a question about it, it says "Computer says no" and they will read it to you again. The FCO by far and away does exactly what was recommended in Phillis and I am ashamed to say that I am a fan" (Q 166).

100. The importance of attracting high-quality staff to civil service communications jobs is paramount. If the media are expected to cover Government announcements accurately, journalists must have access to officials who are able to discuss policies rather than simply parrot press releases. We note that, as part of the Professional Skills for Government programme, communications is recognised as a core skill for all senior civil servants. The departments with the best records on communications are those in which many high-flying career civil servants spend time in communications roles.

101. **We therefore recommend that where possible the careers of such civil servants should include a period of service in departmental press offices or communications generally. The Permanent Secretary, Government Communications (in line with his existing responsibility to develop professional standards and spread best practice) should oversee the implementation of this reform, in consultation with the Permanent Secretaries of each department.**

Greater emphasis on the regional and local media

102. An important recommendation of the Phillis Review was that the Government should improve its communications in the regions partly by nurturing its relationship with the regional and local media.

103. The Government explained that a regional press office service has been part of the COI since 2005 and that in early 2008 the service was significantly restructured "to reduce financial losses and to provide a more integrated service with public relations to support Government campaigns, enabling COI to provide a full mix of marketing communications required by departments." The Cabinet Office also stated: "Many departments now have dedicated regional press officers who work closely with regional media on issues of importance to the local area" (pp 125–6).

104. However, in evidence to us, Sir Robert felt there was still progress to be made in this area: "we did urge about the importance of shifting investment away from London and national communications operations into regional—the investment actually made in the communications function outside London … I suspect [that] has not happened quite as fully as we might have hoped" (Q 23). Other witnesses agreed. The CIPR stated: "There is in the view of our advisors still work to be done to improve regional communications to connect local people to national agenda issues. Generally communications are initiated, driven and controlled by the centre" (p 162).

The Newspaper Society said: "Regional press editors, political editors and Lobby correspondents continue to note the 'never-ending problem of recognition of the regional press' within government press offices whose focus tends to be on achieving broadcast media coverage" (p 179).

105. Chris Fisher, Political Editor of the *Eastern Daily Press*, went so far as to say that there had been no improvement in communication with the regional media since 2004:

> "Well, if there has been an improvement … it has somehow passed me by. I think it is the case that the more things change, the more they stay the same. In my experience, communications with the regional media by the government information system have always been mediocre at best, and I think that is still true today" (Q 262).

106. However, others believed that there was now more information available for the regional media, even if its quality was still poor. David Ottewell, the Chief Correspondent of the *Manchester Evening News*, told us:

> "My view would be that the quantity of information we get has certainly improved since the review, but … the quality, as far as we are concerned, is often too low and I think that is based on, and I am sure this is something we will talk about a lot, a fundamental misunderstanding sometimes of the requirements and the nature of the regional press" (Q 263).

107. One of the complaints of regional journalists was that press releases for the regional and local media are rarely more than copies of national press releases with a few local statistics added on. If so, it clearly does not realise Phillis' ambition that each region should do more than "regurgitate" Whitehall press releases.[56] David Ottewell said:

> "there is a sense that what we are often getting from the government information service is a sort of attempt at a regional spin on something we will have already seen nationally and which will already have come out nationally perhaps or a fairly half-hearted attempt to regionalise something which is not necessarily the most up-to-date or interesting news" (Q 264).

108. Mr Fisher agreed: "Their press releases often try to regionalise national announcements with a sort of barrage of statistics … and those statistics are of extremely limited value. The figures need to be broken down to a much better local level" (Q 275).

109. One way to engage the regional and local media more effectively would be to add more than local statistics to national press releases and to guide journalists through the local implications of an announcement. David Ottewell suggested that regional press officers should explain how a policy "impacts on a particular region in a certain way. I am sure there are creative ways of finding a genuinely regional line or message and that is what we need" (Q 266).

110. Another complaint about Government communications is that regional press teams were not proactive in their relationships with the local media. Mr Fisher said: "I have spoken to my paper's news editor, Paul Durrant, and I was rather shocked to discover that he gets a phone call about only once

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[56] Ibid., p. 18.

every three weeks from the people at Cambridge actually flagging something up and usually communication is done by means of the website" (Q 286).

111. Bob Ledwidge, Editor of Regional Political Programmes at the BBC, suggested that the Government press teams did not really understand the role or needs of the local and regional media. He said that there was a need for more "media literacy amongst some of the press office teams in Whitehall departments and elsewhere" (Q 265). David Ottewell said: "At the top of my wish-list, and it is perhaps not practical or feasible, would be one person, a sort of cross-departmental head of communications for my region based in my region who understood my region and was both confident and well-informed enough to instantly brief on a range of subjects" (Q 280).

112. Another way of engaging the local and regional media is for Ministers themselves to be more available for interview and comment on the local aspects of stories. This was a point the Phillis Review made: "The importance of senior Ministers trying to redress their remoteness from the people they serve by more direct communication outside London cannot be overstated. More frequent visits to the regions by Cabinet Ministers are important, particularly when there is a controversial live issue to address such as a major road or airport development."[57] The advent of regional Ministers provides a new opportunity to increase meaningful ministerial contact with the regional and local media. However, Ministers' regions often do not correspond to traditional and well established local and regional identities and locations, such as those used by local and regional media themselves.

113. It is clear from the evidence we received that the government media machine is still very much focused on national press and broadcast coverage. The Prime Minister's Spokesperson**,** Michael Ellam, said that the Government could and should do more to help people understand how national policies will impact on their local areas. We believe that the Government should take steps to improve how it works with the regional and local media.

114. **We therefore recommend that the Chief Executive of the Central Office of Information should take the lead in improving standards. Special attention should be paid to the training and guidance available to regional press officers to ensure that they have a better understanding of regional and local media. They should tailor regional press releases; become more pro-active in their engagement with the local and regional media; and make more senior officials and Ministers available for interviews about the local impact of polices.**

Online communication

115. We welcome the progress the Government has made in improving online provision of Government information. The Chartered Institute of Public Relations told us: "Directgov and Business Link are good examples of single points of access to government information and services for individuals and businesses" (p 164). Citizens' Advice said: "Directgov is, on the whole, a very good source of government information for the public and we admire its plain English style and its ease of use. It is an improvement on the previous arrangement of multiple sites" (p 97).

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[57] Ibid., p. 19.

116. However, our witnesses also had criticisms of Directgov. Citizens' Advice noted that the site often links to local authority sites for information about an issue such as housing benefit. It is concerned about this as the quality of local authority sites varies greatly (p 100).

117. There is also concern that improvements made to the online provision of information have been at the expense of more traditional information sources such as leaflets and phone lines. Citizens' Advice told us: "In recent years the Government has switched from providing public information in the form of leaflets, letters and other written communications to providing information on the internet or by electronic communication" (p 97).

118. Such a shift in emphasis is of concern because, despite the Government's intention over time to make broadband available to all, not everyone as yet has access to the internet. Nor is everyone able to use it. Indeed, it is often the most vulnerable citizens, most in need of Government help, who are least likely to be able to access and use the internet. Citizens' Advice particularly highlighted the problems for the elderly and those from the poorest backgrounds. They explained that:

> "it is not evident to us that government departments are recognizing in their delivery plans that switching information to web channels may have the effect of increasing the need for voluntary sector information and advice providers to act as a bridge to reach the most excluded members of our society … If certain groups in society need to turn to advice agencies and intermediaries simply to help them locate and 'translate' government information, then the government's methods of delivery are not working effectively for those expected to benefit. What is more, such actions effectively displace the responsibility to deliver services equally well to all government service users away from government" (pp 97–8).

119. In 2006, Sir David Varney, then Chairman of HM Revenue and Customs, was asked by the Chancellor to advise him on the opportunities for transforming the delivery of public services. According to Citizens' Advice, the Varney report found that a multiplicity of different helplines led to confusion and problems in accessing information (p 98).

120. Citizens' Advice also supported the aim of simplifying phone access to government information and services, but pointed out that, like internet services, telephone services are not accessible to all. They said that there:

> "are other people for whom the phone is simply not the most suitable or appropriate method that they would choose to deal with government, or any service provider. This is true of many people with mental health problems, people with physical and in particular hearing and speaking disabilities. Telephones may often be inappropriate for people in hospital or for prisoners who may face very high call costs and for other people who have no access to landlines or have to rely on expensive pay as you go mobiles" (p 98).

121. **We recommend that Government information should always be available and accessible to as many people as possible. In particular, the Government must be clear about its target audiences in communicating information and use the most appropriate method.**

Working with the voluntary sector

122. There is considerable scope for the Government and the voluntary sector to work together to improve the provision of information about public services and policies. In 2007–08, Citizens' Advice helped 1.9 million people with 5.5 million new problems on issues such as debt, benefits, housing, employment and consumer matters (1.5 million of these problems concerned benefits). Its public information website (www.adviceguide.org.uk) has 7.3 million visitors a year (p 95). Citizens' Advice said that the fact that so many people rely on them to provide and explain information suggests that Government services in this area are not in themselves sufficient (Q 436).

123. Citizens' Advice highlighted particular ways in which the Government could help them improve services. These included:

- Providing Citizens' Advice with drafts of new Codes etc before they are published and giving clear notice of their expected publication date. This would enable Citizens' Advice to make sure the information was in their system and their advisers were knowledgeable about the changes before people started asking for information about them.
- Being responsive to requests by Citizens' Advice to check their material (Citizens' Advice report huge variations between departments to requests for support to enable them to get accurate information out to bureaux in time).
- Advising Citizens' Advice when all/any government leaflets are revised and reissued and alerting them when government websites are amended.
- Bringing the UK Statute Law Data Base (http://www.statutelaw.gov.uk/) fully up-to-date with revised legislation.
- Drawing on Citizens' Advice's expertise by consulting at an early stage on whether an information campaign makes sense, and when it might be best to run it.

124. We can see only benefits from a closer working relationship between Government communications departments and recognised voluntary sector organisations involved in information provision. **We therefore recommend that Government departments should consult the voluntary sector about appropriate delivery mechanisms at an early stage when planning new information campaigns or revising old guidance.**

125. **We recommend that the Office of the Third Sector and the GCN, both of which are based in the Cabinet Office, should develop guidance for all departments on working with and consulting voluntary-sector organisations, in order to ensure the public can get help in accessing reliable, up-to-date information from well-informed sources. There is a similar case to be made for the importance of local government and other stakeholder consultations being held at an early stage.**

CHAPTER 5: TRENDS IN GOVERNMENT COMMUNICATIONS

126. The Phillis Review stated: "Our work was made harder by the lack of readily available statistics on the scale of the government's communications effort—an illustration, perhaps, of its current status."[58] Four years after the Phillis Review made this observation, little has changed. Like the Phillis Review, we found it difficult to obtain figures detailing the cost of Government communications.

127. The Cabinet Office told us that it was not possible to say how much each Government department spends on communications because it is "very difficult to specify … what constitutes 'communications' civil servants" and because "different departments will organise their business in different ways. Not all the communications functions in a department will be part of a single communications directorate with a single budget for communications" (p 130).

128. Because of this, the Cabinet Office failed to supply us with any figures about the costs of communications in each department, although the heads of communications at the Foreign and Commonwealth Office, the Ministry of Defence and the Department of Health were each able to give us figures for their communications budgets. (See Appendix 8).

129. It is significant that the Government does not record or monitor the overall cost of communications across departments. For example, the Cabinet Office could not give us a figure for the overall cost of Government communications (p 159). The apparent lack of such statistics not only makes it difficult for external reviews of Government communications, but also it must hamper the Government's own ability to monitor performance. If the Government cannot keep track of communications costs, it cannot adequately measure the value for money it is achieving in this area.

130. The cost of communications was not the only area where it was hard to obtain reliable statistics. We also struggled to obtain reliable and comparable figures on the number of people employed in communications across government.

131. After repeated requests for information about the size and growth of Government communications, the Cabinet Secretary, Sir Gus O'Donnell supplied us with the figures in Tables 2 and 3. Table 2 shows the growth in the number of entries in the *White Book of Contacts in Government Departments and Agencies*, which is a list of contacts for the media and other agencies. It is clear from the Government's own estimates that the number of communications staff has increased by 73 per cent in the past 10 years. However, the Cabinet Office warned against reading too much into these figures: "The White Book figures are only ever a snapshot in time and are not intended to be a comprehensive guide to 'communication staff' in the Civil Service" (p 130).

132. It is important to consider the context of this growth. Since 1998 the internet has become a more important communications tool. The public expect information to be provided on the internet, and they expect it to be used as a consultation tool. This has meant that new staff have been recruited in areas such as website design and operation.

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[58] Ibid., p 9.

133. However, there has been no corresponding decrease in numbers of staff working in traditional forms of communication because the Government has had to maintain existing channels of communication and information provision (see paragraph 117). The definition of 'communications' is wider than ever. The Phillis Review called on the Government to engage more in a two-way dialogue with the public. This and other changes have required an increase in the number of staff employed.

TABLE 2

The number of communications staff employed by each Government department

Department	December 1998	September 2008
Cabinet Office	23	38
Ministry of Justice	-	77
Lord Chancellor's Department	16	-
Department for Culture, Media and Sport	13	21
HM Customs and Excise	10	-
HM Revenue and Customs	-	58
Board of Inland Revenue	17	-
Ministry of Defence	109	255
Department for Communities and Local Government	-	77
Department for Education & Employment	100	-
Department for Children, Schools and Families	-	68
Department for Innovation, Universities and Skills	-	42
Department for Environment, Food and Rural Affairs	-	106
Department of the Environment, Transport and the Regions (*including agencies*)	87	-
Ministry for Agriculture, Fisheries & Food	42	-
Foreign and Commonwealth Office	40	46
Department of Health	101	122*
Home Office	46	98
Department for International Development	17	24
Prime Minister's Office	14	31
Department of Trade and Industry	82	-
Department for Business, Enterprise and Regulatory Reform	-	London only: 67
Department for Transport (*including agencies*)	-	105
HM Treasury	18	28
Department for Social Security	60	-
Department for Work and Pensions	-	113
TOTAL	**795**	**1,376**

Source: Cabinet Office written evidence, p 130.

134. The definition of 'communications staff' is broad and open to interpretation, but the post of 'press officer' is better defined and understood. We asked Sir Gus for figures comparing the number of departmental press officers now and 10 years ago and these are shown in Table 3 (the figures do not include support staff, vacancies or special advisers). They show that the number of government press officers employed in central Whitehall departments has grown by 72 per cent in the last 10 years—practically the same percentage as for communications staff. They also show significant differences in the number of press officers each department employs.

TABLE 3

The number of press officers in central Whitehall departments

Department	December 1998	September 2008
Cabinet Office	14	11
Lord Chancellor's Department	3	-
Ministry of Justice	-	34
Department for Culture, Media and Sport	8	11
HM Customs and Excise	3	-
HM Revenue and Customs	-	34
Board of Inland Revenue	7	-
Ministry of Defence (*Central press office staff only*)	12	33
Department for Communities and Local Government	-	21
Department for Education and Employment	27	-
Department for Children, Schools and Families	-	20
Department for Innovation, Universities and skills	-	13
Department for Environment, Food and Rural Affairs	-	19
Department of the Environment, Transport and the Regions (*Central staff only*)	32*	-
Ministry for Agriculture, Fisheries & Food	9	-
Foreign and Commonwealth Office (*Not including overseas posts*)	17	20
Department of Health	13	26
Home Office	18	37
Department for International Development	6	8
Prime Minister's Office	8	9
Department of Trade and Industry	22	-
Department for Business, Enterprise and Regulatory Reform	-	16
Department for Transport (*Central staff only*)	-	13*
HM Treasury	7	8
Department for Social Security	10	-
Department for Work and Pensions	-	40
TOTAL	**216**	**373**

Source: Cabinet Office written evidence, p 131.

135. The growth in the number of civil service press officers is very considerable. Again, it is important to consider the context of this growth. In the last decade, the size of the media has grown considerably, not only because of the internet but also 24-hour news channels and new digital television channels. The culture of the news media has also changed. Instead of a set number of daily news bulletins each day there is now an expectation for stories to be updated and broadcast 24 hours a day. This was Sir Gus' explanation for the growth in the number of press officers:

> "In terms of why the numbers have gone up, well, the demands placed upon press offices have gone up. If you look at that number of 373 … there are more than 373 journalists newly accredited to these two Houses ... There are 3,000 journalists in the BBC alone and that is just one institution. If you look at TV broadcasters in terms of the licences over the last ten years the number of licences for TV broadcasters has gone up by a factor of 15; the number of local radio stations has gone up during the same period by 220 per cent. I do not actually have any data on what the number of political blogs was 10 years ago but there are now over 1,600" (Q 469).

136. While we recognise this argument, we also think it can be misleading. During our last inquiry, into the ownership of the news, we found that although there has been an increase in ways to access the news, there has been no corresponding increase in the amount of newsgathering. The core of the information revolution is the repackaging of existing information rather than newsgathering.[59] We do not accept that changes in the media necessarily explain the need for more press officers. However, the increase in staff numbers does underline the importance of the Government properly and accurately assessing its spending in this area.

137. Phillis recommended that each department should conduct an annual review on the effectiveness of its communications, and that the Permanent Secretary, Government Communications should collate this information to produce an annual report on the overall effectiveness of Government communications. This recommendation has not been implemented. Without reliable and comparable figures showing how much departments spend on communications, it is impossible to ascertain whether value for money is being achieved; to measure the success of new communications initiatives; or to compare departmental performances in order to learn from good and bad practice.

138. **We therefore recommend that the Cabinet Office should collate annual statistics on the costs of Government communications across departments. The Permanent Secretary should lead this reform. He should report annually to the Head of the Home Civil Service, and to Parliament, on the overall size, budget and effectiveness of Government communications.**

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[59] Select Committee on Communications, 1st Report (2007–08): *The Ownership of the News*, (HL 122), paragraphs 205–10.

CHAPTER 6: SUMMARY OF RECOMMENDATIONS

139. **We appreciate that in the case of market sensitive information, or certain EU-wide announcements, it may not be practical or possible to inform Parliament first. In such cases, we recommend the Government should commit to return to Parliament at the earliest opportunity in order to give an account of developments.**

140. **We recommend that the Prime Minister draw all Ministers' attention to the guidance in the Ministerial Code that the most important announcements of Government policy should be made in the first instance to Parliament. Ministers should be reminded that trailing the content of announcements is incompatible with the Ministerial Code and the guidance of the Speaker of the House of Commons. This should be repeated at the start of every new Parliament.**

141. **The Prime Minister should also issue clear instructions to all Ministers, and their staff, that new information should always be provided on a fair and equal basis to all interested journalists. This instruction, too, should be repeated at the start of every new Parliament.**

142. **We propose that, as a first step, the morning briefing, which is already open to all journalists, should be live on the Number 10 website. If television or radio broadcasters wished to use clips from that footage they could do so.**

143. **We recommend that the Leader of the House of Commons should reinstate a weekly briefing on parliamentary business.**

144. **We recommend that all Government press conferences should be as open as possible and that all major press conferences should be live on the internet so that they are open for anyone to listen to.**

145. **We believe it is of key importance that Ministers make clear at all times that special advisers must follow the guidance available and stay within the limits set down. As well as sending the guidance to all new special advisers, we believe it is imperative that the guidance is brought to the attention of all new Ministers.**

146. **We recommend that where possible the careers of high-flying civil servants should include a period of service in departmental press offices or communications generally. The Permanent Secretary, Government Communications (in line with his existing responsibility to develop professional standards and spread best practice) should oversee the implementation of this reform, in consultation with the Permanent Secretaries of each department.**

147. **We recommend that the Chief Executive of the Central Office of Information should take the lead in improving standards. Special attention should be paid to the training and guidance available to regional press officers to ensure that they have a better understanding of regional and local media. They should tailor regional press releases; become more pro-active in their engagement with the local and regional media; and make more senior officials and Ministers available for interviews about the local impact of polices.**

148. **We recommend that Government information should always be available and accessible to as many people as possible. In particular, the Government must be clear about its target audiences in communicating information and use the most appropriate method.**

149. **We recommend that Government departments should consult the voluntary sector about appropriate delivery mechanisms at an early stage when planning new information campaigns or revising old guidance.**

150. **We recommend that the Office of the Third Sector and the GCN, both of which are based in the Cabinet Office, should develop guidance for all departments on working with and consulting voluntary-sector organisations, in order to ensure the public can get help in accessing reliable, up-to-date information from well-informed sources. There is a similar case to be made for the importance of local government and other stakeholder consultations being held at an early stage.**

151. **We recommend that the Cabinet Office should collate annual statistics on the costs of Government communications across departments. The Permanent Secretary should lead this reform. He should report annually to the Head of the Home Civil Service, and to Parliament, on the overall size, budget and effectiveness of Government communications.**

APPENDIX 1: SELECT COMMITTEE ON COMMUNICATIONS

The Members of the Committee which conducted this inquiry were:

Baroness Bonham Carter of Yarnbury
Lord Corbett of Castle Vale
Baroness Eccles of Moulton
Rt Hon the Lord Fowler (Chairman)
Lord Grocott (*until 26 November 2008*)
Lord Hastings of Scarisbrick
Baroness Howe of Idlicote
Lord Inglewood
Rt Hon the Lord King of Bridgwater
Lord Macdonald of Tradeston (*from 9 December 2008*)
Baroness McIntosh of Hudnall
Rt Rev the Lord Bishop of Manchester
Lord Maxton
Baroness Scott of Needham Market

Declarations of Interest

BONHAM CARTER, Baroness

12(f) Regular remunerated employment
Television Executive, Brook Lapping Productions, a subsidiary of Ten Alps Communications plc
13(c) Financial interests of spouse or relative or friend
I also disclose the interests disclosed by Lord Razzall
16(b) Voluntary organisations
RAPT—Rehabilitation of Addicted Prisoners Trust
Other relevant information
Employee, BBC (1984–1993)
Editor, Channel 4's "A Week in Politics" (1993–1996)

CORBETT OF CASTLE VALE, Lord

12(i) Visits
Visit to Hungary (21–23 March) with All-party EU Accession Group. Fare paid through Parliamentary travel scheme. Accommodation and hospitality provided by Hungarian Parliament
Visit to Romania (29 May—2 June). Fare paid through Parliamentary travel scheme. Accommodation and hospitality provided by Romanian Parliament
Visit to Liverpool (23–24 June 2006) with my wife, with European Capital of Culture 2008 All-party Parliamentary Group—accommodation and hospitality paid for by Liverpool Culture Company
13(d) Hospitality or gifts
The costs of the plaintiffs in the case of Lord Alton and others v. The Secretary of State for the Home Department of whom I was one, were met by contributions from Iranian residents in the UK through the National Council of the Iranian Resistance (12 February 2008)
15(a) Membership of public bodies
Chairman, Castle Vale Neighbourhood Partnership Board, Birmingham
President, Josiah Mason College, Erdington, Birmingham
15(c) Office-holder in pressure groups or trade unions

The Member is an office-holder in various all-party parliamentary groups; details will be found in the register of all-parliamentary groups at www.publications.parliament.uk/pa/cm/cmparty/memi01.htm
15(d) Office-holder in voluntary organisations
Patron, Training for Life
Patron, Hospice of St. Francis, Berkhamsted, Herts
Patron, Chilterns MS Centre, Halton, Bucks
Patron, Hope for Children

ECCLES OF MOULTON, Baroness

12(e) Remunerated directorships
Independent National Director, Times Newspapers Holdings Ltd (11 December 2007)
15(b) Trusteeships of cultural bodies
Director, Opera North, company limited by guarantee ***(unpaid)***
Trustee of York Minister Trust Fund (not a company limited by guarantee) ***(unpaid)***
16(a) Trusteeships
London Clinic Company limited by guarantee ***(unpaid)***
Other relevant information
Director, Tyne Tees Television plc (1986–1994)

FOWLER, Lord

12(e) Remunerated directorships
Non executive Director, Holcim Ltd
Member Advisory Council, Electra QMC, Europe Development Capital Fund plc (24 July 2007)
Chairman, Thomson Foundation (24 July 2007)
15(d) Office-holder in voluntary organisations
Vice Chairman, All-party Group on AIDS
16(a) Trusteeships
Trustee, Terrence Higgins Trust
Other relevant information
Non Executive Chairman, Midland Independent Newspaper plc (Birmingham Post Group) 1991–1998
Non Executive Chairman, Regional Independent Media (Yorkshire Post) 1998–2002
Staff, The Times newspaper 1961–1970
Life member, National Union of Journalists

GROCOTT, Lord

15(d) Office-holder in voluntary organisations
President, Telford Steam Railway (17 June 2008)
Other relevant information
Reporter then Producer, ATV and Central Television 1979–1987
Member, National Union of Journalists

HASTINGS OF SCARISBRICK, Lord

12(e) Remunerated directorships
British Telecom PLC
12(f) Regular remunerated employment
KPMG
Former BBC employee (1994–2006) in receipt of BBC Pension
15(d) Office-holder in voluntary organisations
Chairman, Crime Concern
Patron, Volunteering England

Patron, Springboard for Children
Patron, Zane
Patron, Toy Box

HOWE OF IDLICOTE, Baroness

15(b) Trusteeships of cultural bodies
Trustee, Architectural Association School of Architecture
15(d) Office-holder in voluntary organisations
Member, Council of the Institute of Business Ethics
Patron, Institute of Business Ethics
President, The Peckham Settlement
Member of the NCVO Advisory Council
Board Member, Veolia Environmental Trust plc (formerly Onyx)
16(a) Trusteeships
Trustee, Ann Driver Trust

INGLEWOOD, Lord

12(c) Remunerated services
Political Adviser, House of Lords ***(unpaid)*** *for the Estates Business Group*
12(e) Remunerated directorships
Chairman, CN Group (Media)
Director, Pheasant Inn (Bassenthwaite Lake) Ltd (hotel)
Chairman, Carr's Milling Industries plc (food and agriculture)
12(f) Regular remunerated employment
Farmer
13(a) Significant shareholdings
Pheasant Inn (Bassenthwaite Lake) Ltd (hotel)
13(b) Landholdings
Hutton-in-the-Forest Estate (farmland including residential property in Cumbria)
Wythop Estate (farmland including residential property in Cumbria)
Owner Hutton-in-the-Forest (historic house open to the public)
13(d) Hospitality or gifts
20 November 2007: The costs of the plaintiffs in the case of Lord Alton and others v. The Secretary of State for the Home Department of which I was one, were met by contributions from Iranian residents in the UK through the National Council of Resistance of Iran (4 March 2008)
15(a) Membership of public bodies
Chairman, Reviewing Committee on the Export of Works of Art
Governor of Skinner's Academy Hackney (from February 2008)
15(c) Office-holder in pressure groups or trade unions
Friends of the Lake District (nominated by the Committee for the National Consultative Council)
President, Cumbria Tourist Board
Member, Historic Houses Association Finance & Policy Committee
16(a) Trusteeships
Trustee, Elton Estate, Cambridgeshire
Trustee, Raby Estates, Co Durham and Shropshire
Trustee, Thoresby Estate, Nottinghamshire
Trustee, Calvert Trust
Trustee, Settle-Carlisle Railway Trust
Trustee, Whitehaven Community Trust Ltd
16(b) Voluntary organisations

Member, Bar
Member, Royal Institution of Chartered Surveyors
Fellow, Society of Antiquaries of London
Other relevant information
Director, CN Group (1997; Chairman from 2002)
Consultancy, ITV (June 1998—June 1999)
Consultancy, BBC (October 1998)
Patron, Voice of the Listener and Viewer (March 2000)
Consultancy, BBC (April 2000)
Member, Commercial Steering Group, BBC (July–November 2004)

KING OF BRIDGWATER, Lord
12(e) Remunerated directorships
Non-executive Director, London International Exhibition Centre plc and London International Exhibition Centre (Holdings) Ltd
13(b) Landholdings
Minority partner in family farm in Wiltshire (including cottages)
Partner in woodlands in Wiltshire
15(d) Office-holder in voluntary organisations
Patron, UK Defence Forum
President, English Rural Housing Association
Vice President, Royal Bath and West Society

MACDONALD OF TRADESTON, Lord
12(f) Regular remunerated employment
In an advisory capacity, Chairman—Macquarie Capital, Europe
Member of the Advisory Board of Scottish Power
15(a) Membership of public bodies
Chancellor of Glasgow Caledonian University
16(b) Voluntary organisations
Member, Fabian Society
Patron, Brighton & Hove Philharmonic Society
Patron, Dystonia Society

McINTOSH OF HUDNALL, Baroness
12(e) Remunerated directorships
Non-executive Director, Artis Education ***(unpaid)***
15(b) Trusteeships of cultural bodies
Board Member, Roundhouse Trust
Council Member, Royal Academy of Dramatic Art
Trustee, South Bank Sinfonia
Board Member, National Opera Studio
15(d) Office-holder in voluntary organisations
Trustee, Art Inter-Romania
Trustee, Theatres Trust
Trustee, Foundation for Sport and the Arts
16(a) Trusteeships
Trustee, Thaxted Church Trust

MANCHESTER, Lord Bishop of
12(f) Regular remunerated employment
In receipt of episcopal stipend
15(a) Membership of public bodies
Chair, Sandford St Martin (Religious Broadcasting Awards) Trust
General Synod of the Church of England

Manchester Diocesan Board of Finance
Manchester Church House Co
Manchester Diocesan Council of Education
Manchester Diocesan Association of Church Schools
Life Governor, Liverpool College
Governor, Hulme Hall
15(d) Office-holder in voluntary organisations
Lord High Almoner to HM The Queen
National Chaplain, Royal British Legion
Chairman, Council of Christians and Jews
16(b) Voluntary organisations
Manchester Diocese Mothers' Union
Arches Housing
Disabled Living
Hulme Hall Trust
Wigan & Leigh Hospice
St Ann's Hospice
Manchester University of Change Ringers

MAXTON, Lord

13(b) Landholdings
Holiday home in the Isle of Arran
A London flat

SCOTT OF NEEDHAM MARKET, Baroness

12(d) Non-parliamentary consultant
Centre for Transport Studies (judging and presentation of transport awards)
Atkins (Consultancy)
12(i) Visits
Visit to Norway (29 August—3 September) hosted by the Norwegian Government under the auspices of the All-Party Parliamentary Norway Group
Visit to US (September 2005) under the auspices of BA APPG (British American All-party Parliamentary Group)
Visit to Trinidad (May 2006) under the auspices of C.P.A
Visit to Guatemala and El Salvador (June 2006) under the auspices of I.P.U
Visit to Taiwan (July 28—3 August 2007) meeting with the Ministers, members of the People's Democratic Party (fellow members of Liberal International), the British Trade and Cultural Office, parliamentarians and others. Travel and hotel costs paid by the Taipei office in the UK. Courtesy gifts received and given (18 September 2007)

APPENDIX 2: LIST OF WITNESSES

The following witnesses gave evidence. Those marked ⋆ gave oral evidence.

⋆ Ms Jackie Ashley, *The Guardian*
⋆ Mr Adam Boulton, Sky News
⋆ Mr Tom Bradby, ITV
⋆ Mr Benedict Brogan, *Daily Mail*
⋆ Cabinet Office
⋆ Central Office of Information
Chartered Institute of Public Relations
⋆ Citizens' Advice
⋆ Mr Tony Collins, *Computer Weekly*
⋆ Department of Health
⋆ Mr Chris Fisher, *Eastern Daily Press*
⋆ Foreign and Commonwealth Office
⋆ Mr Frank Gardner, BBC
Professor Anne Gregory
⋆ Mr Nigel Hawkes, *The Times*
Mr William Horsley
⋆ Mr Howell James CBE
Mr Nicholas Jones
⋆ Mr Bob Ledwidge, BBC
The Rt. Hon. Francis Maude MP
Sir Christopher Meyer
⋆ Ministry of Defence
Newspaper Society
⋆ Mr David Ottewell, *Manchester Evening News*
⋆ Sir Robert Phillis
PPA
⋆ Prime Minister's Office
Prospect
Public Relations Consultants Association
⋆ Mr Steve Richards, *The Independent*
⋆ Mr Nick Robinson, BBC
Society of Editors

APPENDIX 3: CALL FOR EVIDENCE

The implementation of the Phillis Review of government communications

The House of Lords Select Committee on Communications is announcing today an inquiry into the implementation of Sir Bob Phillis' 2004 review of government communications. The Independent Review of Government Communications, chaired by Bob Phillis, was published in January 2004. It is available at: www.cabinetoffice.gov.uk/reports/communications_review.aspx.

This will be a relatively short inquiry focusing on whether the recommendations were adopted by the Government and whether the changes that have been made effectively underpin the principles that the review was based on.

The Committee would welcome evidence on the following question:

Has the implementation of the reforms of government communications since the Phillis Review resulted in a more effective system of communication and underpinned the principles set out in the report?

The principles set out in the Phillis Review are:

- Openness, not secrecy.
- More direct, unmediated communications with the public.
- Genuine engagement with the public as part of policy formation and delivery, not communication as an afterthought.
- Positive presentation of government policies and achievements, not misleading spin.
- Use of all relevant channels of communication, not excessive emphasis on national press and broadcasters.
- Co-ordinated communication of issues that cut across departments, not conflicting or duplicated departmental messages.
- Reinforcement of the Civil Service's political neutrality, rather than a blurring of government and party communications.

Summary of Phillis Review Recommendations

The twelve main recommendations of the Phillis Review are listed for the information of those responding:

(1) A redefinition of the role and scope of government communications

"Our central recommendation is that communications should be redefined across government to mean a continuous dialogue with all interested parties, encompassing a broader range of skills and techniques than those associated with media relations. The focus of attention should be the general public" (page 12).

(2) A strong central communications structure

"We have recommended, and the government has already accepted, a new structure, led by a new Permanent Secretary, Government Communications who will be Head of Profession, provide strategic leadership for communications across government and build a new and

authoritative communications service within government. The Prime Minister's Senior Official Spokesperson will report to the Permanent Secretary, Government Communications, and will work alongside the Prime Minister's Director of Communication" (page 12).

(3) Strong, integrated departmental communications structures

"We found inconsistencies between departments on the significance attached to the communications function. We recommend that, led by the Director of Communication, each department's communications activity must clearly contribute to the achievement of the department's overall policy aims and objectives" (page 15).

(4) Disband the Government Information and Communication Service (GICS)

"We found structural and systems weaknesses that diminished the work of many able staff within GICS. These weaknesses made GICS no longer fit for purpose. We recommend that the government adopt a new approach and structures, replacing the existing network with a wider definition of communications professionals encompassing all those involved in communication activity and led by the new Permanent Secretary, Government Communications" (page 17).

(5) Greater emphasis on regional communication

"Research told us the public want information that is more relevant to them and where they live. We recommend that more investment should be made in communicating at a local and regional level and more communication activity should be devolved into relevant regional government or public service units" (page 18).

(6) Recruitment and training to raise professional standards and maintain Civil Service impartiality

"We found inconsistency in recruitment and inequality in training opportunities. We recommend that all communication specialists should be recruited to the same high standards. All those involved in communications should have training that allows them to perform in a professional and effective manner. Ministers should not be involved in the selection process for communications professionals during open, external competitions" (page 19).

(7) New rules governing the conduct of special advisers and defining more clearly the boundaries with the Civil Service

"We accept the role of special advisers but found a lack of clarity in their relationship with civil servants. We recommend that new propriety guidelines and induction training should be developed by the Permanent Secretary, Government Communications to cover all those involved in communication, including special advisers. The principle of Civil Service impartiality must underpin these guidelines" (page 21).

(8) Effective implementation of the Freedom of Information Act 2000

"We found a culture of secrecy and partial disclosure of information which is at the root of many of the problems we have examined. We recommend that, when implementing the main provisions of the Freedom of Information Act, the overriding presumption should be to disclose" (page 23).

(9) Clearer rules for the release of statistical information

"We found cases of selective release of information and lack of clear timetables as to when information was to be released. We recommend that core central government statistical information should be automatically, routinely and systematically made available, with schedules published in advance and strictly observed. There should be a new statute to define a clear remit for the National Statistician and the Statistics Commission" (page 24).

(10) A new approach to briefing the media

"We found that the lobby system is no longer working effectively for either the government or the media. We recommend that all major government media briefings should be on the record, live on television and radio, and with full transcripts available promptly online. Ministers should deliver announcements and briefings relevant to their department at the daily lobby briefings, which should also be televised, and respond to questions of the day on behalf of the government" (page 25).

(11) Customer-driven online communication

"We found that, although significant resources are being devoted to government websites, the impact has been diluted by a lack of integration within departments and across government. We recommend that the central government website should be redesigned to meet the needs and perceptions of users, with individual departments only becoming "visible" when this makes sense to the users. Information on local public services should be prominent and easily found. There should be increased investment in websites to reflect the increasing importance of this method of communication" (page 26).

(12) A reappraisal of the relationship between politicians and the media

"We found a three-way breakdown of trust between politicians, the media and the general public. We recommend that politicians and the media should consider the extent to which their behaviour might support or undermine the objective of these recommendations—to help restore public trust in legitimate government communication" (page 26).

7 July 2008

APPENDIX 4: LIST OF NEWS ORGANISATIONS WITH LOBBY MEMBERSHIP AS AT NOVEMBER 2008

National Daily Newspapers

Daily Express	3
Daily Mail	4
Daily Mirror	3
Daily Telegraph	5
Evening Standard	6
Financial Time	5
Guardian	5
Independent	5
Morning Star	1
The Herald	2
The Scotsman	2
The Sun	5
The Times	5

National Sunday Newspapers

Independent on Sunday	3
Mail on Sunday	4
News of the World	2
Observer	3
Scotland on Sunday	1
Sunday Business	1
Sunday Express	3
Sunday Mirror	1
Sunday People	2
Sunday Telegraph	2
Sunday Times	3

Regional Newspapers

Aberdeen Press & Journal	1
Birmingham Post & Mail	1
Cambridge Evening News	1
Daily Record	1
East Anglian Daily Times	1
Eastern Daily Press	2

Liverpool Echo	1
Manchester Evening News	1
Middlesbrough Evening Gazette	1
Newcastle Journal	1
Northcliffe Newspapers	2
PA Lobby Extra, *Bristol Evening Post*, *North Wales Daily Post*, *Belfast Telegraph*, ITV West	1
Brighton Argus, *Oxford Mail*, *Southern Daily Echo*	1
Bradford Telegraph & Argus, *Carlisle News & Star*, *Oldham Evening Chronicle*	1
Liverpool Daily Post, *Northern Echo*	1
Western Daily Press, *Public Servant*	1
South Wales Echo, *South Wales Argus*	1
Western Mail	1
Western Morning News	1
Wolverhampton Express & Star	2
Yorkshire Evening Post, *Sheffield Star*, *Lancashire Evening Post*	1
Yorkshire Post	1

Irish Newspapers and Media

Irish Press	1
Irish Times	1
RTE—Irish Broadcasting	1

News Agencies

AFX News	1
Associated Press	1
Bloomberg News	2
Gallery News	1
PA News (Press Association)	8
Reuters	3
Robinsons Parliamentary News Agency	2

Broadcasting Media

BBC	30
GCap Media	1
GMTV	3
Independent Radio News (IRN)	1
Independent Television News (ITN)	5
Channel 4 News	4
ITV Anglia	3
ITV Central	2
ITV Meridian	3
ITV West	2
Scottish TV	1
Sky TV News	5
Tyne Tees TV	1
Ulster TV	1

APPENDIX 5: MORNING PRESS BRIEFING FROM 20 NOVEMBER 2008

Briefing from the Prime Minister's spokesman on: Baby P, economy, Iceland, SME meeting, Gurkha petition and pirates

Baby P

The Prime Minister's Spokesman (PMS) began by telling the assembled press that the Baby P statement from Ed Balls was an update and followed on from the exchanges at DCSF Questions earlier this week. Asked if the statement would be substantive, the PMS repeated that he expected it to be an update. It was about keeping the House informed, as there had not been a full statement on the issues relating to the Baby P case so far.

Economy

Asked if there was any response to mortgage figures and retail sales, the PMS said that we didn't normally comment on monthly figures. These figures fluctuated from month to month and this was clearly a difficult time for the British economy as it was a difficult time for the global economy. This was why the Government was determined to take action and give real help to people now, in order to help them get through this period.

Asked for his assessment of the effectiveness of the stamp duty changes that came into effect in September, the PMS said it was far to early to make an assessment at this point. Insofar as there would be any assessment, it was really for the Treasury to comment on in the PBR.

Iceland

Asked about where we were on the package for Iceland, the PMS replied that there was a joint statement that had been put out by the UK, Dutch and German governments which read:

"In supporting the IMF programme the UK, the Netherlands and Germany welcomed Iceland's commitment to meet its obligations to depositors and ensure the fair, equal and non-discriminatory treatment of creditors. As part of the international support for Iceland, the UK, the Netherlands and Germany would work constructively in the continuing discussions with Iceland to conclude agreements on pre-financing that enabled Iceland to meet its obligations towards depositors shortly."

Asked if the support given by the UK was due to assurances made by the Icelandic Government on non-discriminatory treatment of creditors, the PMS said he did not have enough information on the specifics of the discussions, so people should check with the Treasury.

Asked if the amount given by the UK Government was in the region of £5 billion, the PMS said he was not in a position to comment on any specific numbers and he advised people to speak to the Treasury.

SME Meeting

Asked for a read-out of the meeting, the PMS said that this was one of a series of meetings that the Prime Minister was having, listening to the concerns of businesses. We recognised that some small and medium-sized businesses were

facing tough times and that was why, as the Prime Minister had said in the House yesterday, we would be taking action and announcing the action in the PBR in order to help small businesses at this time. We were only able to do that because of the commitment that we were making to support the economy through a fiscal stimulus.

Asked if the small businesses had any particular areas where they wanted more assistance, the PMS said that it would probably be best for people to speak to the small business organisations themselves to get a view as to what they were asking of the Government. The PMS added that it was a very useful and constructive meeting.

Gurkha Petition

Put that the Gurkhas would be handing in a petition at No10 today and would there be any further Government announcements on the issue, the PMS said that the Government position on this was set out by the Home Secretary at the time of the recent court case judgement. Where there was a compelling case, soldiers and their families should be considered for settlement. The judge did agree that our cut-off date of 1997 was a fair date, but as the Home Secretary had made clear after the ruling, we would revise and publish new guidance and we would honour our commitment to the Gurkhas by reviewing all cases by the end of the year.

Pirates

Asked about a possible EU force in the Gulf of Aden to combat piracy, the PMS emphasised that this was something that had been under consideration and been looked at and planned for, for some time. Planning was under way for an EU mission to the region to help combat pirating as a successor to the NATO mission. Subject to contributions from other member states, we had offered to host the operational headquarters for that EU mission, command the operation and to provide a frigate. Discussions were still ongoing and this was still at the planning stage.

Asked if he knew where and when these discussions were taking place, the PMS said that on process questions it would be best to speak to the MoD.

Source: www.number10.gov.uk/news/press-briefings

APPENDIX 6: SUMMARY OF PHILLIS RECOMMENDATIONS

(1) A redefinition of the role and scope of government communications

(2) A strong central communications structure

(3) Strong, integrated departmental communications structures

(4) Disband the Government Information and Communication Service (GICS)

(5) Greater emphasis on regional communication

(6) Recruitment and training to raise professional standards and maintain Civil Service impartiality

(7) New rules governing the conduct of special advisers and defining more clearly the boundaries with the Civil Service

(8) Effective implementation of the Freedom of Information Act 2000

(9) Clearer rules for the release of statistical information

(10) A new approach to briefing the media

(11) Customer-driven online communication

(12) A reappraisal of the relationship between politicians and the media

For further details of the recommendations of the Phillis Review, please see our Call for Evidence, reproduced at Appendix 3.

APPENDIX 7: NUMBER OF SPECIAL ADVISERS EMPLOYED BY DEPARTMENT

Department	Number of Special Advisers
10 Downing Street	24
Cabinet Office	3
Chief Whip (Commons)	2
Chief Whip (Lords)	1
BERR	2
Department for Children, Schools and Families	2
Department for Communities and Local Government	3
Department for Culture, Media and Sport	2
Ministry of Defence	2
Department for Environment, Food and Rural Affairs	2
Foreign and Commonwealth Office	2
Department of Health	2
Home Office	2
Leader of the House of Commons	2
Leader of the House of Lords	2
Department for Innovation, Universities and Skills	2
Department for International Development	1
Ministry of Justice	2
Northern Ireland Office	2
Scotland Office	1
Department for Transport	2
Department for Work and Pensions	3
Wales Office	1
HM Treasury	4
Council of Economic Advisers	2
Total	73

Source: Cabinet Office written evidence, p 133 (figures correct as of September 2007).

APPENDIX 8: COST OF GOVERNMENT COMMUNICATIONS

We questioned the heads of communications at the Foreign and Commonwealth Office, the Ministry of Defence and the Department of Health about the costs of their departments' communications operations and received supplementary written information from them. Their responses can be summarised as follows.

Foreign and Commonwealth Office

The cost of the FCO press office in London, which has a total of 30 staff, is £11.5 million. There are a further 70 staff in London employed directly on communications-related activity (for example website work, events, publications). There are also about 390 staff engaged on communications work in UK missions overseas. The total budget for which the Strategic Communications Director has managerial responsibility is £497 million, but this includes the FCO's funding of the BBC World Service, the British Council, Wilton Park and scholarship programmes.

Ministry of Defence

The Directorate General of Media and Communications in MoD has 184 staff and a budget of £15.6 million in 2007/08 (up from £14.9 million in 2006/07). There are a further 157 staff in the MoD (but outside DGMC) whose primary work is communications. This includes staff in the Meteorological Office, the Estates Organisation and the Equipment and Support Organisation. MoD estimates the expenditure associated with these other staff at about a further £15 million, though this does not include direct manpower costs.

The three armed services also have staff engaged in communications work (for example public relations officers in regiments and on ships) and make use of PR agencies. The main PR expenditure in 2007/08 by the armed services on nationally organised campaigns and events, including recruitment campaigns, was over £44 million. Of this, the largest expenditure was by the Army, at £24.3 million.

Department of Health

DoH has 122 staff engaged in communications work, of whom 30 are press officers. The total budget for the communications division of DoH in 2007/08 was £52.2 million. This was made up of an administrative budget of £7.1 million covering the cost of the 122 staff and their day-to-day operations, and £45.1 million of programme costs.

In 2008/09 the total budget allocation rose to £107 million. The administrative budget rose by 7 per cent to £7.6 million, while the programme costs more than doubled to £99.6 million. The main reasons for the large increase in the programme costs were the launch of a major campaign on obesity and a significant increase in expenditure on tobacco control.

Minutes of Evidence

TAKEN BEFORE THE SELECT COMMITTEE ON COMMUNICATIONS

WEDNESDAY 9 JULY 2008

Present	Bonham-Carter of Yarnbury, B	Inglewood, L
	Corbett of Castle Vale	King of Bridgwater, L
	Eccles of Moulton, B	Manchester, Bp
	Fowler, L (Chairman)	Maxton, L
	Grocott, L	McIntosh of Hudnall, B
	Howe of Idlicote, B	Scott of Needham Market, B

Examination of Witness

Witness: Sir Robert Phillis, Chairman of the Independent Review of Government Communications 2004, examined.

Q1 ***Chairman:*** Welcome, Sir Robert. Let me set out what we are doing. In a relatively short investigation we want to look at the progress since your report of 2004 on the Government Communications System. We want to look at issues like whether the culture of secrecy and partial disclosure which you talked about has changed; whether the relationship between special advisers/civil servants, that is now settled; and whether communications in the regions has improved. If I could say that we welcome evidence from the public on this because communications is really what it is all about, and we also welcome evidence from working journalists who have experience of the day to day handling of the situation. So, Sir Robert, let me start. You have a long history in the media; you were Managing Director of Central Television back in 1981 and you have done a whole range of jobs, yes?
Sir Robert Phillis: I have been very fortunate, yes, in the way that my career has moved through the media.

Q2 ***Chairman:*** You have gone from Central Television to ITN to BBC, to the Guardian Media Group and you are now President of the Royal Television Society?
Sir Robert Phillis: That is correct.

Q3 ***Chairman:*** Why were you set up as a committee in the first place?
Sir Robert Phillis: Our brief came from the eighth report of PASC—Public Administration—following the Martin Sixsmith/Jo Moore event, the report entitled *These Regrettable Events*, where PASC felt it, I think, of grave concern that the standards that had emerged in terms of the communications function within the Civil Service had not met the standards that had been expected, and they asked the government to conduct a radical review of government communications, not limited simply to media management and press management, but to consider a whole range of alternative structures or alternative models that might give some learning to us in Great Britain and the United Kingdom in terms of government communications. We were given that brief by the Cabinet Office, initially charged with reporting within six months, which at the time I felt was an impossible task. In fact we spent the entirety of 2003 on our work; and though the Prime Minister called for an interim report in the August of 2003 our final report was submitted, as you say, Chairman, in January 2004.

Q4 ***Chairman:*** So the genesis of it all was the Jo Moore/Martin Sixsmith affair, was it?
Sir Robert Phillis: Yes, it was.

Q5 ***Chairman:*** Just remind us very briefly what that concerned.
Sir Robert Phillis: "A good day to bury bad news" when it came to the World Towers bombing outrage. It rather highlighted the tensions between a particular special adviser and the communications professional within the department; and it was that tension and conflict between the respective responsibilities of the Civil Service professional communications staff and the role of the special adviser at the time.

Q6 ***Chairman:*** In that situation was the special adviser able to instruct the communications staff to do a particular thing?
Sir Robert Phillis: I think the message "A good day to bury bad news" was an indication, was certainly the strongest possible advice, and not one that Mr Sixsmith subscribed to.

Q7 ***Chairman:*** In your assessment—and you looked at the whole situation—what was the root cause of the problems?
Sir Robert Phillis: I think we came very early in our review to the rather startling conclusion that there had been a fundamental three-way breakdown in trust—trust between government and politicians on the one hand, the media on the other and the general public thirdly. That breakdown in trust about credibility and belief in information and in government information gave us concern on several grounds. Firstly, we found in our research a considerable disillusionment with the quality and the timeliness of government information in general. That disillusionment certainly was giving rise to disengagement in certain quarters, particularly the young, people of an ethnic background, people of poorer financial circumstances, and the evidence of that disillusion and disengagement was evidenced by the continual falling in the turnout in local and general elections. I think that gave our review group particular concern about the impact over time and the report, I think both historically refers to movements over the last 30 years or so and, as this Committee will well know, there has not been a significant improvement from the higher levels of participation in local and general elections in the 1970s to that in the last two elections which have fallen respectively to I think 59% in 2000 and 61% in the 2005 general election.

Q8 ***Chairman:*** In your assessment when you carried out your inquiry was the government communications machine impartial? Was it fit for purpose?
Sir Robert Phillis: I think the government communications machine then, which was the Government Information Service—GICS—first of all was a voluntary organisation; it was a virtual organisation. It did not cover all the departments of state; it did not have the influence either departmentally across the board that one might have expected and it did not have the influence centrally at Number Ten that one might have expected. So at the time I think it is fair to say, Chairman, that the old GICS structure was not fit for purpose and it had been exacerbated somewhat by the new government's approach coming in, in 1997. As we know, the Labour opposition before the election was very, very effective in its news management, and on taking power I think the view was that much of the old GICS system was not well equipped in the skills of news and media management alone as the Labour opposition had been before they took power. There was at that time, therefore, quite significant movement of the old Civil Service communication staff out of many departments—not all—down to many departments, and there was a considerable strengthening at the centre with the appointment of three individuals in Number Ten who uniquely had been given special powers to direct and manage civil servants. I think only one of those posts were directly enacted and that was the position of Alistair Campbell who, as Director of Strategy and Communications, had power to direct civil servants, and that was a significant change at the time. Again, the emphasis on news management, media management did tend to predominate the much broader role of communications that my review group chose to look at because we do not believe—and never did believe—that government communications were simply about individual news management or media management, but had a much wider role in communicating to a broader body of people.

Q9 ***Chairman:*** So the position that you investigated, it was the culture of spin, was it, that characterised that period going up to your review?
Sir Robert Phillis: Part of that but not uniquely so. I think my distinguished predecessor, Mountfield, who conducted a review in November 1997 did focus very much on news management and elements of spin, and of course it would be wrong to say that spin and the role of the specialist adviser and the professional civil servants was not an element, but it was too narrowly defined if I might observe that. We felt as a group that effective government communications had to shift its focus more to that of the general public, the citizen, than simply the media. And if you are going to communicate government information to the citizen then it is not simply a question of news management and the newspapers of today and the *Today* programme, it covers the whole range of marketing, of direct communications, of online, of interactivity, of consultation, of involvement and indeed of transaction with the citizen, the general public who, after all, elect their Members of Parliament and eventually result in the creation of a government. So spin was an element but by no means the overriding element, and we did find plenty of evidence in our work that in many departments the relationships between special advisers and civil servants was working effectively. There were others where that could not be said.

Q10 ***Chairman:*** So this whole issue of special advisers was really central to what you were doing?
Sir Robert Phillis: It was a very important element, yes, but I do put it in the context of the importance of the broader communication skills, which, going back to your earlier question, perhaps the old Government Information Service, GICS, did not have, and it was the way in which communication skills were seen within the Civil Service. Very much one has to say, firstly as a group of, shall we say, second class citizens who in some departments were often more used

simply to issue the press release when something had been decided, rather than a communications function that was involved in the development of strategy and policy and the planning of that communication process and the consultation involved. So the fit for purpose question I think comes back to the point you made earlier, Chairman.

Q11 ***Chairman:*** What I had not fully realised from what you said—and perhaps I am mistaking your reply—that professionals were actually moved out or moved to one side.
Sir Robert Phillis: Some indeed were, yes; some of the professionals within departments were not deemed appropriately skilled by their political masters, their ministers coming in, and there was quite some movement of some of the communication professionals at that time.

Q12 ***Chairman:*** Who was moved in?
Sir Robert Phillis: Certainly in some departments special advisers were put in to strengthen the press management teams and some of those were special advisers brought in by the ministers concerned. Other posts were advertised through the proper Civil Service procedures by open competition and just a change in personnel within the Civil Service appointments process.
Chairman: We will obviously come on to all these points.

Q13 ***Lord Grocott:*** Can I just pick up? You said something very important about communications being fundamentally about communications to the citizens—that is the government's prime responsibility in terms of presenting information which is important. Is that not inevitably mediated in one way or another via the press and the broadcasters? I am simply asking you, if that is the responsibility of government to see that citizens know what is happening in respect of government policy was it any part of your review to put some of that responsibility on the broadcasters or on the media? Was there any sense in which they shared the responsibility in the view of your committee to ensure that accurate, impartial and direct information was provided?
Sir Robert Phillis: There are two parts to that question and if I might perhaps take it the other way around. I think from our methodology and from our research the question of trust in the eyes of the citizen and in the eyes of the general public was very much related to its source, and putting it bluntly there was a higher level of trust in information that came at a local level or that came through the institutions they dealt with directly, like the local schools or the local hospitals that was locally provided to them; that was provided by the COI and often provided by COI advertising campaigns. There was a high level of trust in, if you like, those secondary sources than from the mouths of politicians themselves. That came through in a number of the pieces of research we both reviewed and conducted ourselves. In answer to your first question the media was not a specific part of our brief and review but we did include it in our report because you are quite right, I think that much of the information that gets to the general public is mediated by the press and by the broadcasters, and there is no doubt that the breakdown in trust between politicians and the media in the early years of the government was quite high, not least because it is said—and we were told—that there was an inner circle of particularly national press reporters that certain ministerial figures and their special advisers favoured in terms of briefing. That led to quite an adverse reaction from other media sources who were not so privileged, and we found that after 1997 that the increase in the adversarial role between government and politicians and the press intensified without any question of doubt and there was a tendency to challenge every piece of government information from whatever source in the ways that it was being used. So, yes, we certainly believed that the relationship between the media and government was an important element—not directly within our terms of reference, but we did comment on it in the report and we did say that we felt that both government and the media and the press should ask themselves what their responsibilities were in the reporting of accurate, credible, timely and truthful information during the process. We put it in the report; we are not denying—and never would deny and would not deny now—that there is a proper adversarial role between politicians and between the media, particularly the national press, but we felt very much that the more one could separate factual, truthful, accurate information from comment and interpretation and that terrible word "spin" would help reduce some of that tension. I am sure later in our discussions you will ask the question whether there is evidence that that has happened.

Q14 ***Lord Corbett of Castle Vale:*** Going back to the situation as you saw it in 1997 after the change of government, do you feel looking back on that now that that is where the roots of the press taking the role of the Opposition may have been born, given that it took the former government some long time to adjust to Opposition?
Sir Robert Phillis: I think it was certainly one of the factors but it was not that alone. I think that, as I said earlier, the fact that the old Government Information Service was not complete, it did not cover all departments, it was not coordinated, it did not have a strong presence in the centre at Number Ten were relevant factors. I think that the second class citizen

positioning of the communications professionals compared with lawyers, economists or statisticians, for example, did not help. I think the lack of involvement in communications professionals in helping to develop both policy and strategy and prepare for that was at a very, very low level, and that goes back to recruitment, training and promotion opportunities amongst the communications professionals. I think what our report did was to say that this is not fit for purpose; it is not comprehensive in range or skills or some of the elements I have just mentioned, and we urged that they should be addressed and, as I am sure will emerge from this in the next session, many of these issues have been addressed with some vigour.

Q15 ***Chairman:*** It is fair to say, is it not, before 1997 there was a fairly—how can I put it?—antagonistic relationship between the press and government then. It was not exactly from my memory exactly calm water.

Sir Robert Phillis: I am sure that is true, my Lord Chairman; I am sure it ever was thus, and I am sure it is right and proper that it should be. It would be naïve and simplistic to believe that there should not be a somewhat combative and adversarial relationship between the media—and particularly the national press, and I do distinguish between the national and the regional press. It was ever thus, it ever will be. It is the question of the degree and the separation between factual and accurate and, if you like, non-contentious information as opposed to political advocacy and comment, and I think it is that balance that has changed.

Q16 ***Baroness McIntosh of Hudnall:*** This relates very directly to what you have just said, Sir Robert. It is about the nature of certain kinds of information. There is information which can be assessed against measures to do with accuracy, transparency and openness and, indeed, factual accuracy, but there is another kind of communication that I wonder if you have any comment to make about, which is what I suppose what you might call the "kite flying" tendency of all administrations—the need to see whether a particular trend in policy is going to gain support. And the fact that, as I perceive it as a non-professional, one of the ways in which that is achieved—one of the ways—is through non-attributable briefing and the development of relationships with people who will then put information out there in order for the government to assess what kind of reaction it is going to get. Within the context of all that you have said about openness and transparency, have you anything to say about the place of that kind of non-attributable briefing?

Sir Robert Phillis: Yes, I think I have two points and I think it is a very pertinent and perceptive point you make. I think the first response to your question is the latter point about non-attributable briefing, which seems to me to fall very squarely in the role of the special adviser who may be, as you say, testing, flying a kite, exploring advocacy of a particular policy point of view. That is clearly not the role of the professional Civil Service communicator. The professional Civil Service communicator must remain impartial, and it was one of the bulwarks of what we said in our report, that this division had to be clear. A civil servant of course can brief on achievements, can brief on facts, can brief on declared policy against which these communications activities should be judged, but cannot and should not stray into the role of political advocacy or kite flying in the way you describe. However, I think we have a number of very interesting examples where over and beyond the non-attributable briefings we have had a number of departments in recent years who have taken that communications message on board and embarked on an open and informal process of consultation with the public before deciding on policy, and I think there are two examples that spring to mind. One was the Department of Health *Your Health Your Say* where the Department of Health went out and certainly consulted very widely in terms of the issues at which they were looking. The second was DWP that similarly went through a consultation, an open consultation procedure—not kite flying but consulting through a series of fora in getting feedback before determining on what they regarded as the appropriate policy. Again, in answer to your question, non-attributable briefings and testing things out—yes, the role of a special adviser but not the professional civil servant; but as a professional civil servant if they are involved in that consultation process in terms of the forum that I have described, that is another way of getting feedback before deciding any change in policy or moving strategy.

Q17 ***Lord King of Bridgwater:*** You have talked about that you felt that part of the problem was concentrating just a few particular contacts—important media relationships—at the expense of the other wider media outlets, leading to some friction in that respect. Was that the unanimous view of your committee that that is what had happened? I only ask that point because I just noted that you had on your committee David Hill, Tom Kelly, Godric Smith and Sue Jenkins who in one way or another have all been involved during that period, and they agreed that, did they?

Sir Robert Phillis: They were indeed. I think unanimity would be putting too rosy a picture on it; there were shades of opinion, there were degrees of opinion, but I do think it was recognised—

Q18 ***Chairman:*** We know that feeling!
Sir Robert Phillis: I do think we recognised from the evidence we took from the broader journalistic and even broadcasting community that there was a sense of exclusion and access which was given to some and denied to others. So not unanimity but shades of opinion.

Q19 ***Lord Maxton:*** That in a sense leads on because in our last inquiry one of the things we discovered was that over the last 25, 30 years there has been a blurring between factual reporting and opinions among the media, among the reporters in particular. Does that not make it more difficult for the government to get its message across to the media, and does it not in fact lead to exactly the problem that you have been talking about, that the government will tend to say, "We know that reporter is not on our side so why would we give him or her that information?" So it is that blurring between opinion and fact which has led to some of the problems you have.
Sir Robert Phillis: I think that is right; I think that is a very fair comment. I would say that there are other things which contribute to it and I think that the competitive pressures that exist because of the number of media outlets there are—you all know about the explosion of channels and online and the different way people can access—I have to say—and I saw it in various of my media incarnations—the pressure to publish something and the pressure to publish something ahead of your competitors often leads to less rigour than there used to be in a more simplistic media era where you had specialists in foreign policy, home policy, health or whatever, who had rather more time to actually research and publish accuracy, and that has been a real problem; that the level of training across the media—with some notable exceptions, and the BBC is one—in terms of journalistic standards and specialised knowledge is not as thorough as it used to be. I think the competitive pressure leads people to publish when perhaps they have not researched as fully and as thoroughly as they might. But there is another thing which I have to say concerned us and which has been addressed both in the report and the action subsequently taken, and that is where government statistics and government information of a factual nature might not always have been published to a regular schedule and would sometimes be used to reinforce a political point. That concerned us greatly and it seemed important to us as a group that one should distinguish between, as I was asked earlier, that unquestionable set of facts and statistics and information which should and ought to be released regularly to a known schedule, and therefore free from the possibility or the temptation of releasing it when it suited a minister or political argument. That question has clearly been addressed. Last year the Treasury took steps in terms of the separation of the Office of National Statistics and the creation of the Statistics Board, accountable to Parliament, with a regular schedule of published information, which I think is an important move. And I think that that statutory separation and the appointment of Michael Scholar in terms of chairing that independent body is very, very important in ensuring that there is a clear separation between the factual and the informational, which cannot be used or manipulated, which might have been the temptation previously. So I think that that clarification might help some of the issues that have been raised in the last question.

Q20 ***Baroness Scott of Needham Market:*** I wanted to ask about the seven principles that you used on which to base your report and I wonder if you can say a word or two about how you came up with those and whether, in a sense, you got the principles first and then judged what you heard against them, or whether they emerged as you went along. Secondly, it is difficult to imagine that one would take issue with some of these—you would not say, "We want more secrecy, we want more misleading spin"—they are the sorts of principles that everyone would agree with, but when it comes to measuring objectively whether government is actually achieving those how do you think that could be done? If you are government genuinely wanting to buy into your principles how could you be sure that these were actually happening? And if you were the public how would you judge?
Sir Robert Phillis: A general point on process and then to try to answer your particular question. We started out by focusing initially in our discussions on what was the problem? Was the problem simply press management or spin or was there a wider problem? We say right at the head of the report that the major theme that dominated the whole report was the question of trust—the breakdown of trust, the fundamental breakdown of trust between government and politicians, the media and the general public. As I say, that concerned us so greatly because of the disillusionment, disengagement, turnout at general elections and the whole democratic process of elections. So we started by asking ourselves what the problem was and that is where we came from. Against that we said that if that is the problem and a lot of that problem is cultural, a lot of that problem is behavioural, a lot of that problem is structural, can we identify a number of principles against which we can test any subsequent ideas or recommendations that come through? In some cases it is possible to test and to measure but in others, because they are behavioural, cultural, structural and deeply imbued in the mindset of the Civil Service, in the mindset of the press, in the

mindset of politicians, no, that would not change easily, would not change speedily—and it is very difficult to measure. But unless you recognise the issue and put it on the table and make people think about those principles then we felt we would be avoiding difficult issues. So we started with the principles. Just to comment on one or two of them. Openness not secrecy, sounds obvious, sounds important but I think a long tradition within the Civil Service itself and within governments going back over time is how little do you need to say and what can we get away with, rather than the question being, why should we not be prepared to release this information and turn the question on its head, as one of our witnesses suggested to us, and say "What is it that we really cannot say now, for very good reasons?"—and there will always be things that we cannot say now, that government cannot say now for very good reasons. But it is the cultural and the behavioural aspect there which does not change easily and which would only change over time. The second principle, direct and unmediated communications, that is not to ignore the role of the press but as a citizen, as a member of the general public, having direct communication which might be through paid advertising, which might be through direct marketing, which might be through those brands which people have a higher level of trust in, like the NHS—one might have said HMRC—or other organisations where there is a branding difference, of course part of government but a different brand and a different position. The level of trust that comes through unmediated without the press and the media is something that we thought was an important principle and, as you will hear from your witnesses later, certainly has been addressed with great effect. I think the positive presentation of government policies and not misleading spin—as I said earlier it would be naïve to pretend that this will not continue to happen, but I think by distinguishing the role of the special adviser and the political message from that very important impartiality, neutrality of the professional civil servant communicator at least helps make it clear where the message is coming from, and it is for the individual to decide the extent that the spin factor or policy issue is there. I think progress has been made under Howell James and the team in terms of coordination of communications across government, which is something that was very, very patchy in the 1980s and 1990s; significant improvements have been achieved in that area, and the professional culture, which now the Government Communications Network across the entire government process has improved immeasurably in recruitment and in selection, in training and in opportunity. I think the three major initiatives that I would highlight that come from those principles are within the professional Civil Service communications. The Permanent Secretary has launched very successfully within the Civil Service a programme called *Engage* where communications professionals in the Civil Service have been concentrating on that shift in balance towards the citizen rather than exclusively the media outlets. I think in terms of public engagement Directgov, meaning the direct communications online systems to the general public involving integrated communications, involving transactional opportunities has been one of the great successes coming from this, and I think within the profession of Civil Service communications staff a programme called *Evolve*, which now very openly in terms of the Civil Service professionals involves a comprehensive programme of recruitment, a selection of training, of advertising jobs, of testing one's own skills about the suitability for job availability, combined with a sensible and judicious bringing in from private sector of skills in that area. So, in answer to your question, I think some of these things are more difficult to measure, intangible, behavioural, cultural and will take time to change and will be patchy, and some departments—I am aware—will take these things up with greater enthusiasm than others, and circumstances in different departments change over time. But has it made that shift difficult to measure? Yes, I believe it has. And on other of the items—

Chairman: Bishop of Manchester, I think we are getting into your series of questions.

Q21 ***Bishop of Manchester:*** We are. Can I just go back a little before we come to that area again? Going back to your interim report, when that was published and the Prime Minister of the day taking three of the main recommendations and putting those into practice— presumably you were very pleased by that, although there may have been other things in the interim report you would have liked him to have taken up as well. But when we come to 2004 and the final report is published, by contrast it seems that there is a less formal response and indeed it seems no formal response from the government at the time. I wonder, therefore, if there was a sense of disappointment on your part about that. Then coming back to where you just left off a moment ago in talking about the measuring of the success—and you defined some of the things which you are very pleased about and some of the things which have taken time—could you then go on to define some of the things that you feel have not been implemented and which you would like to see work done on?

Sir Robert Phillis: In one sense I was not pleased with the Prime Minister's request for an interim report because it came right at the beginning of what I thought was going to be a family holiday and we had to work rather hard to get the report to the Prime Minister during August at the time! But it was I think

a fair and reasonable request from the Prime Minister, as he addressed the question of the organisation of communications at the centre. So I think I and the group were pleased with his very speedy response to the interim report which you recall led in September of that year to a change in the structural arrangements where Alistair Campbell stood down as Director of Communications, and the Prime Minister did accept—I think this is absolutely key—the core separation between the role of the communications professional within the Civil Service, and the creation and the appointment of the Permanent Secretary, Government Communications, separating that from the political advisory role, which was subsequently filled by David Hill. So, yes, in that sense I think the request was a reasonable one, the response was a prompt one and the core acceptance of that clear separation between the civil servant role and political advisory role was, I think, welcomed. I do not believe that in the final report that element was significantly changed or removed. We had embarked on the process of a very proper Civil Service search and selection for the new Permanent Secretary and the team, responsible to the Cabinet Office and the Cabinet Secretary. As you will explore later, I think that structural change has worked effectively in most areas that we have considered. I think as an aside that it is for the Prime Minister of the day to decide the sort of support role he needs in Number Ten, and the current Prime Minister has chosen a slightly different model. One of the questions I had noticed—and if you would rather I leave that?

Q22 ***Chairman:*** Yes, just leave that for the moment.
Sir Robert Phillis: Moving on then to areas where perhaps all that we had hoped for has not been achieved, yes there are some and that is not surprising. The one obvious area where I have to report there was no enthusiasm at all was in relation to media briefings in the role of the lobby—there was no enthusiasm from either the journalists in the lobby nor, it would seem, from government Ministers to televise, record, put on line the daily press conference, and that is the one area where I certainly have not seen any significant change.

Q23 ***Chairman:*** That is done in the United States, is it not?
Sir Robert Phillis: It is done in the United States, televised conferences, transcripts available, information on line access, and it was one of the things we picked up from one of the forums we conducted with other international models—little movement there. We were concerned, secondly, about FOI and the enthusiasm with which that might be taken up, and I would say that there has not been as much progress as I would have personally hoped for—a little slower than one might have expected, but then the new rules did not come in until 2005. There has been a learning experience, there has been learning from within the Civil Service, there has been learning from within government; there has been some learning—though maybe not enough—from elements of the press; and in terms of vexatious and silly requests for freedom of information. Similarly the number of vexatious and silly private requests for freedom of information, I think there is evidence that those are slowing down. But inevitably progress is patchy and it was bound to be—some departments seemed more relaxed and more willing to implement the full intent of the Freedom of Information Act, and in other areas it is slow. That is hardly surprising given the size and scale of government communications, but a little slower than I would have hoped. Was there anything else that I would highlight—that very fair question where maybe things have not happened quite as quickly? I think they are the two major areas I would highlight. A third one, which I cannot answer but your next witnesses may be able to, we did urge about the importance of shifting investment away from London and national communications operations into regional—the investment actually made in the communications function outside London. I cannot answer the question because I do not have the statistics but it was certainly on our agenda and I suspect has not happened quite as fully as we might have hoped.
Chairman: It is certainly on our agenda as well and we will certainly come to that. Let us move on to Lord Corbett.

Q24 ***Lord Corbett of Castle Vale:*** Sir Robert, you reminded us that right at the start of your report you were concerned about this tripartite relationship between politicians, the media and public and how that all interacted. Could you just say something about how much of a start has been made on putting that right? I suppose the two active partners in terms of improving that communication has to be the government and the media, and would you like to make some comments about how far you feel that each of those partners have sought to improve the communications with the public, with the citizen?
Sir Robert Phillis: I think from government's point of view the fact that led by government, led by senior civil servants many of the recommendations that we put forward have been acted upon with some vigour and, as we all know, that is not always the case when you have independent reviews reporting of this sort. The emphasis placed there on the shift in focus—even thought it might be slow and taking time—to the citizen and to the public by the various initiatives that have been taken has certainly contributed in distinguishing between fact and comment, and I

think that is helpful. I think the development of the services, which others will talk about later, again has allowed the citizen and general public to find out for themselves, if they do not believe or trust what they hear from the politicians, to have the ability now to say, "I am going to find out about my local hospital or my local schools or my local crime statistics", or whatever, and has helped to create a shift where individuals can question it for themselves and challenge it for themselves, and that can only have been achieved if it was led by government and the Civil Service itself to try to make that happen. I think as far as the media is concerned it varies from the particular media source. You will know that national newspapers are still the least trusted of all information sources by the general public. In the piece of work we did only 6% felt that national newspapers were trusted; 14%, as I recall, radio; over 70% for the regulated broadcast television output. So I think it varies as far as the media is concerned. There is no doubt that the regulated broadcast media are much more careful in terms of the separation of information and comment than others, and it even varies at the other end of the scale within the national press—it would be invidious of me to mention those newspapers that I thought take more care than others—it is a fact that amongst the national press the temptation for vigorous comment, critical comment we are all aware of from certain sources of the press, whichever government is in power at the day. Again, in answer to your question—variable. I think government has acted indirectly in the sense of picking up on professional communication within the information we have talked about, and I think amongst the media some may have listened and have taken action, and that is true—but many of them have not, and we see that by the continued and not unexpected criticism.

Q25 ***Baroness McIntosh of Hudnall:*** Sir Robert, can I tie that back to your earlier separation between the kinds of information that it is appropriate for civil servants to be in charge of, as it were, and the kind of relationship between special advisers and the public through the media. This issue of trust strikes me resides more seriously in the area of the relationship between special advisers and the various people to whom they talk, simply because—as you yourself pointed out—those relationships tend to be conducted on a more private and non-attributable basis, but what comes out of those relationships is often extremely significant in terms of how public opinion is influenced and how the media present the way government policy might be developing. Do you think it is possible to have a relationship of trust where there is an inevitable disposition for any government to want to protect some element of what it is, so to speak, up to by not quite declaring its hand, but by making sure none the less that information is available?
Sir Robert Phillis: I think uncritical trust and total trust is a totally unachievable and unrealistic objective. We know from research that we conducted and research we reviewed and we know over time that sadly two of the least trusted professions are journalists and politicians—whether that is justified or not it is a fact—and it would be totally unrealistic to believe otherwise. And it would be wrong—it would be a pretty bland world if we were all in the area of totally trusting everything we hear from politicians of any government of any colour of any day, or indeed from the media.

Q26 ***Baroness McIntosh of Hudnall:*** Forgive me for interrupting, but you have made the question of trust a very major part of your pitch, as it were.
Sir Robert Phillis: Yes.

Q27 ***Baroness McIntosh of Hudnall:*** You did in your report and you are continuing to do so today and I am interested to know whether you think the improvements that may have been achieved since your report are significant in terms of changing the culture of mistrust, which you referred to earlier—the fact that people behave in certain ways, that they have a disposition towards secrecy or whatever it is—whether in fact the improvement is such that there is a real shift now, or whether actually the element of mistrust, which is inherent, as you have just described, is at an irreducible minimum and we are never going to get better from where we are.
Sir Robert Phillis: No, I do genuinely believe there has been a shift because of the distinction between the types of information that is provided; and I think with leadership from government and the Civil Service I see no reason why that should not continue, because I think the citizen is becoming more and more empowered—if they do not trust what they hear they are going to find out for themselves; they are going to search, they are going to look, they are going to try and provide or find the information to allow them to make their judgment as a member of the public. I think that is entirely healthy and a good thing and I see no reason why that should not continue. So, yes, I think the movement has been significant; I think with the right leadership it can and should continue. I will just make the point that in the vast majority of cases special advisers and Civil Service professionals work very well together, and special advisers are themselves now covered by certain of the Civil Service procedures, with the one key exception, of course, is that their jobs are always at risk when government changes or when the Minister changes, and that is a rather important difference between the communications professional within the Civil Service.

Q28 ***Lord Maxton:*** I accept absolutely that the citizen now does have that ability, if they wish, to find out what they want. However, it does mean that there are fairly large sections of the public, of course, which do not have the availability of the sources of information to be able to find out for themselves. Is that a worry for you?
Sir Robert Phillis: Yes, it is; and it is a very, very fair point, and sadly they happen to be those that are less fortunate, less privileged, less economically able to access, for whatever reason. It is a very fair point.

Q29 ***Baroness Bonham-Carter of Yarnbury:*** Sir Robert, you referred earlier to the fact that one of your key recommendations affected the communications team at Number Ten, the appointment of a civil servant and a special adviser, which was taken up. The present Prime Minister has of course changed that and there is now just a civil servant. To what degree was your original idea—if I can put it delicately—to deal with what was perceived as a bit of an Alistair Campbell problem, and to what degree are you concerned by the fact that there is now just a civil servant dealing with Number Ten communications?
Sir Robert Phillis: No, the development does not necessarily concern me. It does seem to me that the Prime Minister of the day is going to decide on the support system that he wants. The fact that the current Prime Minister has put the two roles together under a civil servant does not concern me—in fact, if anything, I find it somewhat encouraging in that those appointments will be subject to proper civil servant selection procedures rigorously applied in determining who moves into that role. It seems to me that, yes, at the time of our report in 2003, it was to a large extent the Prime Minister's preference to have a political Director of Communications and Strategy and, yes, that was Alistair Campbell, and particularly given that Alistair was the only one of the three political appointments at No. 10 who was given powers to directly manage civil servants, which we felt very uncomfortable with. The current Prime Minister has reverted perhaps to a different role where he has his communications role now under the control of a civil servant, and that does not concern me; and he has separated out the strategy role, which seems to be the role that Stephen Carter plays, which is much more akin to the role that Baroness Hogg or Brian Griffiths played in a different administration. So, no, not concerned by that particular shift because we were addressing the problem at a time in a particular structure. Yes, it is true to say that that did centre very much around the role of the political appointment in managing professional civil servants and that is where we became concerned about the question of the impartiality and the neutrality which one always comes to expect of the civil servant operating for the government of the day.

Q30 ***Baroness Bonham-Carter of Yarnbury:*** I gather from that answer that you would be concerned if there was not a civil servant in that role at Number Ten? You do not mind that there is only the one role but that is because it is a civil servant rather than a political appointment?
Sir Robert Phillis: Rather than a political appointment, yes, although if a future Prime Minister or this Prime Minister changed his mind and wanted to revert to the model that we were looking at at the time, then providing there is a distinction between one, the Permanent Secretary sitting behind me in terms of the Civil Service responsibility at the centre, if the Prime Minister of the day chose to have his political adviser on those other aspects of strategy and communication then that clearly is the decision of the Prime Minister, but it does not concern me that the shift between Mr Blair and Mr Brown's thinking has come up with a different solution, providing that that centre has the strong Permanent Secretary and professional leadership of the civil servants working to the Cabinet Office and therefore Number Ten.

Q31 ***Lord Grocott:*** Did your study throw any light on the practical day to day work of those involved in communications in Number Ten, in two particular respects? Number one, what was the balance between incoming requests to which the machine had to react, as opposed to what was an attempt by the Prime Minister to convey a particular aspect of government policy to the world outside? I do not like reactive and proactive, but what was the balance between the two? Secondly, in respect of what was the balance between clearly administrative types of questions and political questions? For all the difficulty in making the distinction, what was the balance of the requests coming in between those two types of question? This is not entirely facetious but when one hears that the Prime Minister is being asked, for example, what is his favourite Beatles' record or something like that, that is presumably the kind of thing that the communications system has to deal with. I am not sure myself whether that is a political question or a government responsibility, or what it is—it depends on what the answer is! No doubt someone has the job of answering it, poor soul!
Sir Robert Phillis: I will do my best. We had a number of sessions of oral evidence from Alistair Campbell and his team and Mike Granatt and his team, from professionals around the service, and you will find that detailed in the report. There is actually no doubt

that Alistair Campbell introduced some very effective and necessary innovations. The famous grid, the fact that Alistair and his team did the obvious and said, "If we as a government are trying to coordinate our messages across the board should we not be aware of what is being announced when and by whom and whether they fit together and whether they sit together?" And Alistair introduced a very effective grid of knowledge of communications releases: one, in order to coordinate them where they were addressing the same thing; two, to plan them in terms of the release of messages—wholly sensible, a need for coordination which did not exist previously. The shortcoming in that was that the old Government Information Service, not fit for purpose, were not involved in that process at all because they did not have a centralised function and the Civil Service did not have a centralised function; and whether it was in the daily meetings or indeed the occasional attendance at Cabinet meetings, which we believed would be necessary for the Permanent Secretary, as indeed it was for Alistair himself, this was not institutionalised in that sense. So I think the emphasis was very much then, when we were conducting our review, requests for information from the centre coming in, rather than from the departments volunteering—or, if you like, using your outward description. I think there was a disconnect between the communications activities between at least some, and some of the very large Departments of State in the centre, that was not being coordinated. I think where that became obvious—to think of one or two examples when I go back—the lack of coordination over the foot-and-mouth crisis was just extraordinary—different departments were doing different things and there was not that central pull in the middle. That had improved somewhat by the time the fire fighters dispute broke on the scene, and crisis management is again one of the things which Alistair Campbell and his team, working with their Civil Service professionals, did put a very proper focus on in terms of crisis management. So there were a lot of initiatives that the then new government and Alistair brought in, and it would be absolutely wrong to deny it; but it was very much a central control function, but from Alistair in his political role, because there was no Permanent Secretary, Government Communications; there was not the structure to make sure that was replicated within the Civil Service.

Q32 ***Baroness Howe of Idlicote:*** Sir Robert, I think you have answered a lot about where the very tight line between special adviser and professional comes, so I am not going to go into all of that again. Having said that, I think the training side is perhaps quite interesting and you seem to have implied that through various methods—Evolve and Engage and so on—the standing of the professional communicator within the Civil Service has indeed gone up. There are two questions I want to ask. One is that I am thinking of the Foreign Office process which, from early days, they actually did have one of their emerging top people responsible right the way through for communications. So you have the actual professional being, for a period of time as part of their evolved training, the communicator. If that is one of the models that are now being followed throughout the rest of the Civil Service that is one thing. The other thing is, having gone through these processes you felt that professionals were rather regarded as second class citizens; are they still now regarded as second class citizens or has all that now changed? It would be interesting to hear your views on that.

Sir Robert Phillis: As I am not part of the Civil Service myself I can only answer through hearsay and impressions and my general day to day contact with Whitehall rather than detailed knowledge, and I am sure that Howell James will be able to correct any of my inaccuracies or impressions and give you a thorough answer. Yes, I do believe that the general standing of the communications professional under the communications network has changed. Firstly, because it is comprehensive; it does cover all departments of state; it does cover all of the skills that were perhaps not present in 1997 or even 2003. It has been much broadened and much helped by the outstanding work of the COI and now of the Strategic Marketing Board by—patchy, but by some of the online initiatives that have taken place, with a great reduction of the number of individual websites. I think the point to make there is that an individual now does not have to access a plethora of sites to find their information needs; it is becoming more focused on the ability for it to be personalised in terms of the many aspects of government communications that might affect an individual. Again, I would have to say that these things are inevitably patchy. I think, as you rightly say, Lady Howe, we found in our initial investigation some departments who had very high standards of professionalism on the communication front. It was not universal but it certainly existed. And we had others that we visited—and we visited quite a large number of departments—where the communications function was really: "Issue the press release, please, tomorrow". And it was a very limited role in that sense. I think Howell will be able to be more precise in the significant progress that some departments have made, the learning that has come from those best of class, which certainly existed—and I suspect if you push him very hard he would say there might be some departments that are not quite yet up to pace; but that is inevitable, I think, given the scale of government activities. From what I hear,

from what I listen to, from what I see, I think that the standard of professionalism is significantly different from that which it was just five years ago, but it is going to need to be watched and monitored and sustained going forward because nothing is forever and things can slip.

Q33 ***Baroness Eccles of Moulton:*** Sir Robert, really leading on from the answer you have just given to Lady Howe, would you say that optimistically, providing the developments you have explained to us continue, that the government information machine will be fit for purpose and able to fulfil its more complicated role going into the next general election, whenever that should be?
Sir Robert Phillis: Yes, I do genuinely believe that. I think the differences—however long it is going to be before the next election—from the 2001 election are tangible, they are visible and I think that in terms of their fit for purpose question which you put there is no doubt that the government communications network is more fit for purpose now than it would have been then.
Chairman: Thank you very much indeed. It has been very interesting and it has now given us a background which we can now work on; so I am very grateful to you for taking the time to come and give evidence.

Examination of Witnesses

Witnesses: MR HOWELL JAMES CBE, former Permanent Secretary, Government Communications and MR ALAN BISHOP, Chief Executive, Central Office of Information, examined.

Q34 ***Chairman:*** A suitable starting point might be for you both to very briefly set out your respective responsibilities. Howell James, would you like to start?
Mr James: Good morning. I was until June 13 the Permanent Secretary of Government Communications and that made me the head of profession for all government communications; it was the role that Bob outlined so clearly there, of taking on the senior Civil Service leadership for all government communicators. In that role you are responsible for the professionalising agenda across government for the communicators. Quite a lot of cross-government comms activity—not the sort of short term news management stuff that Number Ten tends to focus on, but some of the longer term planning activity, which also touched on counter terrorism, crisis management, foot-and-mouth, avian flu, pandemic flu planning, those sorts of things; and the propriety and ethics piece. When Gus O'Donnell took over as Cabinet Secretary he also asked me then to look after Cabinet Office comms so for the last three years I have also been the sort of titular head of the Cabinet Office communications function as well; and I sat on the Cabinet Office board.

Q35 ***Chairman:*** Thank you very much indeed. Mr Bishop at the COI?
Mr Bishop: I have been responsible for running the COI for the last six years or so. It essentially provides a common service for all of government in providing and procuring any sort of marketing and communications service, and my responsibility is to make sure that all the research insights we get from that are shared, that we develop best practice, and that we take advantage of the purchasing power that that gives us to get the best possible deals through in our commercial arrangements. For the last three years we have also been responsible for what was the Government News Network, and that was partly as a result of a Phillis recommendation, in order to develop an integrated news and marketing service in the regions. Until this year I was also responsible for Directgov, which is now going to be the principal consumer website, for a sort of incubation period, and now that it is more grown up it is being handed over to the Department for Work and Pensions.

Q36 ***Chairman:*** You have a total marketing expenditure of over £300 million a year?
Mr Bishop: That is correct, yes.

Q37 ***Chairman:*** How many staff do you have in the COI?
Mr Bishop: Around 600.

Q38 ***Chairman:*** Howell James, can I turn to you first. How big was your communications staff? How many communications officers did you have?
Mr James: I had a very small team at the centre, so to run the Government Communications Network, which we set up to replace the Government Information and Communications Service—GICS—that Bob was talking about, I had five people who ran both the website, the training and development courses and the relationship with external bodies, the National School for Government, etcetera. Then I had a team of three that did cross-government comms and coordination. They were small deliberately because we just wanted to do strategic work; we did not want to get ourselves sucked into actual delivery.

Q39 ***Chairman:*** I obviously did not phrase the question correctly. How big is the staff in the whole network?

Mr James: The whole of the government comms community, the best way of knowing its size is a thing called the White Book, which is published every summer by the COI and it is an opportunity for all organisations to list all their comms divisions and put them out there for mainly journalists and outside bodies to be able to access them and know who to contact. Our figure at the moment is about 3000 people across the whole of government are involved in some form of communications role, according to that book, of which about 400 are press officers.

Q40 ***Chairman:*** 3000, so who are the other 2,600?
Mr James: They are doing website work, they are doing events, they are doing sponsorship, they are doing stakeholder, they are doing corporate communications, print publications, a whole range of all the other comms activity.

Q41 ***Chairman:*** Does that include what in newspapers one calls the backroom staff? Does it include secretaries, people like that?
Mr James: It probably would not, no; these would be communicators.

Q42 ***Chairman:*** Excuse me putting it this way, but it reminds me of taking over the Health Service: no one can ever tell me how many people are employed by it. It does not seem to be exact.
Mr James: The briefing I have tells me that there are 3,218 entries in the White Book. In the White Book there are also various public sector bodies which list their contacts in there because it is a very useful manual—any of you who have worked closely with journalists will know that they always carry it around with them—so the BBC, the CBI, the Metropolitan Police, the TUC, ACPO, others, are also listed. So if you remove them we come down to about 3,104, of which 398 are registered as press officers or media handlers in central Whitehall departments.

Q43 ***Chairman:*** What is the total cost of all this?
Mr James: We do not gather a total cost. Each department is responsible for its own budgetary and personnel matters and I never instituted a process where I called on every department to provide me with lots of facts and figures every year—that was not deemed to be an economically sensible scheme.

Q44 ***Chairman:*** I thought one of the purposes was to get best value for money.
Mr James: In terms of best value for money in terms of paid communication any campaign would always be subject to a proper research and evaluation. Each Permanent Secretary in their own department is responsible for making sure that their personnel and head count is within their budget and that they can justify that in terms of running their own business. This is the interesting balancing act here between a role at the centre where you are steering and driving and shaping your profession, but you are not hands-on managing it. I did not hands-on manage any of the communicators—the communicators work for their own departments; they work and report through the management lines up to their Permanent Secretaries, they serve their own Ministers. Clearly the role at the centre is not to try and interfere and add additional burdens to all of that but to facilitate and encourage better and more professional working. Some of the stuff, as we progress no doubt we will explore—what is the enabling role at the centre, as opposed to the hard management issues that each department has to deliver.

Q45 ***Chairman:*** Do we know how the strength of the Government Communications Network compares with what the position was ten or 20 years ago? Is it possible to make any comparison?
Mr James: The problem we have with trying to do that is that the Government Information and Communications Service had a declared number of people—I think about 1,350 people declared as members of the GICS when we were doing the Phillis Review. What became clear as we went round from department to department was that there were people working in comms who were not part of GICS, and what Bob was talking about earlier in terms of why did we think it was not fit for purpose, one of the problems was that some people were in and some people were outside it and we could not understand why. As a member of the committee we could not really get a grip on what was the process that nominated people as members of the GICS and what was the process that got you a job in comms but you were not part of the GICS. This was the historical oddity—that some people applied for jobs through the GICS process; they got ticketed as a professional communicator; they came in predominantly as a press officer or a marketeer and that was deemed to be a proper comms job. There were other comms jobs—internal communications, stakeholder communications, increasingly web communications—where people were not part of the GICS, they were a separate unit. What that led to was a fragmentation within comms functions inside departments, where some people were seen to be part of one gang but not entirely integrated into the whole. So we found that rather unsatisfactory, which is one of the reasons why we called on the GICS to be reformulated as a different community. So the Government Comms. Network has within it people who have all of these different communication skills, so we look to include everybody whatever their communications discipline, in order to be able to have sight of what they are doing, in order to be able to give them support for training, development, professional

encouragement, all of that, so that we have a proper functioning community out there, all of whom have access to opportunities to improve and move on and get jobs around the network.

Q46 ***Chairman:*** I want to ask you this as a matter of clarification. How did you get your appointment? From memory you were a special adviser in the last Conservative Government, were you not?
Mr James: I was not a specialist adviser actually; I was the Political Secretary to the Prime Minister—

Q47 ***Chairman:*** That sounds even worse!
Mr James: Actually you are not even a special adviser, you are a political appointee; you work inside Number Ten but you are a party employee actually and you do not assign a special adviser role. I was a special adviser in the government between 1984 and 1987 where I worked at the Cabinet Office, Department of Employment and DTI. I have gone out at various times. I went to do a job as a comms director at the BBC; I was a comms director at a company called Cable and Wireless and after 1997 I went and set up my own business, and in that business I was asked to go and sit on the Phillis Review and at the end of the Phillis Review I went back to running my business and then representatives of the then Cabinet Secretary phoned me up and said, "Would you like to put your hat in the ring for this job?" So I then went through a Civil Service Commission led process applying for this role, which I auditioned for or was interviewed for in competition with others.

Q48 ***Chairman:*** Self-evidently, being part of the last Conservative Government was not a bar?
Mr James: It did not appear to be. I thought it might well be actually, and it made me rather hesitant about applying! But I was assured by various people that that would not be the case, so I threw my hat in the ring and I got appointed by the board that sat and interviewed me, which included Andrew Turnbull, the then Chairman of the Civil Service Commission Baroness Prashar, and my name went forward in the normal way of senior civil servant appointments through the Prime Minister.

Q49 ***Lord Maxton:*** I will not make any comment on that at all!
Mr James: I think we were in the big tender period!

Q50 ***Lord Maxton:*** That was a major error of judgment! Can I, however, ask, as it is quite specific, whether or not—and both of you might be involved in this—the people who work in communications in the devolved administrations come under your department or not? Because civil servants in Scotland are still part of the main Civil Service.
Mr James: Absolutely.

Q51 ***Lord Maxton:*** Is that true of the communications?
Mr James: Yes.

Q52 ***Lord Maxton:*** Does that not cause problems?
Mr James: No. I am pretty clear in my own mind that I have a head of profession role where I am supporting all civil servants who are professional communicators, whether they are working in Wales, Scotland or in the Northern Ireland Civil Service and they have always had the opportunity of joining the GCN; they have done so, they have access to all of our training and opportunities, and as civil servants they are allowed to apply for any of the jobs that we have on the website. So we have always included them. Where I think the dividing line then comes is wearing my hat as a coordinator of cross-government communications there will be some issues on which actually it would not be appropriate for me to try and include civil servant communicators from the devolved Assemblies, regions, Parliaments because, actually, they are operating on different policies. There is a separation there between the hands-on comms stuff and the head of profession role.
Mr Bishop: From my point of view there are obviously some communications programmes and activities which are particular to the devolved administrations, but where they are national we are involved and we do do work for them. There is also regular and formal cooperation. To give an example, when the smoking ban was introduced in Scotland earlier than in England we were helped very much by the experience that they had there in applying that to England.

Q53 ***Lord King of Bridgwater:*** Just a very quick question. You are a very substantial placer of advertising; you have to book a lot of media space and you are a very desirable customer. Have you ever come under any political pressure to put your advertising in places that are more favourable to the government than others, and to not put it in outlets that might be thought to be unsympathetic to the government?
Mr James: Never and there has never been any pressure whatsoever.
Chairman: I would like to go into a part which the Committee considers important but which we did not get into in the last session.

Q54 ***Lord Inglewood:*** I am going to start with a slightly more general introductory point and then lead on to the specific one. We are looking at the period since the Phillis Report and the way that government information has developed. Within that

period, in our previous inquiry which was to do with news and news gathering, the thing that was absolutely startlingly clear is the way in which the net has changed the way information is collected. So in looking over the period since the Phillis Report that is the period when in the newspaper world and in other parts of the media world the internet has completely changed in a whole variety of ways what is going on. In the context of from where you are sitting, delivering government information, clearly since the Phillis Report you have tried to clean up and re-demarcate the line between what is political and what is Civil Service, and steps have been made in that regard, and that has been improved. But of the things that have changed in that period surely it is the net which now enables the individual citizen, who I suspect still thinks that politicians and governments are scoundrels, on their own initiative to discover things derived from the information you have put there as much as anything else which has changed matters. Following on from that, one of the underlying objectives behind Phillis was that you should try and get your regional delivery of information improved. How much has that been done by changing processes and how much is that simply done by the fact that the net makes it easier for people who want to know to find out themselves?

Mr Bishop: Dealing with the first part of that, of course you are absolutely right that there has been a huge change since Phillis reported. The number of people in the country who are now online has hugely increased—we are probably looking now at around about 70% of people. There has been this most exciting project to try and make as much information as the citizen wants easily accessible on line and then to be able to more and more combine then with the actual transactions that the citizen has to do with government. So, for example, not only finding out what your car tax is but then also at the same time being able to pay it on line. As I mentioned earlier, a radical decision was made to focus that activity in order to make it easier and more accessible to the citizen in two websites—for the normal citizen the Directgov; and for the business user Business Link. That was combined with a programme to try and sort out the confusion of the plethora of government websites that existed. There had been over 1,500 government websites, which I am not sneering at, by the way—that was all well intentioned to take advantage of this new way of relating to the people. But of course it became counterproductive and became very, very confusing. So there is also a programme to close down the great majority of those sites, leaving only major departmental websites and to converge all their functions and information on to these two websites, Directgov and Business Link. Then within Directgov, if you visit it and have a look at it, you will see that as part of that accessibility what we were trying to do is point people to related thoughts and information which are in the same area of interest. So if you go to pay your car tax you can also be pointed to anything else that might be relevant to you as a motorist, either private or commercial. If you are a parent you will find out things other than perhaps the education information that you originally went there to see. We are also conscious that there is still a considerable proportion of the country that is not online and they are some of the most disadvantaged people in the country, which also accounts for the very large amount of activity we still do in the traditional media and conventional media and in the conventional media channels. In terms of the regional media, one of the earliest decisions that was made with Directgov was to tie up in a programme called Local Directgov with all the local authority websites, which was a huge programme as you might understand. But now if you go into Directgov at the central point you can get to your local authority. You might see a bit of a change of style as you do it but you do not have to go through another home page—it works pretty well by and large. So that again is reinforcing the accessibility for any local interest you might have, and for any individual who has to deal with several local authorities it is an absolute blessing. Again, I will say on the other side of the fence we are still using regional media very extensively—radio and local press, which again covers those areas for people who are not online or to direct them to other sources of information.

Q55 ***Chairman:*** Do you have anything to add, Mr James?

Mr James: Clearly the online space is the one where I think the request in the Phillis Report that government comms should become more direct to the citizen and less mediated through other channels is our biggest opportunity. Early last year the Cabinet Office commissioned a report from Tom Steinberg, who is an independent consultant in this area, and the National Consumer Council, called *The Power of Information*. It was a very, very complete report about what the opportunities of government are here, but also the risks and the problem for those who do not have access to the digital technologies. Within that there was a lot of urging for government to use the web more effectively, but also questions about how civil servants should engage in that space. So we have been working for the last year on writing some very thorough guidelines and looking at what people are comfortable about, where they expect civil servants to enter. So, for instance, you have a website like something called Netmums, which is a very, very active and engaged website for mothers, and clearly it is a space where people are talking a lot about child

benefits, opportunities, getting into schools, nursery spaces and all of that. Government needs, I think, to go on to sites like that and support them with factual information about what services government provides; and also set things right because sometimes people get the wrong end of the stick about a service and then they promulgate misleading information through the website. We have been thinking quite a lot about how do we go into that space—is that the role of the press officers, is it the role of policy officials and how should they do it? Do they declare themselves; do they go in as a user? How does the rest of the department know that that discussion and debate is going on? And how do we learn the policy lessons out of that? So that goes well beyond comms straightforwardly and starts touching the whole area of policy and delivery within departments. So I think this is a very, very interesting and evolving space. What is most reassuring about it though—and Alan did not mention this—is the levels of trust that we have. Going back to your point about trust earlier, trust is on a continuum. We all as citizens ourselves watch the political knockabout, and the stuff that you talked about kite flying, and we discount a lot of this space. But actually as you move across government information and then you come to this online space people have huge trust; so I think the trust measures for Directgov are on the same level as Amazon and the BBC's online websites.

Q56 ***Chairman:*** They are indeed.
Mr James: And that is very reassuring, because we have found a channel now where we can put government information in a space where it is trusted and believed, and people can start to do their transactions. Nine million car taxes were renewed last year on line; so something very fundamental is changing here.

Q57 ***Lord Inglewood:*** But if you have your government site with these various links, if you are not careful are you not going to end up that the links are operating on a basis which is entirely different from the Phillis principles, and because you have gone into it through the government site is there not a danger that you may suddenly find the blurring between the administrative and the political, if I can put it that way, has been lost again?
Mr Bishop: No, precisely because of what Howell has just said. We are all highly aware of the preciousness of this trust in these sites. So embedded in the governance of it is the principle of protecting these sites, of being absolutely non-political.

Q58 ***Lord Inglewood:*** So completely non-political by those criteria.
Mr Bishop: Absolutely.

Q59 ***Lord Inglewood:*** The other question I wanted to ask was, when you are formulating an initiative do you start by thinking about the web offering or start by thinking about the conventional offering?
Mr James: Can I talk about Engage a bit on the back of that? Phillis in my mind fell into two bits, when I took up this post. One was the structures at the centre, how do I make this role work in terms of its relationship with Number Ten, its relationship with departments, directors of comms, Permanent Secretaries, and that was the structural management job. The other bit which I thought was most interesting about Phillis was how do you communicate these days? The interesting thing that we observed in the Phillis Review was how various departments operated very differently; they had different levels of competence; they were reinventing wheels between departments; they were not sharing case studies and experiences very effectively across the piece. It is that space that we sought to address by creating a framework to say to people, "How should you do good comms; what does good communications feel like and look like in each department and where should you start? Your point about do we incorporate a web, or what you might call normal, media, what I have been trying to encourage the government communications community to do is to move away from being a product deliverer. I would caricature that as saying policy officials bounce into the comms function and say, "Hi, I need a press notice; hi, I need a brochure; hi, I need a leaflet". And for quite a lot of time, perfectly understandably, pressures of time and so on, they say, "Okay, yes". I try to encourage people to stand back and say, "Actually, what is it we are trying to achieve here? What attitudinal or behavioural change are we trying to drive?" Once we have our head around that what is the appropriate way to try and do that? Do we know enough about what people currently know and understand about our policies and whether they are in a space where they are persuadable about this? What is it that they are resisting? For instance, why were young men not putting on seatbelts in the back of their cars? Partly they thought they were immortal; partly they just could not understand what the danger was. So a deeper and better understanding of where the audience was and what the resistance was to implementing stuff then drives a much more considered communication strategy, where you start thinking, "Actually, what is it we ought to be saying here to these different audiences? How do we segment these audiences intelligently? Having segmented them what media do we use? What is the most appropriate? Are we properly media-neutral?" We should not just be putting out press notices; we

should not just be issuing old-fashioned leaflets; we should actually be thinking much more holistically about how you persuade people that what government is doing—either through legislation or regulation—that impacts on our lives, how does that affect me and how can I shift my behaviour and my understanding to actually take account of that. I think that is where comms can start to play a really powerful role alongside policy and delivery colleagues, and once you start a conversation on those terms you are moving to a different space.

Q60 ***Lord Maxton:*** One or two points here. First of all, I think it is great what is happening, and that is from someone who does use it to fill in and get his road tax—and I actually got my 70-year old driving licence, etcetera, on line, and it is great. But one thing is that so often, even though you have brought it down to basically one website, that is not on what we might term the "front page". Do you make any effort to ensure that when I turn on my Yahoo! or my Google—bang! there is the government website available to me?
Mr Bishop: We obviously do at the moment take advantage of the various search marketing techniques to try and make sure that if you do essentially Google randomly you will get to us quickly and Directgov, and they will be displayed. Obviously in the, I hope, pretty short term where the ambition is for Directgov to be the kind of super site, which is widely known to all, which you can go to directly in the same way that you would, maybe, to your own bank's website or to the BBC, or whatever your particular personal passion is, and get book marked in the same way if people go on doing that sort of thing.

Q61 ***Lord Maxton:*** The other thing is this 30% that is still left of people. How do we allow them because they are, as you say, very largely—there are one or two in the room here!—they are the disadvantaged in our society who do not use the internet as others do. But there is a much larger percentage of course who now have digital television and that is interactive; are you doing anything on that as well?
Mr Bishop: Yes, Directgov is also on digital television; you can access Directgov.
Chairman: I would like to explore the theme of the Phillis Report and where it has been put into effect. Lady Howe.

Q62 ***Baroness Howe of Idlicote:*** Can I ask you one other question about how communication specialists are now perceived because I have the impression—certainly from talking to Sir Robert too—that the standing of communications specialists has really gone up quite considerably and has been recognised as such. Regardless of that, to what extent does the rest of the Civil Service regard them as fully professionals, no longer second class citizens, as it were? And is that consistent between departments or is there still some ambivalence there? When you have answered that I have another question.
Mr James: I hope that is true. My sense is that it is. Clearly where it matters is in departments; do the directors of communications have the clout and the regard to make their run to deliver effectively both for senior policy colleagues and for Ministers? My sense is that they do these days. What is that based on? It is based on the fact that I think we attract very interesting candidates for these jobs now, and I do not think people will be looking to come into the government comms service at a director of comms level from a range of both private sector and wider public sector roles if they did not feel that the job was well regarded. That has not just happened because of what we have been doing in comms; it has been happening because there has been an across Civil Service drive to institute a thing called *Professional Skills for Government*. This is where the comms function has sat and I have been greatly supported by initiatives across finance, IT, programme and project management, HR, where all of these corporate functions within departments have become slightly neglected. As we look at the challenges for government departments in delivering what Ministers want, having people in each of those disciplines which are clearly expert and can clearly deliver are absolutely vital to make a department effective. So Permanent Secretaries now are very pleased to see in each of these areas support from the Cabinet Office and from the centre coming at them around all of these different areas. So comms does not sit all alone there. So I do not think we are seen as second class citizens any longer. The point you made earlier about do we have a mix here of both specialists who come in as communicators who have been in the outside world and people who have come through the comms function or people who have come out of policy—we do have a mix. I have sat on the appointment boards for every single Director of Communication across Whitehall now and some have changed twice in the course of my time. I have seen an appreciable shift in the sorts of people that are coming forward and the focus the department has put on these appointments; the time and trouble they take in identifying what is the role here, what are the people we are looking for, what are the skill sets that we expect these people to bring? So I think all of that has changed and that is not just happening in isolation. As I say, they are applying the same kind of focus on senior financial appointments, IT appointments, HR appointments and others.

Q63 ***Baroness Howe of Idlicote:*** I am glad to hear that and I am now coming to the whole business about more openness and transparency, and is it your

view that government communications have become more open and transparent, and can we have some examples? Let me ask you one direct question. It certainly has been brought to my notice that on at least one occasion a journalist was denied access to a particular briefing. It may have been in the time before your reign, as it were, but there seems to be plenty of evidence that that has happened. There was some favouritism going on on certainly briefings. Would that be happening any more in the future? Did it happen in your time?
Mr James: The honest answer about partial access to information and singling out individual publications or journalists is that at one level we know it happens. People have relationships with journalists—politicians have relationships. There is a lot of communication goes on away from government comms but happens in what you might call political communications here in this building—relationships between the lobby and others. One cannot be naïve and close oneself to that. What I am absolutely clear about is that as civil servants in a press office you have an obligation to tell everybody what you are doing and to involve and invite everybody to press briefings and to ensure that that is happening across the board, and I think if we were not doing that as a Civil Service we would hear about it.

Q64 ***Baroness Howe of Idlicote:*** Can you give me some practical examples of how this is working now?
Mr James: Any briefing that the Home Office set up or Number Ten set up, as civil servants they would ensure that they invited the full range of journalists, full range of publications, broadcasters, specialist writers to any briefing; and actually Ministers would expect them to.

Q65 ***Chairman:*** So if a journalist turned up—had heard about the press conference or the briefing, whatever it is, but was not on the official invitation list?
Mr James: I cannot imagine they would be denied entry. The Civil Service recognises that we are there to provide a service both for the department and the Minister and for the media, and they do that to the very best of their ability. There are always constraints; we occasionally have to roster things. You have all in one part of your lives or others been at events where you do not want three of four crews following you around; you do not want a gaggle of ten, 15, 20 journalists, so then we reduce numbers, we negotiate with the media and others. The issue about openness and transparency, of course, in the first report derived out of quite a lot of debate we had around FOI, and a nervousness that the FOI, which was yet to be introduced at the time, might be watered down or reduced in some sense. So I think the issue in Phillis about openness and transparency also touches on has the FOI been brought in and implemented effectively; are departments shifting the way they behave about opening themselves up to information? And I would say that it has been painful but it is evolving. It has probably been most painful actually around the retrospective nature of it. Where people have recognised that as they do things in real time they are going to be subject to FOI requests, therefore they make arrangements to put things into the public domain at a nominated date, that way when they get FOI they can say, "We are going to publish this list at a certain moment; we are going to open ourselves up, put this up on the website," whatever it is. The retrospective nature has been probably the most agonised. I think there is a cultural change happening across Whitehall and we just have to get used to this very different environment where things are much more open. So I do think that there has been a shift but I do not want to pretend that it is there yet.

Q66 ***Baroness Howe of Idlicote:*** Does the COI also have anything to say?
Mr Bishop: I think the Phillis recommendation that Sir Bob referred to earlier on moving towards more direct and unmediated communications has happened, and by definition all those things, whether they are online, TV commercials or whatever, are as open and transparent as they can be. In fact we are actively trying to draw people's attention to them. The only other thing we could really do was to also try to make as much of the process of how we do it, particularly in the selection of suppliers and all the rest of it, to make that as open as possible and to publish as much as possible about it.

Q67 ***Lord Corbett of Castle Vale:*** There you are Mr James, this time four years ago there is the Phillis Report—did the Cabinet Office suggest any priorities about the way you set about implementing those representations or did you take those decisions yourself?
Mr James: I suppose I broadly took them myself, in the sense that I put forward to Andrew Turnbull, who was my boss at that point, a work programme for my first year, which included two key things. One was get the GICS involved into a GCN and get that properly launched up and up and running, and we did that; and the other thing was to start to explore and to launch a framework that would address the issue in Phillis about those various behaviours between departments and how do we get to be a more professional communications function across the piece. So those were the two things on which I focused, so GCN and then the framework which we called Engage; and we managed to get the GCN up and running—I joined in the summer of 2004 and I think GCN was launched at the end of 2004,

beginning of 2005; and Engage we launched in April 2005.

Q68 ***Lord Corbett of Castle Vale:*** When you left which bits of Phillis were you sorry that you had not seen better progress on?
Mr James: I think the biggest challenge is going to be the cross-government working on some of the big policy issues. Most of the drivers in department—and you will be aware of this, and I hesitate to use the word silo—but people do work within their departments; departments have particular cultures and all the incentives are about doing work in your department, reporting to your boss, getting on delivering for your Minister. What the cross-government PSAs are now going to require is a lot more matrix working between departments, where departments are going to have to trade off good people and money, not just for their own objectives but for objectives that they might not see are central to their agenda because they are playing a part in another department's primary objective. I think that is going to be a challenge for the comms function because whenever I call comms people together and I say, "We have this big issue that we need to pull together on," they were very responsive and in the main because there was a long heritage and history of communicators working together inevitably across government they were up for these projects. What was more difficult was finding a way for policy officials and Ministers to come together around these cross-government objectives and I think that is going to be one of our big challenges. So one of the things I was focusing on in the last year was how does my cross-government comms unit provide some strategic guidance without getting sucked into doing departments' jobs for them. I think we had started to get a model there that worked. Indeed, on some of the big issues we had some successes. Animal rights extremism three years ago had reached a point where the financial and the pharmaceutical industries were very, very sceptical about government's commitment here; the commitment of the Home Office to policing this area was not as visible as it probably should have been; the magistracy I do not think were as focused on what their powers were and what the opportunities were for them. So I think there was a sense that government was not very joined-up on that. Policy and comms people came together there and by a combination, as ever in these things, of getting something going, focusing some attention, getting a debate going around government, we managed to focus between the Home Office, the DTI as it was, and BERR and Defra a coherent government approach that actually put some positive messages out there, but also gave strength and encouragement to other participants there. So I think we shifted the terms of the debate around animal rights extremism in that area. And the learning from that was get your policy officials together, get some clear political leadership together and then the comms function will fall out of that quite effectively.

Q69 ***Lord Grocott:*** You were the Permanent Secretary for Government Communications and you mentioned about 3000 people maybe right across the piece. What proportion of the work was communications with the public and what proportion of it was dealing with the media?
Mr James: In terms of numbers 400 odd people were dealing with the media and the remainder dealing with broader comms responsibilities. The media is very resonant, and inevitably for Ministers in departments, having a grip on the media's agenda, having good media handling skills, being alert to what stories are coming up, where a newspaper is going to be on various things—newspapers still have a capacity to drive campaigns, to create a mood around policy initiatives and policy debate, and they are very expert at taking a policy initiative and making it real and making it live by pulling out individual examples of how it affects fellow citizens in a way that can be very vivid and very memorable—Ministers expect us to have good media handling skills and to focus on this, and I think that is quite proper. Equally, my sense was that we have not had a similar level of investment and support for the other disciplines, and one of the things I became particularly focused on early on was internal comms, because it seems to me that actually telling your own staff what you are doing, particularly in sensitive areas where policy initiatives were affecting teachers down the line out of the education department, health employees through the NHS, and not focusing enough expertise on internal comms so that people understood what these policies meant and what their impact on them was, because we also knew—coming back to the trust point—that the public trusted practitioners. If they went to their Primary Care Trust and they went to a school and they heard from practitioners very confused or unhappy stories about what these reforms meant, inevitably it impacted on their view of what the government was doing, and I do not think that supported Ministers. So we focused a lot on internal comms. The other issue around trust as well was in a world, as Bob said, where increasingly the Ipsos MORI poll tells us that other than estate agents, politicians and journalists are not in the first rank of the most trusted. What do we do about that? Partly one of the ways to deal with that was to say who do the public trust and who do they expect to hear from, particularly when I was wearing my hat looking across government at crises or coordinating planning for difficult public issues such as pandemic flu, avian flu outbreaks etcetera. They expected to hear from the Chief Vet; they expected to hear from

the Chief Medical Officer; they expect to hear from an expert in their field. Therefore, when we talk about stakeholder comms actually what we are talking about here is a department knowing and understanding all the different organisations it deals with and the way in which their policies and their regulations impact on those third party organisations, going to those third party organisations and having an intelligent dialogue with them early on, bringing them in and making sure that they are sighted on what the department's thinking is, making sure that is tested so that there is some listening. So that those professional groupings can understand where the government is coming from and why they are implementing the changes. So when you get to a point where something is announced publicly you have done some of that work in terms of getting buy-in or understanding for where government is going on stuff. So what are all these other people doing? I hope what they are doing is looking at internal comms, stakeholder communications, web-based communications, all of those areas, because I think they are vitally important in creating an environment in which when you come to your press announcement, you come to your broadcast moment actually there is a degree of understanding about why you have got to that point, why the debate has reached this point and why you are doing what you are doing.

Q70 ***Lord Grocott:*** Can I ask the specific question, that we all know that a huge number of letters arrive at government departments from members of the public, particularly the Department of Health—hundreds if not thousands. Would the people who were responsible for dealing with the correspondence be within your empire of the Government Communications Network? It is for you to answer the question and not me, but it does seem to me to be quite important that those queries from the public are treated as seriously and as importantly as queries from a journalist. Just to add to that very quickly, can you give us any indication at all of the way in which the volume of (a) media inquiries and (b) public inquiries has grown? I offer this to you really because there is a tendency to think, "There are 4,000 people there and what on earth are they all doing," but my impression is—and I would like you to correct me if I am wrong—that there has been a massive increase in both media and public enquiries of government as to what they are doing. Those are the two questions.
Mr James: Direct correspondence units, direct communications units, do often form part of the communications function. Interestingly some big departments like health have also incorporated their parliamentary questions and various other of their public debates, because the source for material for this—lines to take, background briefing, paragraphs about different policies—is all the same core material, and actually it needs to be used in a flexible way. So you can use paragraphs to answer parliamentary questions, to brief people on debates, to provide Number Ten with a background briefing on policy issues and to reply to letters. So they are part of the wider communications process. I do not have numbers but certainly anecdotally we have an enormous amount of correspondence now that comes in. I think that is part of a societal issue which is actually people expect their voice to be heard increasingly and people are not passive recipients of information—the Web has given them some kind of engagement with government in a way they have never had before, and I think that is provoking them to be more questioning, more critical and therefore they do phone us up, they do send us emails and they do write to us much more. So there is more activity. On the media side we face a huge explosion, as you know, in media. Partly that is not all journalism and it is not all those re-run channels on Sky—I can quote you 900 television channels out there and they are not all coming to government looking for information. But none the less there has been a huge explosion. From someone brought up as I was in a world with three television channels and then four was the norm, we are now faced with websites, with the rolling news. I went to the BBC to talk to their news and current affairs and the one thing that we absolutely agreed on was that "out of hours" was no longer a phrase that you could use—it was continuous.

Q71 ***Baroness McIntosh of Hudnall:*** Just very quickly going back to your point, I was very interested in what you said about how you were managing the information that was going to the public, and the way that that connects to the issue of trust. Just looking at it now there is a conventional wisdom out there that nobody trusts politicians; nobody trusts governments, that everybody is in a permanent state of enraged scepticism about any kind of information. Do you have research of your own to pitch against those bodies of information that say that politicians are not trusted or that government information is not trusted, that shows that actually there is a growing trust in the kind of information and how you are putting it out there compared, say, with four or five years ago?
Mr James: We do not spend money duplicating research that happens out there about who the public trust. Ipsos MORI do this regularly and we rely on their figures. We do do particular bits of work—and Alan is probably better placed to talk about that—around individual campaigns, individual websites, the stuff I quoted earlier about Directgov having as a high a trust as Amazon and the BBC. That sort of work we do to make sure that we are getting the stuff right.

Mr Bishop: That is absolutely right. All major campaigns are tested because if they are not considered trustworthy, if what we are asking people to do is not believed then they will not work, and the majority of campaigns have a direct response to them of some sort. We are asking people to do something, to call up, to call a line, to go to a website. I reiterate again that obviously we would regularly check the trustworthiness of our online communications now.

Q72 ***Bishop of Manchester:*** Going back to the Phillis Report, in that there were seven main principles enunciated, which look an antidote to deadly sins!
Mr James: That was the mood at the time, if you recall. As we were sitting through 2003 it was not a happy year!

Q73 ***Bishop of Manchester:*** As you look at them now in 2008 how important from your experience in government comms are those principles? It is easy to have a list like that and everybody can say at the beginning, "Yes, this is exactly the sort of thing we want". But then they can be put into the background, whereas in fact when you look at them one by one there are some really important issues which are being highlighted. Are they forgotten?
Mr James: No, not at all; they were central to what I thought I was there to do, absolutely. How did I turn that into real things? It feels such a bleak thing to talk about, but this framework which we established, called Engage, which is up on the Cabinet Office comms website, sets out principles for all communications across government. I did not just put them up on the website; we then did tons of seminars and I went out and talked about it all, and I have been doing over the last couple of years a whole lot of interactive events with communicators across government. It is incorporated into the National School for Government and some of our nominated training courses, so that when people join government comms now the Engage principles are not dissimilar to some of the motherhood and apple pie that you see here, which is what is it you are trying to do? It is back to my earlier point—what is it that you are trying to do? What attitude are you trying to shift or behaviour you are trying to shift? Who is it you are talking to? Do you understand where they are coming from at the moment? Have you thought about how you scope your argument so that it actually resonates with them? So do you treat people as individuals, do you think about where the citizen is in this morass of government announcements and regulatory shifts and impacts on their own lives; and are you carving a path that actually will reach the people you need to reach about this stuff? I think that absolutely addresses making a positive presentation of government policy, which is about putting stuff out there in a way that people can understand and is accessible, not just putting out press releases or briefing lobby journalists; but actually going to the next level where people actually can understand because of their choice of media, where they are getting their information from. So that required us to be a lot smarter and do a bit more research, but exactly—use all relevant channels of communication, not just excessive emphasis on the national press. Coordinate communication so actually on things like winter warming where you have three or four different departments involved in some different aspect there—DCLG, Health, DCFS, were they properly pulling together? And they did; this year for the first time we managed to get all of the departments involved in the winter warming campaigns to coordinate a single campaign to the public and to the relevant audiences. So these principles were central to what I was doing in my role.

Q74 ***Bishop of Manchester:*** Looking at those seven principles is there one among them which, when you look at it, you think to yourselves, "I wish we had done a bit more on that"?
Mr James: I should probably have done more on everything. Genuinely, the thing about this is that in government the scale of government—the size of these departments—the capacity for things to get lost or confused as messages get pushed through them, it is fine to launch something. My adage was that we do not need to launch some initiatives, what we need more importantly is just to slog on telling people about what we have already done. What is there to help them? How can we get more people to our website? How can we get more people to understand what these principles are and how to apply them in their own daily work? How can I make sure that people actually know and understand this stuff when they have just arrived or when they have just been promoted into a job? It is those issues that I hope my successor will slog on with, rather than trying to invent new initiatives. I think we have the right set of prescriptions here but I do not intend that in something the scale of government and the size of government that we have necessarily reached all the corners that we need to yet.

Q75 ***Chairman:*** Would openness be the number one priority?
Mr James: Yes. Bob talked about the adversarial culture with the media and that it has its place, and of course it does, and all of us as citizens welcome the fact that there are journalists out there asking awkward questions and at times pressing to find out what people are uncomfortable about and putting it into the public domain. So we cannot expect just to open a door and find instant openness, but actually I think what the new media is now offering us—and this more thoughtful and analytical approach to

providing strategic communication and support to departments and to ministers—actually will result in more openness; more access for the public; easier understanding of what it is that government is doing and how it impacts on their lives.

Q76 ***Baroness Eccles of Moulton:*** I believe you heard the earlier discussion in the previous interview about the line drawn between what the professional civil servant's role is that special adviser's role is in this communications subject. I do not know if there is anything you would like to add to that because I do have another supplementary question?
Mr James: Everyone has their role in this set-up. There is a proper role for special advisers and actually a good special adviser in a department provides an invaluable service—not just to the Minister but to the department as well—and I think protects civil servants from being sucked into or drifting towards having to do jobs that are quasi political, whatever it is. So I think actually that we have arrived at a point now where we are in a reasonable state of balance between the roles of the professional civil servant communicator and the role of the special adviser. After the terrible muddle that was created at DTLR and the fall-out from Jo Moore/Martin Sixsmith that Bob was talking about, the Review, the PASC Report, the Phillis Review itself, the learning from that was pretty clear for everybody who participated in it. You need to keep alert to these pressures and these tensions; you cannot just turn a blind eye, and whoever is responsible for managing these individuals needs to have at the back of their mind the notion that this needs to be handled with care and with thought at all times, and I think that is the culture and the environment in which we now work.

Q77 ***Baroness Eccles of Moulton:*** I think I probably already know the answer to my second question, which is in the Phillis Report it recommended that if there was any problem with the professional civil servant being brought under too much pressure by the special adviser that they could take their problem to you.
Mr James: Yes.

Q78 ***Baroness Eccles of Moulton:*** Have you had any experience of that?
Mr James: I have not.

Q79 ***Baroness Eccles of Moulton:*** I thought that would be the answer.
Mr James: We have had a calm four years.

Q80 ***Chairman:*** Just to complete the questioning, Bob Phillis was talking—and I would be interested in your view on this—about the lobby and how that could be reformed. He was in favour—and others have been in favour—of having a more open system, a press conference, a daily press conference, perhaps, taken by Ministers rather than always by the government spokesman. Reform of that kind, would that be something that you support after your experience? You are no longer in the government.
Mr James: We have reformed it in the sense that it has evolved in the last four years quite substantially. You can read the full press lobby briefing that the Prime Minister's official spokesman does every morning and afternoon on the Number Ten website. Since Phillis we have had the monthly press conferences that the Prime Minister undertakes. We also have innumerable online chats and access through the Number Ten website; they are even using Twitter now to promulgate what is going on at Number Ten and what is happening there. So I think we are trying to be more open about this. There was no appetite, as Bob said, either in the lobby or amongst those who managed the work with the lobby at Number Ten, to televise, and I think it is precisely because of the point you touched on there, my Lord Chairman, which is at the moment we have a civil servant as the Director of Communications at Number Ten, and is it an appropriate role for him to appear on television every day in the way that the President of America's spokesman does? If it is not going to be a role for that person are you going to have a Minister for Communications or information? How would that Minister sit alongside the ministerial responsibilities of his colleagues and Cabinet colleagues who would presumably much prefer themselves to stand up and talk about their own responsibilities than to devolve them to a generalist minister based at the centre? So I think there are tensions there, both political and practical.

Q81 ***Chairman:*** Surely the answer to your question is that if a Minister does feel strongly that he should be putting the case he should be allowed to go and put the case?
Mr James: Indeed, and I think Ministers would say that they do that at a time of their choosing when the department is ready to make announcements and engage in a debate with the public, with the media, whatever it is around their agenda. I think the notion that you would start a daily round there would be something that you would have to think quite hard about. I am nervous myself—personally I am nervous about an onscreen, on television briefing process because actually I think what you will then have to invent is another process, candidly, where people can come together and ask the nitty-gritty questions that journalists sometimes like to get down and dirty about in terms of briefings. So what we have at the moment is a pretty good system, but obviously I will be very interested to hear the evidence that some of your witnesses next week will give.

Q82 ***Chairman:*** Just before you leave it and leave—and we all do—just explain to me what the difference is between it being on the internet and it being televised? What is the basic difference?
Mr James: For me I think it would be the manner in which it might dominate evening news bulletins and then therefore impact on people's perception of the government in a very vivid way. Any government of any complexion I think would want to think about the impact that would have on the electorate, to have a televised press comms every single day about everything. Television is very resonant, is it not, in a way that perhaps the written word and online communication is not quite so?

Q83 ***Chairman:*** It sounds like the televising of Parliament debate.
Mr James: Yes. I may be being unduly cautious here and it may be that we evolve when we do this and in five years' time we all look back and wonder why we were all so nervous about it.

Q84 ***Chairman:*** Why do you have two briefings a day? I never understand that. Do you not put yourself on a treadmill in doing that?
Mr James: Some have argued why have one at all! As I understand it the formality is that the Prime Minister's spokesman is invited by the lobby and it is for the lobby to say when they would like to have these meetings and they have one in the morning and one in the afternoon.

Q85 ***Chairman:*** The poor Prime Minister has no say in this whatsoever?
Mr James: I imagine he might have, but at the moment that seems to be the process.
Lord Maxton: With the convergence the next big step is going to be controlling your computer through your television and watching it on television, so what you were saying about the line between the two that would probably discount it. If I want to watch Alan Johnson on Health I will be able to watch it.

Q86 ***Chairman:*** Many, many thanks to you both. We have kept you way beyond the time that we said we would. You have been very patient and you have also listened to the first session. Perhaps if we have other questions for you we could come back to you afterwards, as there may well be as our evidence goes on.
Mr James: With the greatest of pleasure.
Chairman: But it has got us off to a very good start. Many, many thanks.

WEDNESDAY 16 JULY 2008

Present	Bonham-Carter of Yarnbury, B	King of Bridgwater, L
	Corbett of Castle Vale, L	Manchester, Bp
	Fowler, L (Chairman)	Maxton, L
	Hastings of Scarisbrick, L	Scott of Needham Market, B
	Inglewood, L	

Examination of Witnesses

Witnesses: MR ADAM BOULTON, Political Editor, Sky News, MR TOM BRADBY, Political Editor, ITV and MR NICK ROBINSON, Chief Political Editor, BBC, examined.

Q87 ***Chairman:*** Welcome. You know what we are doing—we are conducting an inquiry into whether the government communication system is open, impartial, efficient and relevant to the public. We are obviously looking at the Phillis report and whether things have improved since then, whether the culture of secrecy and partial disclosure, which was identified, has been changed, whether the relationship between special advisers, civil servants has now settled and changed and whether communications in the regions have improved. Those are the sorts of issues that we will be going on. Could we just start, as we have three lobby journalists here, with the lobby, which we have already had evidence on? When I was on *The Times*, which was some years ago, I was drafted in as a lobby correspondent when both the regular political correspondents were on holiday with the advice that nothing ever happens in the first week of August and in fact Harold Wilson shuffled his whole Cabinet. I was called to a lobby meeting and it was taken by the Prime Minister himself but only on the basis that he was never quoted directly. So one had all these phrases like "It is understood that . . ." and "Government insiders say . . ." even though it was the Prime Minister who had been saying all these things. The Prime Minister now has his regular monthly press conference, I understand that, but how much of lobby briefing is now absolutely on the record? Adam, you are chairman, are you not?
Mr Boulton: I was chairman last year; I am the late chairman. The fact is that things have changed a great deal since your day inasmuch as the generality of lobby briefings, the twice-daily briefings by the Prime Minister's official spokesman, take place on the record, although the convention is that we do not identify Mike Ellam by name, we describe him as the Prime Minister's spokesman. He is now the Prime Minister's spokesman, whereas in the Blair era, he was the Prime Minister's official spokesman. One of the changes that the Brown prime-ministership made was that you should only have a spokesman; if you put official spokesman, it sounded as though there was an unofficial spokesman. The other aspect of lobby work, which is conversations which take place in the lobby, those continue to be, as I understand it, off-the-record and non-attributable.

Q88 ***Chairman:*** They are really quite important because, under successive governments, all these quotes one sees from a senior Labour MP, a senior Conservative MP, almost invariably unhelpful to the leader of the day, are never attributed to the person.
Mr Boulton: That is right and it is by the mutual agreement of the politicians and the press that those conversations in the lobby take place on that basis and indeed I can say, as lobby chairman, on the rare occasion when that convention is breached, one normally will get a complaint to the chairman asking why this has happened and he will be expected to take it up with the relevant members of the lobby. I have to say there is a slightly grey area, which is events at which lobby journalists are present, which would not formally be identified as lobby events. There was one occasion when there was a farewell party for one of the servants of the House of Commons and a lobby journalist was there as an invited guest and subsequently reported what had been said in the speeches. A complaint was made to me that this was breaching lobby rules. I have to say that I took the view that it was not, that he was there as a guest and I felt that repeating a speech made to a group of people was perfectly legitimate.

Q89 ***Chairman:*** Is this cloak of anonymity in the public interest?
Mr Boulton: My feeling is that it is good that the daily briefings are on the record; that is a step forward. It would not be in the interests to go back to the quasi-Masonic days when you were in the lobby and the meetings did not take place and they did not exist; that is quite correct. I feel that it is part of our political culture that we in this country accept non-attributed quotations in our journalism as part of the fabric of our journalism. That is not something which, for example, is done the United States but even talking to American journalists about this, they take the view that since we do not have a First

Amendment Bill of Rights in this country, it is a much more cloak-and-dagger process covering politics and that they feel that the way good journalists use these sources is legitimate. I have to say there was an interesting article in the *Financial Times* yesterday by Gideon Rachman, which you may have seen, comparing American and British practices.

Q90 ***Chairman:*** What do you think Nick Robinson?
Mr Robinson: It is worth looking back to where the lobby was—I was about to say "we were" but I was not there at the time—and where it is now. The entire system was cloaked in secrecy. It was considered rather shocking to even say that such a thing as a lobby existed and what the rules were. I remember Michael Cockerell writing a book about the lobby in the 1980s and it was considered a radical tearing up of the rules of the place that he even spelt out what was going on. We are long way from that. As Adam says, most briefings are now on the record. I would argue, and you may wish to come on to this, that we have not finished the journey, that they would ideally be on camera, on microphone and fully transcribed, because they are either on the record, and they might as well be fully on the record, or they are not really. Separate from that process of formal briefings, which are frankly no longer really exclusively for a closed shop called the lobby, they are pretty much for anybody who wishes to turn up, there is the issue of how journalism is done within this building and, what is more, as Adam was saying, the custom and practice about the acceptability of off-the-record and unattributable quotes. I suspect that it is the consumer of news who will have more influence on that than anything to do with the rules. I certainly detect a pressure in the internet age, if I might call it that, to be clearer about where I am getting my stories from. When I do stories with unattributable sources, there is now quite a flurry of reaction from the audience saying "How do you know that? Why do you know that? Who told you?" I will give you an example. I did a story on the eve of the Budget suggesting that the fuel duty escalator would be frozen once again and I got quite angry emails saying "We deserve to know. Was this a briefing from The Treasury that they should not have been making? Are you guessing?" In the end, even if you ask me, I am not going to tell you because we do not reveal our sources. It certainly has acted as a discipline on me that there is an increasing sense amongst the audience that they demand the right to know how we know things.

Q91 ***Chairman:*** Tom Bradby, what is your perception?
Mr Bradby: There are two things obviously here and on the question of unattributable quotes, that is very deeply embedded in our culture; it is not just about political journalism. Covering Ireland many years ago, people, for very obvious reasons, did not want to be attributed sometimes when they talked to you. Covering the intelligence agencies, covering the police, people sometimes have very good reasons for not wanting their names to be put out in the public domain so it is by no means restricted to politics. Nick is right that there is much greater pressure from viewers these days and all of us probably spend a lot more time thinking very clearly about how we present things to viewers. Sometimes when you read about some of the breaches of journalistic ethics, without wishing to be pompous, you are a bit shocked because we spend—I am sure all three of us do—hours and hours in edit suites debating everything that we do, whether it is fair, it is right, et cetera. I am sure we will come on to lobby briefings and their worth later on but, certainly in terms of unattributable sources, it is just very deeply embedded in our culture. By and large it is a healthy thing because it allows us, we feel, to report fairly and accurately a true picture of what is going on.

Q92 ***Chairman:*** Just let me ask one thing about the membership of the lobby. Not all journalists are members of the lobby or can be members of the lobby. At times it looks rather like the old dock work regulation scheme, that you have to be a registered journalist to get access. Is that fair?
Mr Boulton: Fundamentally there is a restriction on space and therefore on the size of the lobby, which is imposed by the Serjeant at Arms or in practice the Deputy Serjeant at Arms, and for long periods, most of the time, there is a freeze on new members. So it is difficult for organisations to get extra members, and that is not on our side, that is on the Palace's side as well. Most organisations, including all of ours, operate an alternate system, which is that you may have a large number of people listed as members of the lobby, but the theory is that only one of them is supposed to be present at any one time or any one meeting so that it does not get crowded. Broadcasters with their long hours explains why relatively speaking we have quite a lot of members. Is it a seniority thing? In most news organisations it is. It has to be said in broadcasting, most of the people who cover politics on a daily basis are members of the lobby. Most national newspapers will also have four or five people. The truth is there is a slight division between lobby journalism, which is not tied to reporting of specific speeches or specific meetings, which is tied to reporting on the general current and political events, and gallery reporting, which is more specific. I have to say, in my experience, this is a division of labour which is well understood and does

not cause a great deal of friction within organisations. People know how it works and what their task is and they are happy with it.
Mr Robinson: At the risk of stating the completely obvious, the reason that it is called the lobby is because it is access to the Members' Lobby; that is what it is from. There is a danger that people now think of the lobby in terms of going to the Prime Minister's spokesman's briefings. The origin of course is access to the Members' Lobby in the House of Commons, and that is inevitably going to be restricted in terms of numbers there. It does not seem to me automatic that you need to connect membership of that to access to briefings, and indeed that change was made. I think I am right in saying that the morning briefings now are pretty much open to all, whereas the afternoon briefings by the Prime Minister's spokesman, because they are in the House, are restricted. You can disconnect the two.

Q93 ***Chairman:*** Could you be a political correspondent—I think one or two have tried—without being a member of the lobby?
Mr Robinson: It would be an inconvenience.
Mr Boulton: The Guardian and *The Independent* both, again back in the 1980s and in reaction to Bernard Ingham, attempted it and both of them eventually took the decision to rejoin the lobby and they were not particularly compromised. It is certainly true that there are a number of journalists who cover politics very successfully from outside the lobby. One thinks of Michael Cockerell who will be one example, Michael Crick will be another, although currently Michael Crick is a member of the lobby. Occasionally there are moments of friction when people who are used to being fairly free-wheeling in the way they report politics then try to join the lobby but do not necessarily respect the relatively limited conventions.

Q94 ***Lord King of Bridgwater:*** I was interested in a point that Nick Robinson just made, entirely rightly. Does being a lobby correspondent give you access to Portcullis House as well?
Mr Bradby: Yes.

Q95 ***Lord King of Bridgwater:*** I think I knew the answer to that. How much time do you actually spend now in the Members' lobby?
Mr Bradby: I would say not as much as we spend in Portcullis, which actually tends to be where you spend a lot more time bumping into politicians. Certainly when I first came down here in the early 1990s, one spent a lot of time in the lobby. I just wanted to add very briefly to what Nick and Adam were saying. The lobby to me is two very different things. There is a lobby ticket, which is basically a golden ticket to wander round here, talking to people, getting to know people. The wonderful thing for me about reporting here as opposed to other types of reporting is that there are just so many people you can talk to who have a view that is worth listening to and it is building that view that actually informs our reporting and makes it worth while or not. Lobby briefings are rather a separate thing. I do not know what the other two think, but they have become very limited in worth as far as I am concerned. One of the things that really changed for me between the Tory regime that went out in 1997 and the Labour regime that came in was that you went to a lobby briefing and you would say to Alastair Campbell "What does the Prime Minister think about this?" and he would say "The Prime Minister thinks it is a load of ***" and you suddenly think "Oh my God" and you start writing and suddenly lobby briefings were full of information that could really be of use to you. Now, for totally understandable reasons which I am sure we will come on to, we have gone back to the days of lobby briefings. I think Mike Ellam is actually a very great public servant, talk to him privately, call him up, he is incredibly informative but the lobby, for reasons we perhaps understand, has just become very, very limited in its value as far as I am concerned.

Q96 ***Chairman:*** It is not worth going to it?
Mr Robinson: I am not sure I can count on the fingers of two hands the number of times I have been in six months.
Mr Boulton: You have the advantage of legmen. It is very basic operational information.
Mr Robinson: It could be put in an email.
Mr Boulton: It can be gathered by almost anyone and is an extremely limited expression of the Prime Minister's position. Certainly I would agree that basically this whole Phillis review was really a reaction to post-Alastair Campbell and the amount of toxin which had entered into the system. Certainly I would say that a lot of that toxin has died away, but it does mean that the basic flow of information from both government sources and Number 10 sources is pretty much at an all time low. If you look at your principles, more direct unmediated communication with the public, obviously websites provide that information but, across the board, quality of briefings in the lobby, quality of departmental briefings and availability of routine information, partly because of security being an excuse, we are probably told less. I have been in this lobby for 25 years, we are probably actually told less at lobby briefings now than at any time previously.

Q97 ***Lord Maxton:*** You are told less, but the general public has much more information available from the Government than it has ever had before. It is just that now it does not go through you.
Mr Boulton: Hang on; wait a minute. What do you mean by that?

Q98 ***Lord Maxton:*** Almost every piece of information is on the government website. You can get it, if you want it. Why would I turn on the 6 o'clock news and watch you Mr Robinson or you Mr Boulton when I can actually find out exactly what the Government have done on the website.
Mr Robinson: Indeed, that is your choice, but you may be in danger of confusing two things. It is undoubtedly the case that if you want to "mug up" on particular government announcements, you can now find the Green Paper for yourself and get a transcript of the government statement. What has become the issue of contention, what the Prime Minister's official spokesman actually said, what the minister said or not, let us take the example at random that people should be taken into hospitals to visit the victims of knife crime, you would not be able to find that from a government website. You would, whether you like it or not, still be dependent on political journalists and I would say that some of the information that is given to political journalists would not be published ever for the public to make its own mind up. The briefings would not be published in transcript form; they would not be on camera so that you could go back to them. I accept your point entirely that there is some information.

Q99 ***Chairman:*** How did that information come out, the one about visiting patients in Accident and Emergency?
Mr Bradby: Sky News, as I recall.
Mr Boulton: The sequence was very clear. There was briefing by officials, I suspect special advisers from the Home Office, to selected Sunday newspapers on what the Government were going to propose to do about knife crime which was reported in the *Sunday Telegraph,* amongst other newspapers. Probably not so coincidentally, we, in our regular negotiations for interviewees on Sunday morning, were told that the Home Secretary would be available on Sunday morning to be interviewed; clearly the issue was knife crime. I duly therefore effectively asked her to stand up what was being reported in the papers, whether it was indeed true that there was a proposal. She said "Yes" or "That is the Government's plan". We then reported that in good faith. Because of the conventions of exchange of information on Sundays, in particular between broadcast networks, that was widely reported before there had actually been an official announcement, a bit of paper on the website that you could have looked up, Lord Maxton, and therefore, even before the Government got around to releasing their bit of paper, there had been such adverse reaction that the Government then withdrew the proposal. The problem was that, rather than withdrawing the proposal, they chose to say they had never said it which was quite difficult.

Q100 ***Baroness Bonham-Carter of Yarnbury:*** They blamed the media.
Mr Boulton: Yes.
Mr Bradby: In terms of what we are talking about, that would quite a contentious issue. Let us just take a much simpler one, out in the G8 talking about Zimbabwe. It is not just what the Government have said on the record about Zimbabwe, for all of us it is about trying to understand where this story is going. For example, when he says that the 14 Mugabe henchmen have assets around the world, it is interesting to know where they might be. Does the Government know where they are? How easy is it going to be to chase them? Do we really think that because Medvedev signed up at the G8 that this is going to sail through the UN? What about China? There is a whole raft of stuff that we sit in briefings and want to know the answer to and it is up to us to then go on to the TV and try to explain to the public "This is what the Government said but here is some context". That is really our job and that is why briefing is important. Finally, I would say that I find the likes of Michael Ellam and James Roscoe really outstanding. You talk to them on issues like that and they are massively helpful. Go to a lobby briefing and you might as well stare at a wall for half an hour.

Q101 ***Lord King of Bridgwater:*** On this point, just to clarify the point about the lobby being able to question, one of the recommendations of Phillis that was not done is this business about televising briefings completely on the record and Nick Robinson has already referred to that. In some of the evidence we have had there is a clash between the written media and yourselves and your colleagues. What is the total membership of the lobby, as a matter of interest, and how does it split between television, electronic media and the written?
Mr Boulton: From memory, it is something over 200 and, again from memory, the majority are print journalists.

Q102 ***Lord King of Bridgwater:*** There is a lot of stuff about the inconvenience of the lobby meetings, criticisms by a former chairman of the lobby, not you, reference to the "buggeration" factor, almost making it deliberately difficult to get there. Are you still meeting at the Foreign Press Association?
Mr Boulton: No, we are not.

Q103 ***Lord King of Bridgwater:*** That has gone, has it?
Mr Boulton: It has to be said that the incoming Prime Minister made some efforts at conciliation. Basically there are two lobby meetings a day—this is partly to do with history—one is at the invitation of Number 10, one is at the invitation of the lobby. The one in the morning is at the invitation of Number 10 and used

to take place at Number 10 and then it moved to the Foreign Press Association. It is currently taking place in one of the ground-floor briefing rooms in the Treasury, which is generally regarded as much more convenient.

Q104 ***Lord King of Bridgwater:*** There is no televising.
Mr Boulton: No.

Q105 ***Lord King of Bridgwater:*** There is some confusion, because we get a lot now of the Prime Minister walking down that corridor and appearing in Number 10 when he is making some statement or reporting back.
Mr Boulton: Or his regular news conferences.

Q106 ***Lord King of Bridgwater:*** It is more than just monthly; it seems to be happening more frequently. It almost gives the impression that it is on-the-record lobby briefings.
Mr Boulton: Just to finish, there are the briefings in the Treasury, which everyone accepts is better and then in the afternoon, the briefings are hosted by the lobby and by the chairman of the lobby and take place in the shabby room up there. It may be shabby but I have to say lots of people have their beady eyes on it and the lobby committee has to fight a constant campaign to keep access to it. Broadly speaking, although this is a big generalisation, broadly speaking the focus of the morning briefings is more aimed at the electronic media because we are going to report immediately.

Q107 ***Lord King of Bridgwater:*** And the evening papers.
Mr Boulton: The evening papers have an awful lot of complaints. It is very, very difficult to satisfy the evening papers, partly because their own deadlines have come back. I think you will find that the *Evening Standard* and the leading regional papers do most of their work on the phone before the lobby because actually by 11 o'clock it is too late.

Q108 ***Baroness Bonham-Carter of Yarnbury:*** I am curious. You have all said that you hardly bother to go to the daily briefings because you do not get the information out of them. Are you saying that the very openness that has been introduced really makes them not worthwhile?
Mr Robinson: There is what I would describe as a Campbell paradox, that in other words, the Phillis Review was set up in part because of the poison, as Adam Boulton describes it, that entered into the system in Alastair Campbell's later years and yet, if you were to ask many journalists now and indeed lots of people in Government, they are rather nostalgic for the early Campbell era. Why? Because he was seen as someone who genuinely understood the Prime Minister's mind and often communicated it to journalists. That was both useful for Government and useful for the media. The paradox is that we somehow have managed to lose that. We lost it because of a toxic combination of Alastair Campbell's anger with the media and that issue of Iraq. In the process, it seems to me, there have been some healthy changes which are the more formalising of it, the re-establishment of the Civil Service's supremacy, a separation between politics and Government, but we have lost something at the same time which is a genuine sense of getting the Prime Minister's mind. This was never, of course, dependent on this person being political, as Bernard Ingham proved; it was more to do with the personalities of those people involved. If I may just pick up Lord King's point about the newspapers versus television as it were, I do not want to talk for newspaper colleagues because candidly I have not asked them recently but they probably share the views of the people here or broadcast journalists about the value of the morning lobby and there may therefore be very little loss about putting them on camera. The anxiety was always if you put them on camera, you lose this enormously valuable information that you get in other ways. There is not a lot to lose is what I would say and the gain would be that the public would see it for themselves; they would see what was going on. There would be a separate conversation about the afternoon briefings and whether the newspapers think there is still a value in having a private briefing.

Q109 ***Lord King of Bridgwater:*** Is the afternoon briefing a bit more of a closed circle? How many get in there?
Mr Robinson: Yes, the afternoon briefing is different in the sense that you have to have a lobby pass to go to it.
Mr Boulton: It is lobby members only.

Q110 ***Lord King of Bridgwater:*** I have been in that room a few times but I cannot remember how many get in.
Mr Boulton: You can get about 60 in there.
Mr Robinson: It is still on the record.
Mr Boulton: I would say two things. Although I agree with my colleagues about the paucity of information which we are given, they are important because they establish a principle, first of all; secondly, because operational information is given on a confidential basis as to what the Prime Minister is doing today, when Bills are going to be published and all the rest of it. The problem is that that information is entirely à la carte; we will sit there and dutifully write down what the Prime Minister is doing this week and the most important meeting of the week will not be

mentioned to us. The second problem, to get back to your problem about being able to do it all yourself on the website, is that you cannot. If they tell us what the Prime Minister is doing this week, we are not allowed to then go to our websites and put it up there. We have to inform that "Later in the week we will be hearing from the Government" or "The Prime Minister is going to go out to the country" and say this and that is on the basis of the confidential information which we are given. Just slightly to short-circuit on this whole question of televising, we are all in television so we do not think television is bad, we think it is a good idea. There were two issues. One issue was that if you have Mike Ellam, or the Prime Minister's spokesman, appearing on television, would that mean that we saw more of the monkey and less of the organ grinder and there has always been that danger. I think you would find Mike Ellam would be extremely reluctant to go on television or to become more of a personality. So that is one problem. The second problem was that when all these changes came in, the Downing Street line was that they were going to field ministers on a regular basis to do lobbies. In fact, to my recollection, that happened twice, both of them disasters. One was when David Blunkett, one of the most able ministers, walked in and discovered that he was expected to answer questions not just about his departmental brief but about everything and about the lobby journalists' discontent with the new system. Although he did it with his customary aplomb, he made it clear that he thought this was a burden that he could do without on a regular basis. The second briefing consisted of the Chief of Defence Staff and the Defence Secretary briefing the lobby on defence matters and within two minutes they had contradicted each other. It has to be said that after that Downing Street decided that it would go back to the lower level of briefing.

Q111 ***Chairman:*** So the Phillis recommendation that more ministers should apply is out of the window?
Mr Boulton: It does not happen.

Q112 ***Lord King of Bridgwater:*** You will remember the first Gulf war. I did daily, on-the-record, televised briefings with the Chief of Defence Staff and senior officers as well and it took quite a lot of preparation, it took quite a lot of early work to hit the timeframe. If the early experiments did not work, the two illustrations you give, it is still perfectly possible to do, and in respect of that occasion, the media expected it, is that not right?
Mr Robinson: The distinction I would draw is this: it seems to me—Adam has been in the lobby longer than I have—that we are now getting more on-the-record and on-camera briefings by the Prime Minister. It is, as you have noted, pretty routine now to see the Prime Minister and that is a change and it is reasonably routine during a crisis, say the floods for example or foot and mouth, to then see the relevant minister quite frequently doing on-the-record briefings, perhaps with their senior adviser if it is a scientific adviser, for example. I do not want to give you the impression that because it does not happen to a lobby briefing it never happens.

Q113 ***Lord King of Bridgwater:*** One of the criticisms is Number 10 grabbing it all; it is the centralisation of this. Is the effect that the Prime Minister has now been doing all the announcements at the expense of departmental ministers who are the relevant secretaries of state?
Mr Boulton: Effectively the change was brought in post-Campbell. One of the problems of the initial openness of Alastair Campbell was that people did indeed take that to be the voice of the Prime Minister. So even if Alastair used an unfortunate locution, such as talking about bog-standard comprehensives, that became a headline matter because it was seen to be what the Prime Minister was thinking. The way in which Campbell and Blair then changed their approach was that they said they did not want a spokesman who was going to be seen as a surrogate for the Prime Minister, so the spokesman would retreat into the background and they would put up civil servants who actually could say very little, which was what happened with Tom Kelly and others. In return, Blair did say "I will go on the record more. I will do a monthly news conference. I will do the bi-annual appearances before the Liaison Committee". You can see that on formal occasions the Prime Minister upped actually doing it himself, but that was partly because he felt more confident with that and, as it were, he would rather make his own mistakes than have Alastair Campbell make them on his behalf.

Q114 ***Baroness Bonham-Carter of Yarnbury:*** Returning to Nick Robinson's response to my question, you said something which seemed to suggest that you felt there was a paucity of information coming from the Prime Minister. Is that because of the system that now exists or because of the nature of the Prime Minister we have at the moment and the people who are around him or are you saying there is a real problem here about the way in which things are wrong?
Mr Robinson: My sense is that although Phillis recommended changes which have been implemented, what has not essentially changed is the culture and we still have the culture that Adam described as an à-la-carte attitude. In other words, there is not a presumption that there is a lot of information that the public have a right to know and that journalists have a right to ask for. It is still done

on the basis that they might give it. A trivial example, but it is always the best illustration of this, is that routinely, if you travel to the White House and you say "Who is attending this meeting with the Prime Minister?" down to the really trivial "What are they eating and where will they meet?", that is information that is traded as if it were a favour. You then discover that two hours earlier the White House press corps had been given a piece of paper saying "Attendees. Menu. Room" because there is just an assumption that that is core information.

Q115 ***Baroness Bonham-Carter of Yarnbury:*** But you seem to be almost saying that things have got a bit worse. That is really what I am trying to get at.
Mr Robinson: Do you mean under Gordon Brown?

Q116 ***Baroness Bonham-Carter of Yarnbury:*** Yes; that you are getting less. You were talking about the paradox of Alastair Campbell; it went on.
Mr Robinson: To be fair, just to be clear, Alastair Campbell was replaced not when Gordon Brown became Prime Minister but by Tony Blair. No, I was not making a particular point about Gordon Brown or indeed the Blair regime. There was a genuine effort by Gordon Brown when he became Prime Minister to separate out clearly the Civil Service and the political role. In the process of so doing, there is less information being communicated about the Prime Minister's wants, desires and plans, which I suspect is a source of frustration to Government as much as it is a frustration to the media.
Mr Bradby: May I add something on the Alastair Campbell paradox? There is an Alastair Campbell paradox and of course there is going to be; a politically appointed press spokesman is naturally going to feel much more at home expressing a wide range of views. A career civil servant, who has his future career to think about, is not going to want to be caught out; that is quite natural. It is difficult to see what can ultimately be done about that. I do not know whether the others would agree with me, but it is worth saying, because we are veering on to the negative, things have got a lot better and there have been a lot of positives. One of the things that Tom Kelly, David Hill, Michael Ellam and Gordon Brown, to be fair, have done is make everything, to me, feel a lot more proper in the sense that TV news, all types of news, sometimes are quite challenging; sometimes we say things that politicians do not like, sometimes they get a bit hacked off with us and get on the phone and get quite angry. Occasionally we get it wrong. What you do not want to happen is for favouritism to be the order of the day, to be excluded from X or excluded from Y because you happen to have said something, and I do not feel that is happening. I feel that there is a sense that Mike Ellam in charge has made things quite proper; he is quite proper about everything and I like that and it is important. So there have been quite big steps in the right direction. Is it perfect? No, we are dwelling on some of the things that are not, but we do not want to go backwards.
Mr Boulton: That is the great defence of the lobby system. It may seem like an elite, but the fact is that working for new organisations in my career, TV-am and then Sky, once you are admitted, you are on a level-pegging with everyone else. So this white commonwealth does not exist and it was undoubtedly the case, you can see it in the diaries, that by the end of his time Alastair Campbell hated the lobby and that was partly because he did not want to deal on a regular basis with people whom he regarded as antipathetic. The lobby locked him into having to do that, whereas what he wanted to do was to pick people who he thought would take as favours the information that he had. I would just like to make one point about this whole question of information which does go back to "It is all on the net; you don't need us". First of all, our job is to précis and mediate that stuff; that is what we are paid to do because people do not always have the time to do it. Secondly, there is no automaticity of what information goes on the net and what information departments put up about things. Each department has its own policy and certainly one of the things that has noticeably changed in Government since the new Labour years, since 1997, is that the departmental press officers, people who would routinely seek you out or you could seek them out and ask what really was going on in transport, or transport priorities, people who would, when a White Paper or Green Paper was published, automatically set up interviews, briefings, news conferences when that happened, that whole panoply has gone basically. The departmental press offices are much punier and more insignificant than they were once and the special advisers working with the minister from a partisan position fulfilled that. I personally think that is a loss and that is one of the big differences between our system and the American system.

Q117 ***Lord Hastings of Scarisbrick:*** I should like to go back to that point, if I may. If the special advisers have become so much more significant because they have the direct ear of their secretary of state and minister and they really do understand the policy and they filter it, do you consider them to be another element of the lobby? Should they be on the record as an element of the lobby? They are shadowy figures. Most of us know their names but we never say them.
Mr Boulton: Should we identify them by name?

Q118 ***Lord Hastings of Scarisbrick:*** Should they be part of the lobby? Should they be part of this circle of information? They provided you, for example, with

the information from the Home Secretary about the news story you broke on Sunday which then the Government said did not happen.
Mr Boulton: My view is that I regard all special advisers as tainted sources, so I would draw a distinction. I would rather be briefed by the head of media, by the civil servants and the political dealings.

Q119 ***Lord Hastings of Scarisbrick:*** As you have said, what is now happening is more special advisers have taken on that role. Have they become an extension, an addition to the lobby?
Mr Bradby: There are so many of them. Why do we have so many special advisers on the public payroll? I am never entirely clear about that. You go to some departments where you have very outstanding heads of news. We have had a lot to do with the Ministry of Defence recently; they have a really outstanding, very bright man. Why do we have so many special advisers in Government? Their sole purpose seems to be to protect their minister. That may be of value but why is the party not paying for that?

Q120 ***Lord Hastings of Scarisbrick:*** That is a separate point, but they do act as spin-meisters do they not?
Mr Bradby: Yes.

Q121 ***Chairman:*** In the old days, you would go to the official, the head of public relations at the Home Office or something like that. Would you automatically go to him or her these days or would you go to a special adviser?
Mr Boulton: I would not see great value in formalised briefings from ministerial special advisers. That is not what they do and when I use the word "tainted", one would take that information in that context. There is an exception, which is the senior press-related special adviser within Number 10. However we wrestle with this, there is Government and there are party politics and there is clearly a role for a Damian McBride, for a figure within Downing Street, close to the Prime Minister, who deals with party-political matters. It would be impossible not to proceed without that but really the whole issue is how you balance those two together. To take one example, the creation of a permanent secretary was clearly a way of dealing with the post-Campbell situation, that you needed a figure of stature to balance a Downing Street which was headed as a political operation with civil servants working within it, partly to protect the civil servants and to protect fair play across Whitehall. You could argue that now Gordon Brown has re-established Mike Ellam, who is a civil servant, as the Prime Minister's spokesman actually that role of permanent secretary is now redundant and I know it is vacant. I would say actually that there is still a problem with government communications and if you can get someone of calibre to occupy that role, it is very valuable. The problem is they may well feel that they are out of the game a lot and so it may not be that attractive a job for them to take up.

Q122 ***Lord Hastings of Scarisbrick:*** Mr Robinson, you were going to say something?
Mr Robinson: I was going to agree with Adam that there is not a function in formalising briefings and it seems to me that the market will drive in this. On the incidence here of what we have described as the knife-crime story, there is a discussion already taking place in Whitehall about how that went wrong. There is a discussion amongst our audiences about what we did and did not know and there should be a discussion in our news rooms about how precise we were with what we did and did not know for a fact rather than be guided. Those problems are not solved by saying certain kinds of briefing will now be on the record because that is not reality: the reality is that in the end the consumer of news will now feel a little more sceptical about what they are told. That is bad for Government, bad for us and we have to find ways of being clear about what is and is not the case.

Q123 ***Chairman:*** On that specific, you are not, or are you, going back on that story or are you saying there were defects in that particular story? It is always much easier to have actual specifics when we talk about these things. The visits to Accident and Emergency were given wide publicity. Do you feel there were defects in the way that that story was handled by the media?
Mr Robinson: By the media themselves?

Q124 ***Chairman:*** Yes.
Mr Robinson: No. I was not involved in the story and of course the involvement of the Sundays. Let me try to be as helpful as I can. The key moment, as Adam says, actually was his interview with the Home Secretary where she would say, if she were here, his question did not specifically say—this is not a criticism of him incidentally—"Are you going to take . . . ". Let me go back. I have tried to work out in my mind the following question about that story. Did the Government ever intend people to be taken into A&E wards and then deny it when they had a bad reception or did they ever intend it and just cock up the briefing of it and allow an inaccurate story to go out?
Mr Bradby: Adam did specifically ask that.
Mr Robinson: Not actually in words that I think were totally unambiguous. The lesson I would take for myself is that there would have been a value in absolutely specifically going back to press officers—forgive me this may have happened; I have not checked—to say "Are you specifically saying the following will happen or will not? Does that come with the authority of the departmental press office?"

Mr Boulton: In the interview, I said, "One of the proposals being mentioned is to take people who have committed knife crime into hospitals to see victims or to introduce them to victims' families. Is that your policy?", to which the Home Secretary said "It is". She then went on and said that in her view she felt that confronting people with the consequences of their crime could be more effective than imprisoning them automatically, that is criticising the Conservative policy. I then said, "But do you not think actually that people might not want thugs going into hospitals to visit the victims?" She did not correct me in her subsequent answer; she basically repeated her position that it was important to confront people with the consequences of their crimes. At the time I was not trying to be clever, I was just literally trying to say, "What are you proposing?" and to test that. My view, after that exchange, was that she had been given the opportunity to counter the drawbacks of the policy, that she had not taken it and therefore my clear assumption from the understanding of that conversation was that this was something which she was proposing. Did she say in so many words, "I want to take knife criminals into hospitals"? She did not; she agreed with my suggestion by saying "It is" that that was a policy. I think we were legitimate to make that interpretation but clearly, the position the Home Office have taken subsequently is that the media misinterpreted. I would call that a reverse ferret.

Mr Bradby: I should just like to add to one very important point that Nick made which is that the market is correcting a lot of this in the sense that, if you want to commit suicide as a Government or as a political party these days, the fastest way to do it is to be caught out "spinning". In the middle of the Tory conference Gordon Brown goes to Iraq, makes an announcement that was not properly thought out about troops coming back. It turns out it is not really strictly correct, as well as him having said he would make these announcements to Parliament and, by the way, some of the troops he said were coming home by Christmas are already home and here are the pictures of them arriving back home last night. That did him enormous damage and we could all quote 10 other examples in the last year of which this, whatever the ins and outs of it, is the latest one. The public are very savvy; as we all know, spin was a massive issue in the new Labour years and everyone around here is conscious that if you get caught out, and it still happens, but if you do get caught out, you are going to sustain a great deal of damage. That has done more to correct things than anything else.

Q125 ***Lord Hastings of Scarisbrick:*** Just to be very specific on this point on special advisers, in the light of what you have said and given what you have said Mr Boulton, that your information came from Home Office special advisers—

Mr Boulton: No; I am assuming the press story came from the special advisers.

Q126 ***Lord Hastings of Scarisbrick:*** What status would you give to special advisers in relationship to the lobby?

Mr Boulton: They do not work exclusively with the lobby; they work with any person covering politics. They operate as the non-attributable representative of their boss.

Q127 ***Lord Hastings of Scarisbrick:*** So they are part of a secret club?

Mr Bradby: No, they also work for a lot of specialists. If you are the Home Office special adviser, you deal with home affairs correspondents, if you are the Department of Health special adviser you deal with health correspondents and so on.

Q128 ***Bishop of Manchester:*** Just to wrap up this particular part of what we have been talking of and quite simply going back to the issue of the Prime Minister and his merging of the spokesperson and the Director of Communications, you will recall that that is quite the opposite from what the Phillis Review recommended. The Phillis Review is a fundamental document for this Select Committee and I really would be helped by a very brief comment from each of you. Do you think that the Government and in particular the Prime Minister have got this wrong and that the sooner he goes back to what the Phillis Review recommended the better?

Mr Robinson: I am struggling for an answer because I have to say it is not something that impinges a great deal on me in that sense. It seems to me clearly important that there is somebody for the wider communication strategy of the Government and much of Phillis was not about the stuff that we do day to day but was about regional media and on-line and so on. It is clearly important that there is a senior official in Downing Street and in Government that can do that but I cannot say it makes a lot of difference to my daily operation at all.

Mr Boulton: I would say that within the British political culture it is better that the Prime Minister's spokesman is a civil servant than that the Prime Minister's servant is a kind of quasi-presidential spokesman. Because of Parliament, because of the way Government work, while in some ways it led to a brief period of openness, it ended in tears before bedtime and it is possibly better to have this system. However, I would come back really in relation to your point. I can recall a time when, if you were going to do a Sunday newspaper piece on what the Government were going to put in a White Paper next week, if they chose to do an advanced briefing, you

would do that with a civil servant and you would do that with people who had actually been responsible for drafting the Bill and knew what was in it. I cannot think of them off the top of my head, but we have had a number of instances where the Government have ended up getting into trouble because, with all due respect, the briefing has been done by the special adviser, who frankly did not know what they were talking about and in any case was trying to put a political spin on it. That has not served the process which I am concerned about which is informing the public and getting it right; that has not served that process. It has given us all great political stories of cock-up and disaster but that is a different matter.

Mr Bradby: I feel the current system works quite well. I just feel it is really central to have the Director of Communications and official spokesman as a civil servant for the reasons I have really outlined and I will not go over them again; there is a sense of it being proper. It means that if you are a news organisation and yesterday you said something the Prime Minister did not like, you can go to the Director of Communications and say "We still want that interview. It is proper that we should. We are a major broadcaster. We are a major newspaper" or whatever. It is his job to maintain that sense of decorum and to remove any sense of favouritism or you being treated differently because what you said was not liked and all the rest of it. That is really, really central. Adam is right, you have to have a political special adviser like Damian McBride in there for all the reasons I do not need to go over; there are some things that just are political and you need the political handle on it. I feel the system works pretty well. Do you need an overall Director of Strategy? Maybe, but that is a separate question.

Mr Boulton: The simple point I would make is that with Bernard Ingham, although he is a widely criticised man, the single biggest insult you could say to Bernard Ingham was "That is a lie; that is not true". Bernard Ingham's memoirs recall at great length the two journalists who had the audacity to accuse him of being a liar. I have to say that the culture of the political adviser is one of expediency and, again, if you read Alastair Campbell's diaries, he was not embarrassed about lying on a number of occasions and that is a toxin within the system.

Q129 ***Chairman:*** We were going to ask you about that because that was part of your evidence to Phillis, was it not, that you should actually sign a declaration that no lies would be permitted? How frequent is that? How frequent is lying?

Mr Boulton: These days, from within the briefing system headed by the Prime Minister's official spokesman, it is sins of omission rather than sins of commission. Not being told stuff is one thing.

Mr Robinson: Economical. I think rightly, the current spokesman would be pretty appalled if he were accused of lying and he would be right to be appalled because there is no example of him doing so. I am quite frustrated he does not tell us things, but that is different.

Mr Bradby: I cannot see him lying.

Mr Boulton: I can even recall occasions where he has phoned me up and corrected himself spontaneously, "I should not have told you that, it is actually this".

Mr Bradby: I could not conceive of the official spokesman lying to me. I know that is a big statement, but it would never occur to me that he would lie to me.

Mr Boulton: Any civil servant should not lie and generally they do not lie.

Q130 ***Baroness Scott of Needham Market:*** Mr Boulton, you made reference earlier on to the decline in departmental staff in terms of their communications and so on. I wonder whether you could say a bit about what the nature of that decline is. Do they have fewer people? Do they just have the same number of people not being very helpful? To what would you attribute this worsening in departmental press capacity?

Mr Boulton: I am not a great expert on this because obviously we operate the lobby system. What I would say is that I note that the Phillis Review originally said that the government information service was not working. What I would also note is that there was a quite deliberate attempt, and understandable when there is a change of Government, to change the directors of communication in the departments to people who were thought to be broadly sympathetic towards the project. Certainly if you spoke to the civil servants, they felt that if they did anything that was deemed to be unhelpful to the Labour Government in terms of disclosing information that there would be consequences for that. I do not want to go over Stephen Byers, Jo Moore, all the rest of it, but certainly that was an attempt, a legitimate attempt and an open attempt, to try to create a politicised executive operation across Government. It did not work but the net result is that it left the system and even the career structure of being a government information officer pretty much devastated and I am not sure that anyone has actually focused on trying to re-establish that so it is a legitimate process. Just take a name at random. Mike Granatt, who recently was working with the Speaker, was someone throughout Whitehall of authority, who was respected, who knew about his subject. I cannot think really of a great many equivalent figures of that kind of stature. There are obviously very good people but they do feel very subordinate to the political web above them.

Mr Bradby: If you give the power to special advisers, it is very hard to get and keep very good directors of information. I would say it is very simple.
Mr Robinson: I do actually think there are some very good departmental press officers, some I deal with; I will not embarrass them by naming them. The key is actually the dominance of the centre. I do not know the genesis of this, but I am sure the Home Office had not planned to unveil its plans for knife crime to Sunday newspapers. I suspect that there was political pressure from Number 10 saying "We have to have something to say". Therefore, despite the genuine desire of Gordon Brown when he became Prime Minister to do things in Parliament first, the pressure to give something to the papers to say in this case, to fill the time between the headlines on knife crime and the announcement on Tuesday, meant that it was not said to Parliament first, it was not said formally, it was not said by the departmental press team and it was done by a special adviser—probably, I hasten to add because I have no evidence of that—and in a bit of a rush. So all of those things stem from the political pressure that Number 10 feels under, under any administration, to have things to say when they are in trouble.

Q131 ***Baroness Scott of Needham Market:*** Would you say, if there has been a weakening of departmental capacity in this area, that has been matched by more efficient working in these issues which go across the departments, particularly when there is some sort of crisis? Is that any better from your point of view?
Mr Robinson: For crisis communications, if we are talking about floods or terrorism and so on, there does seem to be a better system of regular on-the-record briefings by relevant ministers. I do not otherwise, frankly, have enough information to give you a useful answer.

Q132 ***Lord Corbett of Castle Vale:*** You will recall that right at the start of his report Phillis mentioned what he described as a three-way breakdown in trust between Government and politicians, the media and the general public. I am sure that you understand that the main purpose of government communications is not to feed you titbits, but it is to get information to the public; that is thrust of the thing.
Mr Boulton: I would argue that we are still a useful conduit.

Q133 ***Lord Corbett of Castle Vale:*** I accept that; I am just saying the main duty of an elected government is to explain to the public what it is doing and why. Now there are occasions when they will use you and there are occasions when they will not. You have hinted at this but I would like to put the question to you directly. Do you think there has been an improvement in the relationship between all those parties, the politicians, the media and the public, since 2004?
Mr Robinson: My answer is that if you look at the opinion polls, you will discover there has been no improvement in trust in Government or in trust in politicians or indeed in trust in the media to be fair. I was digging out a poll the other day where people were asked "Do you think politicians are out merely for themselves, for their party or do they do their best for the country?" The answer was that only a third of respondents thought the politicians put the country first; over half thought the answer was either themselves or their party. The poll was taken in August 1944 when there was a coalition government. This is not new.

Q134 ***Lord Corbett of Castle Vale:*** Okay, but I did not want to confine it to trust. My question was broader than that.
Mr Robinson: Our relationships between media and government communications have improved since 2004, yes, undoubtedly. My point was that I am not sure that is reflected in a change in public attitudes.

Q135 ***Lord Corbett of Castle Vale:*** You and your colleagues all have a role in this, according to Phillis, if you understand what he was arguing about. How do you try to keep in touch with what the public are feeling about what the Government are trying to do? For example, when was the last time any of you were in Birmingham, Burnley or Bristol meeting real members of the public, not there for party conferences or there because the Prime Minister was there. Do you feel that you ought to get around the country more than you give me the impression that you do?
Mr Boulton: We have a specific job which is fundamentally to cover the executive and Parliament and that is one of the reasons why we spend a lot of time there and that is quite important. However, all of us do go on a regular basis to the places you mention. Most recently, specifically, I was in Birmingham a month or so ago.

Q136 ***Lord Corbett of Castle Vale:*** May I ask you what you were doing?
Mr Boulton: I am just trying to remember actually.
Mr Robinson: I did a piece for television news recently from Birmingham which was about the so-called NEETs, Not in Employment, Education or Training. Your underlying point is whether we are out of touch with our audiences. There are two answers which are yes and no. Yes, by definition, if you spend your time reporting on power, which is what we are paid to do,

and spend therefore a disproportionate amount of your time in this building and in Downing Street, you are clearly not as regularly in touch with the views on the streets of Birmingham, Bristol and Burnley as you would be if you lived in any of those cities. However, are we more in touch than we used to be? Well frankly, I write a blog and get a lot of reaction to it and the amount now of viewer, listener and reader interaction via polling, blogging, emailing, texting and the like is much higher than it was when I started in this business. Would there be some value in power being less centralised in Britain? Yes, but that is not down to me.

Mr Bradby: We do try to get out and about. Clearly it depends on the political cycle as well. It just so happens that there has been a huge amount happening here; the Government are going through quite tough times, there is a lot to report on day by day. In the middle of an administration that has a big majority and is in no political difficulty, inevitably our ability to get out of here and spend a lot more time—and my organisation certainly always has a very strong desire to get me out of here into the country to do special reports on this, that and the other . . . Are we out of touch? Well, you could say "possibly"; I do not know.

Mr Boulton: You can take this argument too far. Why have a parliament at all, why not just have on-line plebiscites? There is an exercise of power from here. Obviously, I agree that electronic means, particularly on-line means, have meant that people can get at us a lot more and in a sense one of the advantages which we have over our newspaper colleagues is that we are identifiable. I can assure you that every day, whether it is a work day or a not-work day, wherever I am, people come up to me and tell me what they think about politics. The notion that we are out of touch—

Q137 ***Lord Corbett of Castle Vale:*** Possibly, but the people who email you are self-selecting, representative or not, it is purely random. I have to say I would have thought that it is actually no substitute for listening to people face to face because every minute of your working day each of you and your colleagues is making judgments about what the public are interested in and have little or no contact directly with them. That is my point.

Mr Bradby: Adam was making a slightly jokey point there. It is true when you do go out and about people come up to you. One of the things I find quite enjoyable about the job is that people come up to you and, without half the time bothering to introduce themselves—they usually think I am Nick Robinson, but that is a side issue—they will engage you in conversation on a train, on a bus, at home, on the beach in Cornwall.

Mr Boulton: They are not self-selecting.

Mr Bradby: They are people who just run into you.

Q138 ***Lord King of Bridgwater:*** You are attracting the wrong people to listen to.

Mr Bradby: Possibly.

Q139 ***Chairman:*** I fear I must bring this to an end because we have simply run out of time. Before I do, I would just like to ask each of you very succinctly, if you had any suggestions to make to the improvement in the lobby system most of all, what would they be?

Mr Boulton: One of the longstanding conventions of the lobby has been that the Leader of the House had a weekly lobby briefing which was the main point of direct contact between the Government and the lobby. That was something that fell into abeyance but was brought back by Jack Straw. Harriet Harman, although we sought her out, discontinued it. I think that is a real shame and damages Parliament, not least because it was concentrated around business and what was going on. If you go back further, the Leader of the Opposition also used to hold a regular briefing with the lobby and, again, that was very good for political discourse and sometimes what people overlook is that it is possible in the fluid form of a lobby, which is not unlike this particular gathering, to get more to the kernel of things than in a televised news conference.

Mr Robinson: I would endorse the idea of more ministerial briefings, returning to what Phillis described. There probably needs to be a dialogue between media and ministers about how they want to communicate what they are doing in their department on, say, knife crime and do not particularly fancy answering questions on Zimbabwe because it happens to be the story of the day. There may have to be a conversation about that. The only other change I would make, which is not to the lobby, is that we do need to say that Downing Street and others should build on the changes they have made and work out what it is automatically our right to know. I think they would find that there would be a response from the media, if there were a culture of automaticity. You are entitled to know who goes to meetings, where they are held, for goodness sake even, if necessary, what is eaten. Just get that stuff, be clear about what it is, the public and therefore the media's right to know. The lesson from expenses—forgive me for diversifying here—is that once it is all out there it is jolly boring and it is best to just get it out there in this age and be clear about what the public are able to know.

Q140 ***Lord Maxton:*** How about yours then? You are a public and paid official.

Mr Robinson: Yes, there is a perfectly legitimate debate about that, which is being discussed at the moment.

Mr Bradby: I think more ministerial briefings would be good. I would agree with Nick that we are slightly our own worst enemies because poor old ministers come here and find themselves being grilled on things that they may not want to talk about. So that is an issue but that would be helpful and shadow ministerial briefings as well. The other point I would make, which I have not really discussed but is increasingly an issue, is that the blogosphere is growing and the influence of blogs like Guido Fawkes's is growing all the time. Some people say it is a good thing, some people say it is a bad thing and we need to just keep an eye on how it is happening. It is influential and to some extent it represents a democratising process in the way this place is covered and we just need to keep an eye on how that is facilitated.

Chairman: Thank you very much; thank you very much indeed. We have overrun our time and we could actually go on for another hour at least, but thank you very much. We may have other questions but perhaps we can write to you on that. Thanks very much for coming.

Examination of Witnesses

Witnesses: Mr Tony Collins, Executive Editor, *Computer Weekly,* Mr Frank Gardner, Security Correspondent, BBC, Mr Nigel Hawkes, Health Editor, *The Times*, and Mr Tim Marshall, Foreign Affairs Editor, Sky News, examined.

Q141 ***Chairman:*** Welcome; I am sorry that we are a little delayed but those of you who were there before probably heard us overrunning and the reasons why that was the case. You are very welcome and we are looking, as you know, into the whole issue of government communications and we are looking to see whether, since the Phillis report, the culture of secrecy, partial disclosure has been changed, relationship between special advisers, civil servants, and whether communications in the regions are improving and how important they are as well. We might start looking at the health side and then move to defence and foreign affairs. Tony Collins, you gave some very interesting evidence which I heard a few weeks ago about how you felt sometimes dealing with the Health Department. You said that you had noticed, particularly over the last five years, an increasing aggressiveness and amorality on the part not so much of press officers but the people who feed the information to the press officers so you often get incorrect information. Would you like to expand on that?

Mr Collins: Well, it is wrong to blame the press officers because they sometimes do a very, very good job but the people within the bowels of the organisation who do not have to account for the information that they give can sometimes pass on information that Adam Boulton called the sin of omission. It is not lying, but it is information that is misleading and that leads to supplementary questions which we sometimes find very difficult to get answers to, which can go on for weeks and then eventually we may get an answer. For example, there was a case where the National Audit Office produced a report on the NHS IT programme, which is the world's largest non-military IT programme and the British Government's biggest IT investment. There was a summary of that NAO report by a minister in a press release which we did not think was entirely accurate because it said things that were not in the NAO report. We raised it with the Department of Health press office when a minister actually quoted from that press release but put into quotes things that were in the press release as indirect comments. After a few weeks and an exchange of quite a number of emails, we did eventually get a response that the minister had incorrectly interpreted the briefing and that there would be a correction in *Hansard*. Well that was two years ago and there has not been a correction. I find in general that there is not the deference to the truth or to fact that there used to be. This ambiguity creeps in in a way which protects the department and does not usually give us the information we are seeking.

Q142 ***Chairman:*** Is that because officials in the department, not necessarily the press officers but officials in the department, are protecting their own position?

Mr Collins: In this case protecting the national programme for IT. When the programme started we had a press officer come to see us who was a contractor, PR, and he said something very interesting which was that he was not a civil servant, he was a public servant. When we asked him what that meant, he said he was not bound by the Civil Service code of neutrality. We have since understood that what they may mean is that the department's press releases are one-sided in certain cases; not the sort of thing that a journalist could have got away with at journalism college. We have seen a control of information that we had not seen before, for example seeking the withdrawal of independent criticism of the national programme. For example, the British Computer Society published a report and the Department of Health sought to have that not put in

the public domain. They withdrew speakers from a conference where there was continued criticism of the programme by the organisers and there was a case where there was a press conference at Richmond House, the headquarters of the Department of Health where we were not invited. An invitation was sent to a number of magazines and national journalists, one of whom sent a copy of the invitation to me, and it was the first time I have seen an invitation to a press conference which was confidential and the journalist was asked not to pass on the invitation. I rang and asked whether I could go and we were told that the conference was full. My editor asked me to go anyway and about 18 journalists filed through the electronic turnstiles at Richmond House and when I went through, I had my way barred by the minister's adviser. We have not seen that kind of control of information in covering government IT projects in the past.

Q143 ***Chairman:*** How long ago was that?
Mr Collins: That was 2005.

Q144 ***Lord Maxton:*** Were you told why you were barred?
Mr Collins: Yes, I was told that it would not interest me.

Q145 ***Chairman:*** But it was in fact an issue entirely on your beat, so to speak?
Mr Collins: It was actually a demonstration by the minister and the head of the project of the new technology for the programme.

Q146 ***Chairman:*** Why do you think therefore you were excluded?
Mr Collins: This is pure speculation and I was told it would not interest me but I would imagine it was because they did not want me to ask informed questions at a press conference where the technology was being demonstrated.

Q147 ***Chairman:*** Because you have a reputation for expertise or for awkwardness?
Mr Collins: We have a reputation at *Computer Weekly* for covering the national programme for IT from the trusts' perspective; we represent the users of these systems. We take a view that is not based on our own judgment but based purely on the soundings from the NHS and they have been concerned about this centralised programme from the start, so we would be asking questions on their behalf. There is a conflict inherent in the project in that it is a centralised scheme at a time when the Government are trying to devolve decision making within the NHS.

Q148 ***Chairman:*** So we have the Health Department sending out an invitation to a press conference which is stamped "Confidential".
Mr Collins: It was not actually stamped "Confidential"; it said "Please do not pass this on".

Q149 ***Chairman:*** That is even worse in a sense. Then you have a journalist actually refused entrance is basically what you are saying. Right, okay?
Mr Collins: Yes.

Q150 ***Lord Maxton:*** I understand what you are saying about the problems with the centralised system but a centralised IT system which is going to carry medical records for everybody cannot be left to each individual trust to set up their own system. In fact that is one of the problems at the present time, is it not?
Mr Collins: That is a very good point but you cannot sustain a £12 billion programme on the strengths of its objectives. It is a very good scheme; the NHS supports the objectives of the scheme, but it is so impenetrably complex that it has run into four years of delays and trusts have been asked not to buy systems while waiting for these centralised systems that have not yet arrived and the National Audit Office pointed out in a report—

Q151 ***Chairman:*** We want to keep on the press aspects of this rather than the computer aspects. Nigel Hawkes, you are the Health Editor of *The Times* having done a number of other senior jobs as a correspondent on *The Times*. How do you find your relations with the Department of Health?
Mr Hawkes: Not particularly good. I found myself nodding when Adam Boulton was giving you evidence and saying that you would not these days ring departmental press officers to find out what is going on. You would not ring them up and say "Well this policy looks in trouble, what do you think?" You know exactly the answer you would get: you would get a stout defence of the policy and no suggestion that anything could ever possibly go wrong with it. This is the way the media operation of Government has been changed in the last 20 years, to my mind greatly for the worse. Indeed at the Department of Health now, they are even discouraging you from developing any relationship with an individual press officer. There is of course the White Book, which tells you which press officers are responsible for what parts of the department's activities, but if you are ringing with an enquiry, you have to ring a single number which will be staffed by somebody, you do not know who it is going to be, who then passes on the question. I do not understand the purpose of this; it was supposed to speed up the service but all it does effectively is prevent you from developing a relationship of trust with a particular press officer.

Q152 ***Chairman:*** Are you ever able to go through to the relevant official himself or herself?
Mr Hawkes: Only if they are organising a briefing. I might be able to if I made a request to speak to an official, yes, that might be possible.

Q153 ***Chairman:*** So this idea that there has been increased openness since 2004—you are saying a much longer period than that—sounds from your experience not to be the case at all.
Mr Hawkes: There is not greater openness, but my main criticism of the policy would be that everything is trailed. When a report is coming out, it is embargoed for a certain time and a certain date, sometimes to accommodate a parliamentary statement or something like that, but it will invariably be trailed, usually to journalists who are more likely to take a favourable view of it than to me, I must say. I accept that ministers, political advisers, can float ideas in this way. It is a good way of putting an idea into the public domain without having to claim ownership of it but it is not actually something that departmental press offices should be doing. It is a political act to decide that *The Guardian* will have this story or *The Independent* or *The Observer* or whatever. This happens all the time. Practically every detail in the Darzi report, which came out two weeks ago, had been trailed. This week it was the annual report of the Chief Medical Officer; there were stories in *The Independent* and *The Observer* trailing elements of that. These are things embargoed by the department with its own embargoes on them which it chooses to break.

Q154 ***Chairman:*** Not to mention the fact that the Darzi report was actually a statement to Parliament.
Mr Hawkes: Indeed it was; it was embargoed until 3.30 in the afternoon when a statement was being made, but if you look at the cuttings, you will find that virtually all the elements of that report had been leaked in advance or, as they prefer to say, trailed. It is wrong for a departmental press officer to be engaging in this for two reasons really. First, it makes favourites of particular journalists and particular newspapers and disadvantages the others, but, more importantly, it leads to bad reporting. What tends to happen is that certain things will get trailed in advance, sometimes on the understanding that you will not make any phone calls to stand them up or to get criticism of them. The stories appear and they are slightly half-baked stories: when the actual report appears, the appetite for writing about it has gone. Very often big announcements will be made, they will be so extensively trailed that by the time the report actually appears I cannot persuade my news desk it is of the slightest importance. "We knew all that already, did we not?" That leads to bad reporting.

Q155 ***Chairman:*** Where does the incentive for this come or where does it all originate? It obviously does not originate with a departmental press officer. It obviously originates higher up in the hierarchy. Is it a ministerial decision, a special adviser decision that it would be useful to have this in the public domain; they will have an exclusive story so they will give it a big show and all the rest?
Mr Hawkes: It is policy. This is what the departmental press office does. Where it originated I do not know. It originated probably in the Labour Party in Opposition and their skills at selectively helping one journalist, earning a few brownie points here; that is where it originated from. However, I have exchanged emails with the former head of media, head of news department at the Health Department about this, complaining about it, but it has not been changed. Where it started, I do not know, but it is now absolutely standard policy.

Q156 ***Chairman:*** In all fairness, I should say this before a Labour member says it, it is not just a characteristic of Labour governments I fear. One noticed it a bit at the end of the last Conservative Government.
Mr Hawkes: My experience goes back quite a long time under governments of all colours and it has certainly increased; I would not claim that it never happened. It is something that it is entirely appropriate for a minister to do or even a political adviser but when it gets down to the civil servants doing it, it has gone too far.

Q157 ***Chairman:*** To put it at its mildest, since 2004 and since the Phillis report, things have not radically improved as far as you are concerned in your working relationship with the Department of Health.
Mr Hawkes: They have not radically changed. There is a bit less manifest spin than there was. There was a tendency in those early years to announce everything about three times, especially new money, so you never knew whether it was really new money or not new money; that was particularly irritating and we have seen less of that. It has got slightly better, but it is still far from where it should be.
Chairman: I would like to move to security and defence and have the general position there.

Q158 ***Lord King of Bridgwater:*** A lot of attention is paid, and Frank Gardner particularly might be interested in this point, to the speech that Peter Clarke made when he was Deputy Assistant Commissioner about the way in which he thought operations were being sabotaged by the leaking of information and how irresponsible this was and the way in which certain elements of the security services, rather in the same way that we were talking about selective leaking or advantage given to particular

journalists, were giving information out which damaged security. Do you think that is a serious problem or was he just speaking in the backwash of some particular embarrassment that had happened?
Mr Gardner: That particular reference that he made in the Colin Cramphorn address was a reference to Operation Gamble, which was the interdiction of a plot in Birmingham involving the planned beheading of a British Muslim soldier. As I understand it, at the time SO15, the counter-terrorism command, were absolutely livid that somebody—and there were suspicions that it was somebody in the Home Office but it was never proven and it was always denied—that a civil servant had leaked details of that operation while it was still underway and there is a golden rule in dealing with the press that they never brief us on ongoing operations or very rarely. I have never been briefed on ongoing operations and if they do, it would madness, because if it gets out, it compromises the operation. In that particular case, as I understand it from SO15, one of the suspects was possibly still at large when the news was out.

Q159 ***Lord King of Bridgwater:*** What could the motivation have been? Could it have been to get a bit of news out to bury a bit of bad news somewhere else, one motivation that has been referred to before, or to gain kudos for the particular minister for whom he was working?
Mr Gardner: I do not know because it was never proven who it was. If they did find out who leaked it, it was never made public. I never heard who it was, so I just do not know.

Q160 ***Lord King of Bridgwater:*** What about the balance between the amount of information that you can obtain, you as active journalists working in these areas? There has been this great cry that we must have more openness and you now see open recruiting for MI5, MI6, more openness required from police on various issues. What do you think about this balance? It seems to me it gets into all sorts of areas. We have just had the earlier witnesses talking about this extraordinary problem that goes on over the Prime Minister's diary and what his engagements are because now there is a tendency for it all to be classified and minimum information given for security reasons as to where he is going to be and what he is actually going to do. What do you think about all of that?
Mr Gardner: These things tend to follow an historic pattern, that until something goes wrong, there will be increasing pressure for openness and then something will go wrong and everybody will pull in their horns and will go back down to a position we were a couple of years ago. This is happening actually at the moment with one of the intelligence agencies, where they have had a bit of a media upset, not involving me, but they are probably reviewing their relations with the media and will probably be that much more cautious for the next few months. Obviously after the whole Iraq WMD dodgy dossier period I am sure there was a review of media relations at SIS, at MI6.

Q161 ***Lord King of Bridgwater:*** This is a question that applies to everybody, but my own experience from the government point of view, and Phillis refers to a need for much greater professionalism, is the very rapid turnover of people, the lack of experience very often in the press offices and the idea that you will need to get greater professionalism into the press offices and greater continuity and this applies right across the security world where you are dealing with people who really know how to handle those sorts of issues. There is a reference that somebody gave, which certainly would bear out my own personal experience that the Ministry of Defence, for example, were considerably more professional in dealing with a lot of these issues because they actually have a lot of military people closely involved in that and there is a good measure of continuity. Would you like to comment on those points?
Mr Gardner: I am glad you mentioned the Ministry of Defence. I am not defence correspondent, my colleague Caroline Wyatt is, but there is some overlap and every now and then I do have to ring them and check things I am doing a story on that day. Generally I find that there is an enormous difference between speaking to serving officers who have recently been on operations, who are now manning a desk at the MoD, and civilians who, frankly, do not know nearly as much and will often be reading from a prepared script which has very much the stamp of central government on it; not quite spin but "This is the official line and we're sticking to it". I challenge people on this and say "Hang on, listen to what you have just said. That actually does not make any sense if you view it in terms of Operation Knight to the Charge which has just taken place in Basra for example in March", "I'm sorry that is what is written here". I am being a little unfair because the MoD have come on in leaps and bounds in the last two years; they are making more of an effort to talk intelligently to us and treat us as grownups, but they still have a way to go.

Q162 ***Chairman:*** Who are the press officers at the Ministry of Defence? Are they serving officers or a mixture? Who are they?
Mr Gardner: They are a mixture of both. They have given us three sheets of A4 size paper with all the various titles and so on. I am really straying into my colleague the defence correspondent's area here but one complaint which journalists often make is that it is a great shame that they got rid of the system

whereby you had a directorate for Navy, a directorate for Air Force and a directorate for Army. I forget what the acronym was—the military loves acronyms; TLAs, three-letter acronyms. That system worked pretty well and it was got rid of. If you could find the right person—and actually finding the right person is part of the fun of being a journalist—and then establish a dialogue, a relationship with that person, whereby they trust you and you trust them, you trust them not to spin and they trust you not to twist their words then you can get some decent information out of them. However, you have to burrow into that whole anthill that is the MoD and find the people who will talk plain English to you.

Q163 ***Lord King of Bridgwater:*** The point about them is not only were they directors of the separate services but they were uniformed as well, certainly in earlier times and I think recently. Is that one of the arguments? That is actually the point I should like to make more widely not just in defence. When I was involved in Environment, we looked at our press department and we did not just have press officers, who read out the press release and are not actually familiar, we moved a senior, high calibre guy out of the admin service, a senior member of the Department of the Environment, a civil servant, and put him in charge of the press department. There is a need for professionalism, people who have some background knowledge and understanding of the department they have been in and this idea about building up a sort of strong professional press department is part of the point. We want to get administrators trained in press, journalism, management and the techniques which are involved. It is not a black art; it does not take a long time to learn; politicians all have to try to learn it as best they can and that would improve the situation. Would anyone like to comment?
Mr Hawkes: When I was diplomatic correspondent in the 1980s, the Foreign Office ran a system very like the one you described where young diplomats at the start of their career, bright people with a big future ahead of them, had a spell in the press department and they were extremely proficient, they were very good; they did not necessarily tell you any more but you could develop a relationship with them and they would give you nudges and hints. It is a long time since I did that job and I believe the system at the Foreign Office has now changed but I would entirely endorse what Lord King of Bridgwater was saying.

Q164 ***Chairman:*** Perhaps that might be an opportunity for Tim Marshall to come in. You presumably do deal with the Foreign Office day by day.
Mr Marshall: Yes; seven days a week.

Q165 ***Chairman:*** Has the system changed and if it has, has it been an improvement?
Mr Marshall: It has changed slightly but there is still that system. Some high flyers come through and they are there because they are very, very good at their subject—you could get an Iranian specialist who will get the nuclear brief –and they go on perhaps even to an ambassadorship and they will be able to deal with the media. I am a bit of a patsy perhaps but I do think the FCO is possibly the best press department in Government.

Q166 ***Chairman:*** Is it because of that expertise?
Mr Marshall: It is because of the following, which was in place, because I believe this is what the FCO does; it certainly does it with me and it does it with the inner circle which you never ever get away from. The civil servants, not the Spads, can and should explain ministers' reasons and justifications for their decisions, actions and policies and their arguments for not taking other possible courses and why they do not accept the criticisms of their opponents. I am able, on a daily basis, to talk through why HMG went down that line on the Zimbabwe vote recently, why they do this, what would have happened if they had done that and they are happy to talk through that and that really informs you as a so-called specialist to be able to get the context. I do not know of any other department which does that. They have a piece of paper in front of them which has the line and they will read it to you and if you try to ask a question about it, it says "Computer says no" and they will read it to you again. The FCO by far and away does exactly what was recommended in Phillis and I am ashamed to say that I am a fan.

Q167 ***Chairman:*** As a diplomatic correspondent, are you also part of a small coterie of people who are branded diplomatic correspondents, so you have special access?
Mr Marshall: Yes and 'twas ever thus and 'twill always be. I do not actually see a way round that and it must be true for Nigel and it must be true for everybody here because when Brutus briefed against Caesar for the *Roman Times* it was like that. It is always going to be that way and I actually think that is reasonably healthy because when you get this relationship going with certain press officers in certain government departments—and I do have reason to ring across several—they know they are talking to someone who is not going to deliberately take something out of context because they have an agenda for their particular newspaper or whatever and spin it in a certain way. When you can have that relationship, it is extremely healthy for the flow of information and the contextualisation of your

specialist subject. It is a system which should be defended and not broken up. When everyone shows up, they clamp up and you do not get the flow because they know people and, if I might go against my colleagues, the lobby especially will take a situation, all agree what the line is and say that is the story, even when it is not necessarily. I was interviewed, with a solicitor present, by the anti-terrorist squad about the leak; it did not come from me I hasten to add, but I broke a number of lines that morning. I know that what Clarke was doing was firing a very, very heavy volley "This better not happen again" and "We're going to seek you out". The anti-terrorist squad had an investigation about who that leak was. It was not the stuff which came out in the morning; it was that somebody had told a newspaper journalist the night before "We're about to bust this lot". That was the problem. The question I have here which might have been asked is "Is this a situation you recognise?" It is extraordinarily rare. Clarke was so unhappy about it that he was able to do this shot. Political motives? Often it is a reasonably low-level person who wants to beef themselves up, if you will forgive the parlance, with perhaps a well-known journalist. It looks good in the pub. Occasionally there might be money involved at lower levels of lower crime stories but it is extremely rare and I think a message has gone out.

Q168 ***Lord Maxton:*** You are quite right in saying that those who give the briefing should be experts in the area. What about those who write about them?
Mr Marshall: Yes, they should be.

Q169 ***Lord Maxton:*** You should be expert as well. I am not talking about any of you here, but sometimes, certainly in the television media, up will come "Science Editor" or "Medical Correspondent" and you wonder what their qualification is in this area, do you not? I do. Are they doctors, do they have a medical degree, do they have a science degree or what?
Mr Marshall: Do they have the journalistic capacity to understand those and be a journalist? They do not have to understand about open-heart surgery, whether Nigel understands about how the budget for open-heart surgery is going to work this year, those are two different things.
Lord Maxton: I am not sure about that.

Q170 ***Lord Hastings of Scarisbrick:*** You referred in a previous answer to the lobby having a view and that view not necessarily being the way you, the specialists, see it. The four of you may like to make a comment each. What is your reaction to a relationship with the lobby?
Mr Marshall: They are extremely good at what they do. I am really happy that the Phillis report came up with the monthly briefings being on the record and the Downing Street website, because you can go back and look at what was said openly. Of course the old system is still there, the private briefings. You will never ever get rid of that. I find the lobby, because they are in the Westminster village, will look at a story, all agree what they think their line is and they are specialists in Westminster gossip. We do not like it when they come into our area.

Q171 ***Chairman:*** You sound like a trade union actually.
Mr Marshall: You must forgive me. There are brothers from over there . . .! I am trying to think of an example. It could be a very delicate issue like the negotiations with the Iranians to try to get our sailors freed a couple of years back. If there is a briefing and the lobby come in, they are looking at whether the Prime Minister is looking like an idiot on this. We are looking at the delicate negotiations which are going on, so there are two different things and they should be kept separate.

Q172 ***Lord Hastings of Scarisbrick:*** Mr Gardner, is your experience the same?
Mr Gardner: I have no contact with the lobby, to be honest. It just does not come across my area. One of the things you probably gather from all of this is that journalists have lots of different agendas and some people need to focus on what it means for the Prime Minister, whether the Government are eventually going to fall because of this, et cetera. The area I am in, both in my previous incarnation as a Middle East correspondent based abroad, living abroad, and now, is very much to concentrate on the facts but then to try to explain those to the public. I am afraid politics just does not come into it for me in my area.

Q173 ***Chairman:*** You actually work as a single person really, do you not? I do not know; I do not know whether there is a great security correspondent team.
Mr Gardner: There is actually. I would not call it "great" but it is called a "cluster" in the parlance, which is a little unfortunate. Back in 2004 I said I could not do the job on my own; I was doing *Breakfast News* to *Newsnight* and I was exhausted. I could not keep doing that. I pushed for a second correspondent. They appointed Gordon Carrera, whose first day on the job was the day after I got shot, so we did not really have a proper handover.

Q174 ***Chairman:*** Is there a group of security correspondents now?

Mr Gardner: No, there are two of us working for the main radio and TV outlets and there is somebody with World Service at Bush House, Rob Watson.

Q175 ***Chairman:*** Inside the BBC I understand but does it go wider than that?
Mr Gardner: Yes, it does.

Q176 ***Chairman:*** Other organisations and you join together for an annual lunch.
Mr Gardner: No, we do not but perhaps we should. That is a great idea, thank you.

Q177 ***Baroness Bonham-Carter of Yarnbury:*** My trade union has to come in here. Are producers involved?
Mr Gardner: There is a researcher. We do not actually have a full-time producer. Cuts? Thanks very much. Because of cuts we are very understaffed on this.

Q178 ***Chairman:*** Mr Marshall, just going back to your point about diplomatic correspondents, and there is another cosy group here, is not one of the hopes of the Government and the hopes of the Foreign Office that you will go soft on them because you are in the nice cosy group and you meet together and everyone is very friendly and has cups of coffee together? Is that not the other side of it? Does that not rather go against the basis of journalism?
Mr Marshall: Yes, it does and it is a danger and it is a danger you have to guard against. I have good relations with the civil servants. I do not bother myself as much with the politicians because you cannot trust them as much. Yes, of course you have got that going but you have to guard against it and when someone needs kicking, you have to kick them. The grownups realise that it is not personal and that we are doing our jobs and they are doing theirs. Yes, I have upset people in the past, but there is a bigger thing here. You are never going to get round this problem. It has always been that way and it will always be that way. If you do not develop the relationships, all you are going to do is get the read-out; you have to have the relationships and there is no way round it.

Q179 ***Lord Hastings of Scarisbrick:*** We had a fair bit of questioning to the previous witnesses about the role of special advisers and, taking Mr Marshall's point, you said you would rather talk to the officials than to the politicians. How much do any of the four of you have to do with advisers who are neither officials nor politicians?
Mr Hawkes: Less than I did a few years back. That has perhaps changed a little bit since 2004. Maybe it is just the particular personality of the political advisers that the last two secretaries of state have had but I have not had a great deal to do with them. When Alan Milburn was secretary of state, he had a very active special adviser who would ring me at regular intervals. Sometimes he would ring me when I was in the middle of a story and say "I gather you are writing about this. You should know . . ." and he would give me the line, which was helpful, I suppose. In my case, I have certainly been less in contact in the last few years.
Mr Marshall: What has happened is that between 1997 and 2003 we were pretty appalled at their behaviour and I suppose they were pretty appalled at ours. They just took spin to another level in a certain era. Then there was a shock to the system. I think you guys all realised that there was something going on here in the body politic and there are names we could mention who have written autobiographies. Then came Hutton, Kelly, the Iraq war dossier and all that and there was a real concentration of shock which resulted in things like Phillis. Since then things have got a lot better and I just do not bother myself very much with the Spads, as they are known, because they are not experts and the people I deal with are.

Q180 ***Lord Maxton:*** Have you noticed that since the Government have stopped spinning so much the Government have gone down very considerably in the opinion polls?
Mr Marshall: I do not necessarily think there is a correlation between those two things. One thing I would say is that the public still do not like us or you but what happened between 1997 and 2004 was greatly damaging. It might be able to come back, given that for the last three years things have got slightly better. The public may follow on a little bit and rank us up there with estate agents at some point.

Q181 ***Baroness Bonham-Carter of Yarnbury:*** I think it was Frank Gardner who said that the efficiency of the MoD press operation had come on in leaps and bounds. I was just wondering whether you would be specific as to what those leaps and bounds have been.
Mr Gardner: Yes. I am basing this purely on personal experience; other colleagues may well have different views. When the British forces deployed in strength to the Helmand province in the summer of 2006, there appeared to be a kind of collective ruling that it was all about reconstruction, when actually anybody who was there on the ground would tell you that it was not: it was about hard soldiering and fighting and there was no reconstruction going on at all. There seemed to be a view or a message coming from the MoD "No, no we're there to reconstruct". Actually when footage started coming out, getting smuggled out that had been taken by some of the Paras on their mobile phones, you saw just how down-to-earth the fighting was. Brigadier Ed Butler talked about guys being down to their last rations and last ammunition

in these ill-fated platoon houses. A different story was actually emerging on the ground and getting back because individuals in the Services were getting this footage back through mobile phones and so on. My colleague, Paul Wood, who was then defence correspondent, ran a big story on this at the time and it was quite a shock. People, the public in this country, had no idea in the summer of 2006 just how intense the fighting was because it was a phoney war between 2001 and 2006 in Afghanistan. There was a battalion size based up at Camp Souter in Kabul, a few Special Forces and a bit of fairly safe, benign patrolling in the North. There was no real war fighting going on. What I am coming to is that in 2006 there was an enormous amount of spin going on. That has largely fallen away, partly due to the introduction of officers who have served recently on operations. I come back to Lord King of Bridgwater's point, it is really important that particularly specialists who are covering defence and security are able to talk to people who know what they are talking about, who have been there recently, otherwise we are not going to respect them. I always argue, just from being a bolshie journalist, with people in Government. I test their lines against them and if I am talking to somebody who has not been there and who is saying "Well, this is what I'm told to say", I have no respect for what they are saying.

Q182 ***Baroness Bonham-Carter of Yarnbury:*** So you would say it is practical experience rather than Phillis.
Mr Gardner: Yes, in my case; others may well think differently.
Mr Marshall: I disagree with Lord King of Bridgwater. I do not think the MoD has come on that far. An internal debate is going on there about how modern they want to be and they are being dragged kicking and screaming into the 21st century. 2006 was a particularly black spot of spin. I fell out badly with John Reid when a few of us were having a conversation. He did say on Sky News "I hope not a shot is fired" and that had been misinterpreted to "not a shot will be fired"; he did say "I hope not a shot" so I give him some leeway on that. We were talking and he said "We are not going to go looking for the Taliban". I said "Don't worry, they're going to come looking for you". At that point it got rather nasty—the temperature chilled. We all knew, Frank knew, I knew, every defence correspondent knew we were going into a shooting match; every single one of us, yet over and over again the Government told us "No, no, it's benign, it's reconstruction". We said they were crazy. To this day I do not know whether they were lying or stupid, but I cannot think of anything else. We knew they were going into a shooting match and the British public were not prepared for it. Leave that aside, we had Afghan week a few weeks ago and the MoD were brilliant. They were brilliant with us, they cooperated and they gave us good access to information. I do think things are changing but they do need coaxing along a little bit.
Baroness Scott of Needham Market: Who do you think is driving that change? What is making that happen and why is it possible to change in the MoD and to have a good set-up in the FCO and on the other hand have one in the Health Department which is regarded as being pretty under par? Why is there this disparity?

Q183 ***Lord King of Bridgwater:*** The point you have brought out very clearly is that the FCO—and I remember—have future ambassadors in charge of the press office, they have the mainstream high flyers involved in the media side. There is not the same dependence on professional journalist press officers. Is that not part of the reason, that they do actually have, bluntly, better informed, higher calibre people with a real knowledge of the department they are representing, not some sort of journalist professional face?
Mr Hawkes: I would agree with that.

Q184 ***Chairman:*** Just to add to that, you also have to have ministers who have the confidence to say to those people that they can tell it as it is. It seems to me not enough just to blame the press officers. It is the ministers who really set down the policy, is it not?
Mr Collins: I would absolutely agree with that. It is the culture of the organisation which is reflected in the way the press offices behave. We have a very good relationship with the Passport Office after some very poor communications two or three years ago. Because the top man there wants open communications, it has happened. It is not really the press office. The Department of Health has a different culture and we have not had terribly positive experiences with the MoD either.

Q185 ***Chairman:*** There seems to be a certain clash of evidence on the MoD, whether it is edging forward or going into a Brave New World.
Mr Marshall: It is edging into a Brave New World.

Q186 ***Lord King of Bridgwater:*** The interesting point is that if you are Secretary of State for Defence—and I am not here particularly charged to defend the present occupant of that office—and if the policy has gone badly wrong in certain respects, you are also dependent on maintaining the morale of the people who are there, maintaining the morale of the people in the country behind them, their families and everybody else. That is a classic illustration of the most obvious way in which you get driven into a position in which—lying is not the right word to use,

but putting the best presentation you can on a very difficult situation is actually in the national interest. Attempts to undermine that in some ways are very difficult.

Mr Marshall: We are talking about 2006. I know what you did in Government but there is a wider thing. The British public was not prepared for what the British Government were about to do—go into a shooting match—when the MoD must have known it. Subsequent to that, yes, absolutely there is a duty of care to the people and their families, which includes getting us out there on the operations with them and showing that they are in the middle of a fight, which they are. That is what they want us to do. They want to show the British public that they are in a fight and that has now happened. In 2006 and 2007 there was almost a blanket "Oh, no, it's far too dangerous, you couldn't possibly come with us" "We'll take the risk" "No, no, it's far too dangerous". They have realised that we are in a war and the British public needs to know we are in a war. It is very positive and I hope you think there is some reasonably positive coverage of the British forces.

Q187 ***Lord King of Bridgwater:*** The two of you to the right side of the table have some degree of bipartisanship and do not drag politics into it. Move to the two on the left side of the table and you are in acutely political areas where there are lots of attempts to exploit and make pecuniary advantage out of things in a continuous and very active way. Is that not right?

Mr Hawkes: Obviously Health has been a huge political issue over the past 10 years. The Government have poured a lot of money into it; it wishes its reforms to be believed to be a success, so there is a very strong political imperative to sell a good message. Fortunately for correspondents who cover the patch, you do not have to rely on the Department; you have the medical profession, you have the managers, you have the patients, you have all sorts of people you can talk to and you can triangulate the issue from various sides. You are not really dependent on what the Department tells you and therefore their efforts to spin the news, put a positive spin on it, are beginning to fail a lot of the time. Great things have been achieved; do not get me wrong, there has been an improvement. However, you cannot pretend that everything is perfect. Perhaps maybe a more confident minister might produce a more confident press office, but at the moment I find they are just useful for getting the line; I would not use them for anything else.

Chairman: We must be wary of going back through all our ministerial experiences. I did the Health job for six years and listening to what you say about the BMA reminds me that they must be one of the great spinning organisations of all time and a great trade union as well.

Q188 ***Bishop of Manchester:*** I am a different kind of minister. May I come to the interim report which Phillis produced? In paragraph 5 there is an interesting description of the difference between special adviser and a civil servant. In both the sessions we have had this morning there has been some pretty trenchant criticism about some of the spin which the special advisers produce. In the first session, when the Civil Service was mentioned, I think I am accurate in saying that all the people who gave evidence spoke very affirmatively about the Civil Service and the sense of trust that they had in them. I think I have picked up slightly different nuances in this particular session. Tim Marshall spoke very positively about the Civil Service but I just wonder whether I am right in having detected that there is a less positive feeling on the past of Nigel Hawkes; in fact you did specifically, at the end of the reply earlier on in this session, say that you regretted in a way that a trend was beginning to develop—this is how I picked it up—in the Civil Service. I would like very briefly from all four of our guests at this moment to double-check, because it is rather important, whether a criticism is being made of the integrity of the Civil Service, that we do explore that and have it absolutely clear how you feel about the role of the Civil Service vis-à-vis the special advisers.

Mr Hawkes: My view is that the information function in the Civil Service has been politicised in recent years to a degree that was not the case under previous governments, of which I had some experience. I am not suggesting that civil servants tell lies or deliberately mislead. What they tend to do is fall back on the line, simply repeat the line and if that does not answer your question you do not get an answer. They will take quite a long time to produce an answer. They will often produce an answer in the form of an email, which inhibits to and fro discussion. I accept that this is the environment in which they are working and therefore I do not expect any more of them than that, but in the past I would have done and they are quite gifted and intelligent individuals who could do more in a less politicised situation.

Q189 ***Bishop of Manchester:*** Did you want to put a date on when you feel this change took place?

Mr Hawkes: 1997.

Mr Marshall: I think the Civil Service is not biased; it is a good outfit and you can trust them, that they are not lying to you. To go back to what I said, apart from the FCO and to a lesser extent the Cabinet Office, which does run a pretty good operation and in fact Downing Street does as well, most of the press officers in most of the Civil Service departments just do not know enough about their subject, nor are they

given enough rope, not to hang themselves but to be of assistance to people like Nigel. You need a higher calibre of person. Tom Hoskin has just gone from the Foreign Office to help at Downing Street and it is not a coincidence that he went from one top-notch place to the next. If you go round the other departments, you just do not get people of that calibre. The Foreign Office has brought in a guy called Carl Newns. He has the ear of the minister, he has the ear of all sorts of extraordinarily interesting people. It shows you they understand how it works.
Mr Collins: Because we are dealing with officials often rather than the press officers, I find that the officials work very well from that end, but when press officers get involved we can sometimes be surprised at the influence they have even on senior people in the department. My editor and I were invited into Whitehall to have a chat with the communications director of a very large department. He made it clear to us that they were not happy with our coverage of the department and that if we wanted access to their senior people, in order to make our coverage balanced, as he put it, we would have to start writing things that they were happy with. If there was a probationary period and we went through a few months of writing articles they were happy with, then they would give us access to their senior people, which my editor said we did not need. As Nigel said, once you have information you only go to the department for a line. I find officials very helpful, but I find press officers increasingly aggressive and unhelpful, with some honourable exceptions.

Q190 ***Chairman:*** I wonder whether there is a mistrust; it could be a caution or it could be a plain mistrust by officials and civil servants generally about the media. They are not confident about the media, they really do not trust the media and they think they are going to be up to all kinds of mischief. Is that fair?
Mr Gardner: This certainly comes down to a generic problem whereby often people are put in the role of media handling as though we were some sort of difficult species—well we are a difficult species, I accept that—people who have not necessarily got any expertise in media relations but are just doing it because it is Buggins's turn to be put in the media job. This is very much a problem in the military, not just in this country, but in the US as well. We specialist correspondents tend to do this for quite a long time. My colleagues who are diplomatic correspondents have been doing it for 10 years, people like Bridget Kendall and James Robbins, Tim has been doing his job for a long time and we build up a certain expertise in it. That is not matched by the people we deal with in Government. They do it max for two years and then they are rotated out. Often they have not asked to do it because they have any interest, it is just reshuffling "Oh, get so-and-so to do that job for a bit and see whether he's any good at it".

Q191 ***Lord Maxton:*** There has been much criticism of so-called spin from Government, but you yourself described how, in the political lobby, they all got together, they decided what the story was and they almost decided what the spin was going to be on that story. That is spinning.
Mr Marshall: I am not here to defend my colleagues.

Q192 ***Lord Maxton:*** Are you saying that the main political journalists are just as guilty of spinning as politicians?
Mr Marshall: Some journalists are. There are certain news organisations which take certain views on stories and certain political journalists will go along with that aspect of it. I am not saying that is healthy or good but 'twas ever thus and 'twill ever be; you just have to manage it.
Mr Hawkes: All specialist journalists talk amongst themselves. After a press conference they will all gather round and they will say "What's the line?"
Mr Marshall: Yes, and a brave journalist will say he does not agree and will do his own stuff.
Mr Hawkes: They just want to pool their information about what they have been told.
Mr Marshall: I would not dream of talking to him about anything.
Mr Gardner: Exactly.

Q193 ***Chairman:*** Last question, to all of you in turn. Has the position improved since 2004 in government communications? If it has improved, has it improved by very much? Have you any suggestions on how it could be improved further?
Mr Gardner: It largely has. In the area I deal with probably the big focus has been an absolute aversion, quite rightly, to the political use of intelligence because of the whole Iraq dossier thing. What this has resulted in, to our great frustration, but it is understandable, is that we cannot get any information out of the Foreign Office or any other departments as to what the intelligence view is on whether Iran is or is not building a nuclear weapon. There will be conventional Civil Service briefings on this and that is understandable because clearly people have decided that never again should intelligence be used for political purposes in the way that it was in the run-up to the Iraq war. In that sense it is probably an improvement. I definitely sense a desire to be helpful with government departments. I would still say this though: they are still in about 1985 when it comes to being in tune with the modern multi-media environment we work in. It is not just we broadcasters who have deadlines on the hour every hour. The newspapers now have websites, they upload video to it, if you read a newspaper, almost

certainly there will be a link at the bottom saying you can check, updated every minute, every hour whatever. We live in a very fast-moving media environment. Government departments generally are far too slow, unnecessarily. I am just going to give you an example here, a bit of research which I heard about a month ago that I wanted to do a story on. I had all the information I needed a month ago but, because it was told in confidence at a conference, I had to wait for permission to run it and it has taken over a month to get that permission, quite needlessly. It was not going to affect any operations; there is nothing secret about it.

Mr Marshall: Things are much better and they are getting better since 2004 because things were pretty bad before that. The flow of information is much better; they are putting things on the internet, the Prime Minister's conference is being televised, lobby on the record, these are all very positive things. People have obviously read parts of Phillis and they are trying to get more professional people into the media operations, but there are still not enough professional people. It is just people passing through for two years; sometimes they do not want to do it, so what is the point? It is a mixed picture. I have brought along an email from a colleague of mine. I am happy to give it to you, but in answer to that question, his second paragraph, after having praised the changes and things that are good, he then goes on to say "Having said that, I addressed a large group of government press officers a couple of weeks ago, about 60 of them, trying to indicate how we operate in a multiplatform, 24-hour environment. We have 60 radio stations we supply the news to, Channel Five we supply the news to, we have the internet, we have the television service, et cetera, and it is all 24/7. I got the distinct impression that they are several years off the pace, not surprising given the pace of change, but they have a long way to go. We in the media, especially when we are driven by commercial things or ratings, have had to embrace the "blogosphere", the this, the that, all this stuff; we have had to because it is survive or die. It is not like that in government press offices and I do not think they have quite understood 2008 and the multimedia platform.

Mr Hawkes: Have there been improvements since 2004? I think there is less obvious spin in the way policies are presented. That is a definite improvement. There have been big improvements in communications with the public through websites and participation events and so on. Big efforts have been made there but there is still an understandable reluctance to acknowledge that sometimes policies are not working. You cannot pretend everything is working 100% all the time. If there were more willingness to acknowledge a policy did not work so they will do something else, then they could build a bit of credibility with journalists and be taken a bit more seriously by them.

Mr Collins: I would reinforce Nigel's point that because there is a lack of willingness to accept problems you get difficulties such as those we have seen with exam results, the SATs difficulties, tax credits, child support, lots of IT projects going wrong and that is reflected right the way through to board level. If you look at the board minutes of some of the government departments, you see that there is no acceptance even at that level of problems. Everything is "There's been steady progress" until something goes horribly wrong. Until you have a change in the culture, I would suggest from the very top, at my level we will not see much improvement.

Chairman: That has been a fascinating session and I should like to thank you all very much for coming. Perhaps if we have any further questions we could contact you. Thank you very, very much for making yourselves available.

WEDNESDAY 8 OCTOBER 2008

Present	Bonham-Carter of Yarnbury, B	Inglewood, L
	Corbett of Castle Vale, L	King of Bridgwater, L
	Eccles of Moulton, B	Manchester, Bp
	Fowler, L (Chairman)	Maxton, L
	Grocott, L	McIntosh of Hudnall, B
	Howe of Idlicote, B	Scott of Needham Market, B

Examination of Witnesses

Witnesses: Ms Jackie Ashley, Columnist, *The Guardian*, Mr Benedict Brogan, Political Editor, the *Daily Mail*, and Mr Steve Richards, Columnist, *The Independent*, examined.

Q194 ***Chairman:*** Welcome. Unfortunately Trevor Kavanagh will not be joining us as he is attending the funeral of a close friend. We are conducting an inquiry into whether the Government's communications system is open, impartial and relevant to the public. We are obviously looking at the Phillis report and whether things have improved since then, whether the culture of secrecy and partial disclosure has improved, whether communications in terms of the regions have improved and the relationship between civil servants and special advisers. There is quite an agenda as far as that is concerned. Perhaps you could just help me on today's headlines. I see that all your newspapers, *The Guardian*, *The Independent* and the *Mail*, have got the story about a £50 billion bid to save banks, £50 billion being a fairly precise figure. As I understand it, that had not actually been decided until five o'clock this morning. No one is quoted in this story. *The Independent* says, "A £50 billion lifeline is set to be thrown to Britain's beleaguered banks". How do you think this story came to be public?
Ms Ashley: I would imagine it was one of two things. Either Robert Peston, who seems to be the Government's spokesman at the moment, put that out on his blog or, more likely, there was a Treasury briefing. I myself do not know. I was not in on that story. I am not in the daily news business any more. I would imagine they did not make that figure up out of a hat. That would have been put out by someone reliable, somebody that the journalists know and trust, presumably somebody from the Treasury.

Q195 ***Chairman:*** So it is an example of a pre-announcement of policy?
Ms Ashley: It would not have been done like that. It would not have been done as "This is what is going to happen". They would have been having a general chat about how things are going, because journalists are trying to find out all the time what is going on, the latest stage of negotiations, and I think that figure would have been mentioned then. I dare say the journalists would have then checked with other journalists as to whether they thought that figure was right and they would have agreed that that seemed to be the likely thing.

Q196 ***Chairman:*** And it would simply be understood it would be off-the-record?
Ms Ashley: Yes. That is why there is no source to it.

Q197 ***Chairman:*** And every newspaper in the country actually has the same story?
Ms Ashley: I am not sure every paper does.

Q198 ***Chairman:*** I checked this morning and I could not find a national paper that had not. I confess, I did not go to every regional newspaper as well, but I think every national newspaper has got the story on £50 billion.
Ms Ashley: It has to be said that in some cases newspapers, if they have not got it, will then follow up the story in another newspaper and make a call and check. It was not necessarily the case that every single newspaper received the briefing. It is possible that a couple of papers did and then what happened is that at 10 or 11 o'clock at night or whatever the news desk gets on the phone and says, "Why haven't we got this story?" and the hapless journalist will then check with his own sources and confirm it. Ben will know a little bit more about how this particular story came about because he was on the job yesterday as it were.
Mr Brogan: That is certainly true, I was. The story sort of emerged during the day. It has obviously been running heavily for days and we have all been pursuing it very closely. The question we were all seeking to answer was what was the Government going to announce and when was it going to announce it. As the day developed yesterday it became fairly clear that an announcement was imminent. How did that become clear? Because the more we talked to people, not just in the Treasury, but people in the City, people in Number 10, in other parts of Government, one got the sense that the Government had reached the stage where it was

ready to make its announcement and then it became a chase to find out precisely what that announcement was going to contain, what the numbers were going to be and the mechanics of how it was going to be announced. At one point yesterday we thought the announcement was going to come yesterday evening and in order to prevent a sudden flurry of evening news bulletin speculation that something was going to happen within hours a number of us were told when we asked that the decision had been taken and that the announcement would be made tomorrow morning. When we asked what the announcement was going to be we were told "You will have to wait until tomorrow morning". As far as the figure that you have mentioned is concerned, the likely scale of the Government investment in banks has been a source of speculation for some days and there has been a number in the ether since the weekend. Jackie mentioned Robert Peston. He certainly was floating figures of anywhere between £35 and £60 billion. There was almost a process of osmosis where the figure 50 started crystallising and it crystallised last night.

Q199 ***Chairman:*** You just happened to be spectacularly accurate!
Mr Brogan: It was helped by the fact that a number of us were able to have conversations with people in Government along the lines, as I am sure you will recall from your days as a journalist, of "Does this figure sound about right? Is this in the right ballpark?", and some of us were given a helping hand, that is how it works.

Q200 ***Chairman:*** What do you think, Steve?
Mr Richards: I am sure that was the sequence because Ben was involved in it and, like Jackie, I was not last night. I also think it is an entirely legitimate sequence actually. I do not see anything sinister about it in the sense that an announcement was being made formally at seven o'clock this morning. Most people will not read newspapers until after that time. There was feverish speculation all day when I left about what was going to be in it and so on. It strikes me that there is nothing contradictory in having agreed this figure of £50 billion in time to brief the newspapers and then meet all night to get these details right. You are talking about huge figures. You need all kinds of negotiations, which I think did genuinely go on through the night. I actually do not see anything sinister in this sequence.

Q201 ***Chairman:*** We are simply asking about the mechanics at the moment. Was it the Treasury or the Government trying to take control of the agenda?
Mr Richards: It is very hard when you have got a crisis on this scale and everyone knowing that a meeting of pivotal importance is taking place. In a way taking control of the agenda becomes almost meaningless. Trying to sort of retain any sense of where the agenda is going I think is probably more the context in which they are seeing things at the moment and rightly so. They are not in control of a lot of this, quite clearly, but they were in control of a particular piece of information as a result of a meeting they had last night. You can sort of see the sequence: you make the formal announcement at seven o'clock this morning having met all night to finalise the arrangements, but you give some information the night before. Ben has told you where it came from.

Q202 ***Chairman:*** You do not agree with Jackie Ashley's theory that it is Robert Peston actually leading you all?
Mr Brogan: I think there is an element of that. One cannot deny that Robert Peston has been playing an instrumental role in this story. Anybody who is in the news business has to pay close attention to what Robert Peston reports, because he is well-informed, he is well-connected and on a number of occasions he has broken the news, and so it would be foolish in the extreme to ignore him. Some might say that gives him an extraordinary degree of power, but more power to his elbow. If he is the journalist who is leading the charge on this one, good for him. You were focusing on the £50 billion figure. Of course, this morning the £50 billion figure turns out to be just one-third of a much bigger package and that is what makes it all the more interesting. We focused on the £50 billion because it was an important element of the story and, given that it involves all our taxes being invested in these banks, rather significant. The fact that we are also providing £250 billion in guarantees to these banks is also significant.

Q203 ***Chairman:*** We will come back to the general issue of the pre-announcement of stories in a moment. Let me just start with the lobby system. Are you all members of the lobby?
Mr Richards: Yes.
Ms Ashley: I am not. I was. For 12 years I worked for ITN as Political Correspondent where I was a member of the lobby. Then I was for two years the Political Editor of the *New Statesman* when I was also a member of the lobby. For the last six years I have been a columnist on *The Guardian* and I am not a member of the lobby, but I do have one of these marvellous Press Gallery passes which means I can go where I want except into Members' Lobby, which is not a great disadvantage to me anymore. When I was a lobby correspondent I spent a lot of time in Members' Lobby. I remember talking to yourself there. It was the place where one would do most of your business as a political journalist. I find these days that very little actually happens there any more,

and in fact Portcullis House and 4 Millbank, where people come to do the broadcasting, are two key places. If you drink too many cups of coffee in Portcullis House, which I do, you can still do a very good trade there in finding everyone you might want to talk to is coming by and you chat. That is how you get a sense of what is going on and get to see most of the people you would want to see. I do not miss my lobby pass any more.

Q204 ***Chairman:*** The other aspects of the lobby, correct me if I am wrong, are the official briefings that the lobby gets. Do you have access to those?
Ms Ashley: I could go to the morning one but I do not choose to do so because I do not find it a valuable use of my time. I cannot go to the afternoon ones.

Q205 ***Chairman:*** Remind us of the difference between the two.
Ms Ashley: The morning one is open to any journalist who wants to come along and the afternoon one is only for lobby journalists.
Mr Brogan: I should declare an interest here as I am the current chairman of the lobby. There are two lobby briefings. There is one at 11 o'clock that is held over in a room in the Treasury and there is one at 3.45 which is held here in the Palace. The morning one is hosted by and is really the responsibility of the Government's communications machine and Number 10. They have ended up using a room in the Treasury for various logistical purposes. The one in the afternoon is hosted by and held on the premises of the parliamentary lobby, so that one we control and the morning one Number 10 controls.

Q206 ***Chairman:*** On the Number 10 one the Number 10 spokesman presumably talks. Who do you invite to the afternoon one?
Mr Brogan: Do you mean to attend or to do the briefing?

Q207 ***Chairman:*** No, to brief or to request it.
Mr Brogan: The main person is the Prime Minister's principal spokesman, who is a civil servant and who comes and speaks to us every afternoon.

Q208 ***Chairman:*** Will he have spoken in the morning to you as well?
Mr Brogan: He will also have done the briefing in the morning. He is the main conduit of information from the Government to journalists and to the media. In the past it was a regular occurrence that every Thursday the Leader of the House would come and brief the lobby on parliamentary business. This was the case up until Jack Straw and Harriet Harman who, to my deep regret, discontinued the practice.

Q209 ***Chairman:*** It sounds as though the chief spokesman at Number 10 is on a bit of a treadmill if he is doing it twice a day. Is there pressure on him to have something new to say every time?
Mr Brogan: No. You could argue that we are all on a bit of a treadmill really. It is fair to say that he is a very hard-working and assiduous civil servant who is the person who is in constant contact with the Prime Minister and who has an oversight of what the Government is trying to communicate on a daily basis, and to that extent he is no different from his predecessors over the last decades. He is not under any pressure to come up with something new to tell us. It really is just a running through of that day's Government business, the announcements the Government is making and the things the Government wants to say something about. It could range from a statement from the Department for Culture, Media and Sport to what the Prime Minister has to say about latest developments in Russia. He is then available to answer questions from journalists who are gathered there about anything to do with Government business.

Q210 ***Chairman:*** The Independent and *The Guardian* tried at one stage to run without access to the lobby and that failed.
Mr Richards: It did, that was long before I wrote for it from what I can remember, but not very successfully. It made great waves at the time as if it was making some sort of very bold stand against what is seen as this elite unattributable gathering. It soon joined because it just missed out on very basic information, which is in effect what you get from this lobby. I think it needs de-mythologizing. When I was a BBC political correspondent like Jackie at ITN you were then obliged to go. I do not go to the twice a day thing. There were people in the BBC who were not in the lobby who thought that something kind of mysterious happened twice a day at 11 o'clock and four o'clock. I remember one of our editors saying "Get to the lobbies!" as if we all went to a confessional box and heard something utterly revealing from some mysterious figure. As Ben will confirm, much of the time it is very basic logistical stuff about where the Prime Minister is going to be the next day and this kind of thing and it really is not these great revelatory moments delivered down to a privileged few.

Q211 ***Chairman:*** If it is not that secret, why is it not just opened up to anybody?
Mr Brogan: I wonder if a lot of the myths about the lobby date back to when it was a secretive organisation that you were not supposed to talk about. You were not supposed to even confirm that these meetings happened. You certainly never mentioned the names of the people who attended or

who it was who was briefing on behalf of the Government, but that changed quite dramatically in two big steps. The first one was under John Major, when Gus O'Donnell was his spokesman, where it was decided that this had become a bit too much of a comedy act and it needed to be opened up. So for the first time it was agreed that in future journalists who were reporting on what was said in the lobby could attribute it to the Prime Minister's spokesman. That sounds a fairly mundane change but it was quite a dramatic change because suddenly things that were not attributed were attributed and you could see where the information was coming from. Then the next change really happened under the current Government early on under Alastair Campbell where it was decided to put it all on the record. So you were allowed to record what was said, you were allowed to attribute it to the Prime Minister's spokesman and once the technology developed to allow them to do it transcripts of both lobby meetings were put up on the websites. So suddenly something that had been closed and very secretive and quasi Masonic years ago was suddenly quite an open thing. The only thing that is not open is that it is not on camera, but that is much more to do with the fact that civil servants are perhaps reluctant to become faces on television.

Q212 ***Chairman:*** You would not mind it being on camera?
Mr Brogan: I have no particular objection to it. I do not know whether that would particularly improve things or make it even more informative.

Q213 ***Chairman:*** Does it put journalists who are not members of the lobby at a disadvantage?
Mr Brogan: That is a legitimate question.
Ms Ashley: I personally would love to see it on camera. I would not spend my time going there because as a columnist it is not a good use of your time, but I would love to be able to just turn on my computer and click in every day and see what is going on. As it is, every day I read the summary or, if I need to know more urgently, I will phone a friend who has been, which is what *The Independent* and *The Guardian* used to do when they came out of the lobby briefly: they got all the information from speaking to their friends on the phone. I cannot see why it cannot be televised now.
Mr Brogan: There is no reason at all other than technical problems to do with the sort of garret room we occupy at the top of the Palace which might make it tricky for cameras. The difficulty is that it might become a bit like the Chamber of the House of Commons where the minute you televise it it becomes tempting to sit in your office and watch it on television and not attend.

Q214 ***Baroness Bonham-Carter of Yarnbury:*** Why are the likes of Jackie excluded from the second lobby meeting? Is it because of space restraints? What is it that is said in that second briefing that creates the need for restraint on who is allowed to go?
Mr Brogan: The restriction on the 3.45 briefing is that it is open to all the holders of a 28A lobby ticket which is issued by the authorities of the House of Commons. So if you are entitled to be in Members' Lobby to talk to MPs you are also entitled to attend that briefing. It is absolutely legitimate to say that what is said at that briefing does not vary particularly from what is said at the morning briefing that is open to all journalists. One of the issues would be negotiating with the Commons authorities the passes that would be required to open it more widely to journalists. The other issue is that it is not open to people who hold 28A passes or what used to be the Parliamentary Press Gallery reporter passes, but you could open it to them, I certainly would not object to it, but most organisations based in the Press Gallery at Westminster have journalists with both lobby passes and non-lobby passes. You only ever send one person from the organisation to the lobby briefing. I do not think it would necessarily increase membership from among the members of the Press Gallery.

Q215 ***Baroness Bonham-Carter of Yarnbury:*** So it is really about mechanics?
Mr Brogan: Broadly.
Ms Ashley: The Guardian does have several people in the lobby. I could speak to them if I wanted to.

Q216 ***Lord King of Bridgwater:*** A lot of the lobby briefing is about what the Prime Minister is doing. How good is the liaison for the lobby when it is an important departmental story, which is quite a bit of detail but the detail may be crucial, for example, on Treasury today? How well will it cope with that or who will cope with it?
Mr Brogan: It is often the case that if there is a particular departmental announcement which contains a lot of detail the relevant director of communication or the press spokesman for that department will come to the lobby briefing with the press spokesman from Number 10 to answer detailed questions and technical questions. It is a regular occurrence that we bring in press officers from other departments to provide that kind of explanation. It is also the case that the lobby and whoever happens to be the chairman at any given time becomes a sort of clearinghouse for other departments that have announced that they want to hold a briefing on a particular issue. There is certainly a very easy and free-flowing communication between the lobby and the Government's communication machine more broadly to ensure that when there are specific issues

that require the expertise of particular departments that is provided.

Q217 ***Baroness McIntosh of Hudnall:*** Let me just go back to this question of the openness of the briefings that are given to the lobby and the fact that it changed and things are on the record. Jackie, you said it would be very useful to you if you could see it or get easy access to the information live. It has been put to us by one or two witnesses that this degree of openness actually in some ways works against the information really being useful because it is much more cautiously conveyed because it is attributed and because it is open. What view do you have about the impact of that openness on how journalists behave in relation to securing unattributed information, which clearly has driven, for example, everything that we were talking about earlier? Information which is not attributed has not come through the lobby. Has there been a corresponding increase either in the amount of information that is available in that way and/or the extent to which journalists, whether they are in the lobby or not, pursue politicians and civil servants for unattributable briefings as the lobby has become more open?
Mr Richards: I think that, whatever structural changes you make or analyse, in the end political communication will always work on two or three different levels and always has done. In America, for example, where you have televised briefings, the guy who does the briefing—and if not him, somebody else—will phone up close columnists and favoured journalists to give different forms of information. It has always happened and always will happen. To some extent the endless analysis of the way the lobby is structured and the way things are delivered on or off the record actually is irrelevant because this information will get out in all its different forms whatever structure is put in place. That is my broad view of it.
Ms Ashley: Since the days of Bernard Ingham and Alastair Campbell the whole nature of lobby briefings has changed beyond recognition anyway because with both Bernard Ingham and Alastair you felt you had someone that knew exactly what their masters were saying or thinking—perhaps in Alastair Campbell's case maybe a bit before his master thought it! You really felt you were getting a real sense of what was going on in the Prime Minister's mind. There was a step back probably post the Hutton report and David Hill came in and was much less controversial, more straightforward and then that has continued through. I think Michael Ellam is the same. So you are not getting that same sense of real briefing of the Prime Minister's mind anyway. It is already on the record so I cannot see what the difference would be to put the cameras in on the lobby thing. I think Steve is right, you will always get the unattributable briefings, the contacts between journalists and Ministers, journalists and special advisers and, more rarely, journalists and press officers. I do not think you get much off-the-record at that level, but you always have the ministerial and the parliamentary contacts with journalists that you cannot stop and nor would you want to stop them.

Q218 ***Baroness McIntosh of Hudnall:*** The question that arises then is what is the function of formal lobby briefings in that environment?
Ms Ashley: Simply practical, to be telling you what the response is to the day's events, what the Prime Minister is doing that day and what announcements are coming. You do need a basic structure to the day for the daily journalists of what is happening.

Q219 ***Baroness McIntosh of Hudnall:*** If it is the case, as Steve Richards just told us—I know that he was referring to America, but I imagine something similar goes on here—that you can get a different story by having an off-the-record conversation with somebody who amplifies what had been said or tells you something different, then what is the status of that information and why should anybody treat it seriously?
Ms Ashley: Of the extra information or of the lobby information?

Q220 ***Baroness McIntosh of Hudnall:*** No, of the formal information, of the information which has been given on-the-record. What is its materiality in a world where you can go somewhere else and get another story?
Mr Brogan: I think its materiality is largely to do with the fact that a government on a 24-hour news cycle has to get its message out somehow. The Government does a lot of things every day. It does not just talk about who is up and down in Cabinet or whether or not it is pumping lots of money into the banks, it gets on with daily business. Every day the Government—and the Government is centred on Number 10—needs to get that message out. It needs to be able to say, "We're announcing this, this and this. We're doing this about Russia and this about Palestine". That bundle of information, which is very routine information, it is not spin, it is not interpretation, it is just factual information, needs to be got out. It has been found through trial and error over the years that one of the easiest ways of doing that is to get the guy with the information in front of a whole bunch of people who want the information and to have that conversation going. I think that is why this structure has emerged. The fact is that it has emerged slightly organically. There used to be a time many years ago when as a young lobby correspondent I would ring up an MP and one of the first questions the MP would ask if he did not know me was, "Are you a

member of the lobby?" and that was a form of code for saying, "Can I talk off-the-record to you and be certain that you are not going to stiff me by saying who I am?". That was a long time ago. I do not get that question so much anymore!

Q221 ***Lord Grocott:*** I was extremely interested in what Steve Richards had to say there—I hope I am reflecting you accurately—in that you said, whatever structure you set up, it will be the informal structures, the contacts, the phone calls in the night, et cetera that are really the mechanism whereby politicians and the media communicate. I happen to agree with that. I am not saying that it is a good system, just that there is a degree of inevitability about it. If that is the case and I think it is, given that the whole direction of travel as far as governments and politicians are concerned has been towards more and more openness, Ministers now have to make their diaries freely available to the media, is there a two-way process here? Are we, the public, entitled to know about the contacts that journalists have? I know you are going to come back at me about protecting sources. Surely it is a significant piece of information if, for example, a particular journalist in any given week was speaking to 80% of people from party A as opposed to 20% of people from party B. To what extent is the responsibility on rebuilding trust a responsibility that journalists need to take? I speak as a member of the NUJ.

Mr Richards: There are about three themes there. The rebuilding trust theme is massive. I would argue there that the media have a huge role to play. I think that is a separate issue from the way information gets out. Hugo Young once wrote a brilliant piece, it was when *The Guardian* withdrew from the lobby, saying the key element to a story is the unattributable source. He made a very valid point. In other words, if Hugo Young wrote a column on the economy and his source was the Chancellor of the Exchequer, the fact that readers do not know that means they are excluded from a very important piece of information. However, none of the information would be out there if the source was revealed. That compromise will be endlessly made and replayed, but that is not about trust, that is just the way politics functions.

Q222 ***Lord Grocott:*** It is about trust in the accuracy of the report. We could all bring examples where the whole of a piece is about unattributable quotes, sometimes in inverted commas, without naming the person. That seems to me to be entirely the wrong way of doing things. The piece would not exist were it not for the unattributable quotes. The unattributable quotes are always attributable to some person. It usually says something like "A senior Government person". You tell me, what is a senior Government person? Is that 10 people? Is it 20? Is it 50? Would you all agree on who those people were because generally speaking I find most controversial the unattributed quote the more senior the person is to whom it is attributable?

Ms Ashley: The Guardian endlessly has these initiatives where we are not allowed to quote anybody unattributably and we all go through a few months of tearing our hair out and then we go back to it again. Let me take a concrete example because you cannot really talk about these things without an example. Let us talk about the rumblings against Gordon Brown that we have seen through the summer. I myself have written pieces where I have quoted unattributable Cabinet Ministers, Ministers and MPs saying, "It's terrible. He's on notice. We're thinking of resigning . . ." If I had quoted what they will only say to me on the record they would say, "Gordon Brown is the best Prime Minister we've ever had and he will certainly lead our party into the next election," because if they knew their names were going to appear in my piece that is what they would say. What they say to me when they know it is unattributable is what they actually think, which is that he is making a dog's breakfast of it and if he does not sharpen his act up something is going to happen. What do I do as a journalist? Do I say I will not take an unattributable quote, so I am not going to represent what you and quite a lot of your colleagues are saying, or do I say I will only take something with your name to it, in which case I am not giving the readers a true sense of what is happening in Parliament?

Q223 ***Chairman:*** What I suppose you have to do is you have to use your own judgement on how serious this particular person is. We all know that in any party there are some who are in a constant state of rebellion and dissatisfaction with life in general. If it is just one of the usual suspects—and even the Liberal Democrats have usual suspects—that is one thing, but if they are serious people that is another. In that sense we just have to rely on journalists, do we not, for their judgement?

Ms Ashley: What happens is you build up relationships both with politicians and with your readers over the years. Most of us journalists know who each other's contacts are or a lot of them. We know who drinks with who, who dines with who and who talks to who.

Q224 ***Lord Grocott:*** Should the public not know which journalists are in constant contact with whom? It is freedom of information.

Ms Ashley: I think if they did know then the information would dry up pretty quickly; that is the problem.

Q225 ***Bishop of Manchester:*** Before we leave the lobby briefings issue I just want to explore the role of Ministers in it. As you know, the Phillis review recommended that there should be more hosting by Ministers of lobby briefings. I think I am right in saying David Blunkett did that on one occasion and was not wholly happy with the experience, and then on another occasion the Chief of Defence Staff and the Defence Secretary contradicted each other in front of all the journalists and that seemed to end the experience. From your point of view, was it worthwhile? More importantly, do you feel that better contact between government and journalists maybe of a more reliable nature, that is, if you had the Minister there, would aid things considerably or would it make no difference at all?
Mr Brogan: It depends on what we are talking about. It is certainly the case that were we to have a member of the Cabinet, for example, who was willing on a daily or weekly basis to come up and sit in front of gathered members of the lobby and field questions on any subject under the sun on the record then I think people would be very keen for that. You rightly mentioned that there have been occasions of that in the past where it has gone incredibly well from our point of view because we have got great stories out of it but it has not gone particularly well from the point of view of the Minister who then has found himself on the phone with Downing Street trying to explain why he said that and it does not quite match what the Government had said earlier. It is a slightly risky proposition, and Ministers are quite risk averse in the sense that they do not want to put themselves in a situation—it is a bit like appearing on *Question Time* or doing PMQs where they have to face questions about things that are outside their brief. They tend to be very uncomfortable about that. I suspect that may be one of the reasons why Harriet Harman has pulled out of talking to the lobby, that she did not want to expose herself to the dangers of being asked questions about routine Government business or what is going on in politics. The reverse is that the Minister for Food might decide to come and brief us once a week and it may be that, even with the best will in the world, we may not necessarily find a lot of things to ask about food policy on a given Thursday, for example, and therefore the danger is that you could hold those briefings and they would not necessarily be particularly productive either in terms of information or news.

Q226 ***Chairman:*** You might like to have a Treasury Minister, for example, at the moment to come. To have it inflexible with the food minister coming every second Thursday would seem to be absurd. Surely you could choose to have the Ministers who are in the news at that moment answering questions on their subject. I can see why a social services secretary might not want to go and answer questions about international development and that is perfectly sensible, but he might want to answer questions about his own subject.
Mr Brogan: If the Committee might like to recommend that the lobby should have the power to summon Ministers to come and give evidence, I think that would be an astonishingly good development!
Mr Richards: I think those questions lapse into this error of assuming again omnipotence on behalf of lobby journalists. For example, right now the Treasury is giving a detailed briefing, which will no doubt be attended by every economic specialist in London, on this extraordinary news story. The people feeding that news story today will not just be lobby journalists, that would just be one element of the story and on a day like this, I suspect, a relatively small element of the story. To some extent when there are big news stories, September 11, a big education story or whatever, it is not all done by the lobby at Westminster, the specialists do tend to get separate briefings at the department.

Q227 ***Chairman:*** It is done by a different lobby.
Mr Richards: You could argue that that is the case, yes.

Q228 ***Lord King of Bridgwater:*** I am interested in the briefing we have had here. There is this new idea that Ministers should brief the lobby. I have memories of coming to that upstairs room which, I seem to remember, did not have much disabled access but fit journalists got there. I also remember that during the first Gulf War we had a briefing every morning, that is exactly what Steve was saying, and all the defence boys were there, but then because it was such a big story it was highly political as well and so a lot of the lobby used to turn up to that as well. I remember having the Chief of Defence Staff standing beside me. It is not impossible for two to appear. I do not think we all came to blows. Do you not remember that? I think the one thing you cannot do is say, "And by the way, what's happened over pensions?" or "What's happening over social security?" or "What's happened to your colleague who has gone missing in South America?".
Ms Ashley: I think there is a point about this Leader of the House briefing which we used to have and which I used to find very valuable, because at the moment there is no way of saying, "So what is coming up? Where's the legislation going? When are we going to have the debate on this key part of this legislation?" It is always an overview of what is coming in the next week or the next couple of weeks.

Q229 ***Lord King of Bridgwater:*** That is all they know.

Ms Ashley: That was very useful to journalists.

Q230 ***Lord King of Bridgwater:*** Then they have got a brief from the department and they have got to follow that thing of lines to take. If they ask you about the Criminal Justice Bill, which you do not know anything about or what you are doing about some Defra Bill, you are getting very much secondhand information from the Leader of the House, are you not, except for the programme?
Mr Brogan: It may be that we should move to the French system where you have a government Minister who is designated as the government spokesman and therefore should make him or herself available on a regular basis.
Chairman: We have been round that course before as well!

Q231 ***Baroness Scott of Needham Market:*** If we accept the point about the lobby, the kind of mystique being more apparent than real, it is certainly very clear that within that there are certain individuals who develop access and a presence which surpasses others and we have talked about Robert Peston, for example. What are the characteristics that lead to that sort of relationship? What are the things that give particular journalists an edge over the others, and what are the down sides? Does it mean that the rest of you are always playing catch-up with one individual like Robert Peston?
Mr Brogan: It would be lovely to think that it is my charm and ability that accounts for the fact that I have good contacts in government, but I think it is largely to do with the fact that I am the Political Editor of the *Daily Mail*. Trevor Kavanagh is a genius journalist, but I think it helped enormously that he was the Political Editor of the *Sun*. It is the same for Nick Robinson, Tom Bradby and Adam Boulton. There is a direct relationship between your level of access and the ease with which you can talk to people across government, in Cabinet, Number 10 and the news outlet you work for. Certainly that is something which is often in danger of being accentuated. My colleagues in the regional media lobby often complain that they are neglected as a result. It is often the case that one of the things I have to deal with as chairman of the lobby is decisions by a department or the Government to announce something just out of time for evening newspapers out in the regions, for example, which find themselves completely stuffed just because nobody has thought of them. The question of access is entirely to do with who you happen to work for.
Ms Ashley: I would agree with that. There is also the factor of how long you have been around and who you know and who you have got on with over the years, because let us face it, people do have a drink together or a cup of coffee together, politicians and journalists occasionally speak together, you do develop relationships with people over the years and I think those matter, and that is the difference between making a phone call to the minister at the weekend or at night and getting through and them picking up the phone or not. That is partly a function of being around and partly a function of how your relationships develop. I think Ben is absolutely right: whoever was in his job would have his calls returned.

Q232 ***Lord King of Bridgwater:*** Is that not the answer why Robert Peston is very important? It is absolutely crucially important the *Today* programme does not go wildly out—in the current situation we are in, if we went wildly off on the wrong tack it could have catastrophic consequences. If you are a government it is critically important that you get the messages across. It is a difficult challenge here. The *Today* programme has far the biggest circulation of any communication in this country of the more concerned or thinking classes.
Ms Ashley: And yet arguably the *Today* programme's political reporters do not get the greatest access. Nick Robinson does, but he would not consider the *Today* programme his main outlet. With Peston I think it is slightly different because he came from a business background. He is obviously not to do with politics. A lot of his contacts are with people in the City, in business, and it is because he has those kinds of contacts that people in government feel they have to talk to him as well. In a way it is not just his position.

Q233 ***Chairman:*** Mr Brogan, I notice that your paper today is actually saying the BBC's Robert Peston was accused of helping to trigger the tumultuous fall in UK bank shares yesterday. It does not sound as though he is propping it up too well just at the moment.
Mr Brogan: I am not sure I want to turn this into an evidence session about Robert Peston's journalism. I want to approach the point that Lord Grocott raised earlier, which is the question of trust, and Lord King touched on it as well. The *Daily Mail* has a very close relationship of trust with its readers. Every day 2.3 million people give or take are willing to spend 50p to buy a copy of the *Daily Mail* and that relationship is vitally important to us because we are a commercial organisation that stands or falls on our ability to sell newspapers, and therefore the Editor of the *Daily Mail* trusts me and our readers trust us to get the story right, to talk to the right people and make sure that in our coverage we are on the money when it comes to what is going on in politics. That means that when we approach stories and when we approach our coverage we give this a lot of thought and we do not take wild punts and we do not go off on funny tangents, we try to stick on the story because that is what our readers expect of us.

Q234 ***Lord Inglewood:*** As you know, the inquiry is really trying to assess what, if any, impact the conclusions of the Phillis report may have had in the landscape we are all talking about. I think it is fair to say that the general impression that has so far been given to us by the evidence we have received is that there has been a general improvement in this kind of relationship between government, politicians, the media and the general public. First of all, in very general terms, is that something you might subscribe to? Let us be a bit more specific. It was suggested in that report that the government should embrace the principle of "openness, not secrecy," whatever precisely that might mean. Has that happened or is it the case that people are open about the things they want to be open about and secret about the things they want to be secret over and it was ever thus and it will always be that way? In terms of you trying to do your job to try and discover what is actually going on, obviously it does not play a part in the context of breaking news, but is the instrument of the Freedom of Information Act as important, more important or less important than openness on the part of your interlocutors within the government establishment?
Ms Ashley: I still feel there is an attitude on behalf of certainly the government's communications service that it is "our" information and we are doing you a favour by letting you have it, which I think is slightly different from the American system where it is, "Can we help you? Here is the information". The Freedom of Information Act has almost made it even more like that because people will tell you privately that whenever they get a freedom of information request they groan, it is an "Oh dear, these people are coming after us". I do not know how you ever change that culture, I think it is very difficult. Although it is better now than it used to be, there is still that culture of it is our information and I am doing you a favour if I am telling you and I will probably try and delay giving you information until it is a bit too late anyway. There is a lot of that goes on.

Q235 ***Lord Inglewood:*** So it is a culture of secrecy?
Ms Ashley: I think it remains a culture of secrecy, yes.
Mr Richards: I think the context of the Phillis report was misjudged. I do not think there is a sinister development in the number of special advisers. I personally, although this is a minority view, did not think there was anything especially sinister in the role that Alastair Campbell played; in fact I think it was the opposite, I think it was a totally open relationship. He was Blair's Press Secretary. You did not, as a journalist, phone up Alastair Campbell to have a candid discussion about the flaws of Tony Blair; that was not his job. I did not think there was anything sinister in any of that. I did not think there was a reason for the Phillis report. I think lots of the Phillis report was incredibly naïve. This term "openness" can mean a thousand different things. I agree with Jackie about the press officers of a lot of the departments, I think there is a culture there of secrecy, but in a way even that is now being overtaken because quite a lot of the information that they used to give out you can get on the internet in about five minutes. The role of the Civil Service press office needs looking at, but that is never where the focus is. There is this myth that this Government has invaded that neutrality by bombarding the advisers who are utterly unreliable, biased, aggressive and vicious. I think that is part of the mythology and the reality is far more complicated than that.

Q236 ***Lord Maxton:*** What you are really saying is that in fact there has been a great increase in the availability of news, it is much more open than it was in the past. Lord King made the point that he did his ministerial briefings to the lobby, but they were secret. They were not on the record, they were off the record. Now these lobby briefings are on the record. Is that not a more open society?
Mr Richards: It is more open. Everyone was saying when these ministerial memoirs of this Government came out "Oh, it'll be revelatory and sensational" but we knew it all.

Q237 ***Chairman:*** Is not the more important point that Jackie Ashley made and we found it when we were doing our investigation into ownership and that is, that the attitude in the United States is far more open to inquiry than it is in this country? It is not just government. We had a certain amount of difficulty, you may be amazed to know, in getting information out of media companies as well, not least newspapers. I do not know why there is that. Why do you think there is that? Do you agree with that division and why is it?
Mr Brogan: I wonder if in America there is a much clearer culture which says that the Government is the servant of the people and the people pay taxes. You do not necessarily get that impression in Whitehall always. The original question was about the Phillis review. My honest answer would be that I am not quite sure what difference the Phillis review has made certainly as far as my working is concerned. Lord Maxton is absolutely right to say that there have been these developments to make the lobby briefings, which is where I do most of my business now, on the record, but those were universal decisions taken by governments, first a Conservative government and now a Labour government. Certainly the most recent changes in how the government communicates the most significant ones were the ones that were introduced by Gordon Brown when he came into Number 10 and again seemed more to do with

unilateral decisions taken by a new Prime Minister rather than anything recommended in the Phillis review. I tend to agree with Steve, after going back and re-reading the first review some years on, that a lot of it does sound slightly naive and I am not quite sure what impact it has had.

Q238 ***Lord Maxton:*** So what is the purpose now of these two meetings every day? If something breaks between the morning meeting and the afternoon meeting, I assume you go to the relevant departmental website or the 10 Downing Street website and you get that information before the afternoon meeting.
Mr Brogan: No, we do not. It would be lovely to think that government websites, including the Number 10 websites, operate in real time to use the jargon, but the fact is that there is a bit of a lag time between information being available and it appearing in useable form on websites. I know this internet thing is the future, but I actually quite like talking to people, whether it is MPs or members of Number 10.

Q239 ***Lord Inglewood:*** Is it fair to say that the whole debate about the Phillis review was really an argument more about form than substance and that the reality is that the world goes on and there is a slight cycle, the pendulum can swing one way and another, a bit in favour of openness, a bit in favour of secrecy and these kind of initiatives do not have a great deal of bearing in the real world on the way these things are done for real?
Mr Brogan: I think there is a lot in that. The big problem for the Phillis review is it has been overtaken by the Freedom of Information Act and the impact that that has had. Equally, it did not speak to the fact that how a government communicates is ultimately decided and influenced by the people at the top who set the tone as to how open he or she wants to be. Going back to Steve's point earlier, you can change your systems, you can abolish the lobby or have us meet in permanent session all day. The fact is that there are going to be public ways of getting information out that have operated since time immemorial which is to do with people like me talking to people we know.

Q240 ***Baroness Bonham-Carter of Yarnbury:*** One of the recommendations in the Phillis report that was instituted was a personnel point, that is, that the two posts of Prime Minister's Official Spokesperson and Director of Communications were separated and that did happen for a bit and then under Gordon Brown I think it has reversed again. Did it make any difference having two people or one person covering those roles?
Mr Brogan: In a funny way it has not. Those were mechanistic changes in the dying days of the last regime. In a funny way what Gordon Brown did was just decide I want one person who runs my communications and he is going to be a civil servant and he is going to be my chief spokesman. I remember when Michael Ellam, who holds that role and who is a very talented former Treasury civil servant, took it there was a great debate as to what his title should be. The argument inside was that they should move away from all these complicated titles with commas and brackets and just move it down to the Prime Minister's spokesman full stop, which was incredibly simple. I think what we should mention is that while the Prime Minister introduced a single Civil Service spokesman and made him the lead spokesman for the Government, if you want to know what the Government has to say it comes from that person and no-one else, he did nevertheless retain a political special adviser who provided his political communication and who did the stuff that Michael Ellam cannot do as a civil servant, but that is no different from what operated under the previous regime.

Q241 ***Baroness Bonham-Carter of Yarnbury:*** And that was Damian McBride?
Mr Brogan: Exactly.

Q242 ***Baroness Bonham-Carter of Yarnbury:*** Who has now gone.
Mr Brogan: He has moved to another role. He has been replaced by somebody else.

Q243 ***Baroness Bonham-Carter of Yarnbury:*** What is his other role?
Mr Brogan: As far as I understand it, he is involved in longer-term strategic and policy issues in Number 10.

Q244 ***Baroness Bonham-Carter of Yarnbury:*** So he will not be dealing with journalists any more. Is there someone who will be?
Mr Brogan: There is indeed.

Q245 ***Baroness Bonham-Carter of Yarnbury:*** It sounds to me like nothing has really changed.
Mr Brogan: No. You have somebody who does the Civil Service bit and who is preeminent and then you have somebody who does the political bit that the civil servant cannot do. That seems to me a fairly straightforward arrangement.

Q246 ***Baroness Eccles of Moulton:*** At the beginning of the meeting we had a very interesting discussion about how the £50 billion Government support for the banks emerged and crystallised during yesterday

and the very interesting way in which it developed as the day went by. At the moment we are in the grips of a global event which probably none of us has experienced the magnitude of before. The question is a much more direct and specific one, which is whether any of you have been approached with pre-announcement information by either specialist advisers or government officials? I think we are talking about events of perhaps not quite such earth shaking importance as we were discussing earlier. Is that the case? Does this ever actually happen?
Ms Ashley: Perhaps I could come in as a columnist here, which is a very different job to a daily news journalist. I will very often get people, particularly in the areas that I am known to write about like health or social care, who will come to me and say, "Jackie, we're doing this. We're announcing this next week. Would you like any guidance? Would you like any help with figures? Would you like some people to talk to?" I see nothing wrong with that because it then gives me the time to get my head round it, to then talk to the people in the pressure groups concerned or anything else. That does happen quite regularly. Having said that, it is not only special advisers, it is also the pressure groups, charities, other MPs, all sorts of people do come to people, particularly now we have our little email addresses at the bottom of our pieces all the time. My inbox is constantly clogged with people saying how about this idea for a column or how about that idea. I think that is the way the journalistic conversation goes now. Anyone wanting to get their bit in public will approach a journalist and it is then up to the journalist as to what use they make of that information.

Q247 ***Baroness Eccles of Moulton:*** I suppose that is all right as far as it goes, but as far as the public is concerned, it sees information coming to it through the media before the official announcement has been made by Government and these are always labelled as "leaks" and that seems, from the receiving point of view, to have a rather different impression to what you have just explained, which seems to be perfectly all right. There is a disconnect between the way it appears and happens with you and the way it appears to the public.
Ms Ashley: There is no doubt people would try and give you a bit of information in the hope you will then write about it in a favourable way. They are not going to tell you something in the hope that you will say what a terrible idea this is. I think then you have to trust the integrity of the individual journalist to make their own decisions as to whether or not (a) it is worth writing about and (b) whether or not it is a good or bad thing. Journalists are then left to take their own view of it.

Q248 ***Baroness Eccles of Moulton:*** But then they have to hang on to that information until the Government has made an official announcement.
Mr Richards: I do not think there is that disconnect. I think there is in Parliament. I know a lot of parliamentarians get very worked up that they are not the first to hear of an announcement when it is made in a statement in the House of Commons or the House of Lords. When Brown first came in he decided to stop formally doing pre-announcements on the *Today* programme, for example, and then when they would offer someone to speak, a Minister once they had made the announcement in the House of Commons, they would often say the next day, "That's yesterday's news. We don't want them". They started missing out on the slot where many people would hear that announcement. The problem is you now have to work within the rhythms of news because people, sadly, do not get politics unmediated. I wish they could but they do not. They get it mediated. So they will not be here at two-thirty or three-thirty to hear it in the House of Commons and the House of Lords. They will hear it and read it and watch it and that is just the reality of the world in which we all live.

Q249 ***Baroness Eccles of Moulton:*** Maybe the term "leaks" will gradually disappear from the vocabulary because obviously it is misleading.
Mr Brogan: Yes, it is misleading in that context, it is, especially if you hear the Minister talking about it; clearly it is not leaked.

Q250 ***Chairman:*** Is not what you just said, and it may be an entirely, I am sure it is, truthful description of the position, but it is rather saying, if I am a parliamentarian, which I hope I am, that the *Today* programme is rather more important than Parliament.
Mr Brogan: No, no, definitely not. In fact, I think in many ways the *Today* programme's influence is over-exaggerated in some ways. It cannot take a view. I think newspapers are hugely influential because they can take views and a programme cannot, but clearly what it does do is provide an audience and Parliament is massively important, but it does not provide an audience and that is the issue when you are trying to get information out.

Q251 ***Chairman:*** Do you get exclusive stories as a reward for support? Jackie Ashley has talked about a genial way, but do government departments occasionally go to their friends in the press, it may be on an issue, it may be on party lines, and say, "This is what we are going to do"?
Ms Ashley: I think that does happen, I am afraid, yes, it probably does.

Mr Richards: And it always has, but reward is perhaps the wrong way to look at it. I think it is certainly true that first you have the question of Ministers who are in charge of a policy, the planning and announcement and those Ministers may have relationships with particular journalists or particular newspapers. They may feel that their pet project is going to get a particularly fair hearing in *The Independent* or *The Daily Mail* or *The Telegraph*, depending on the subject, and, therefore, all ministers want their projects to be noticed, to be fêted, to have an impact and to have achieved something and to do that they want it to be heard about, reported and, therefore, they will occasionally place it. On the point on pre-announcement leaks, so-called, I think the thing to remember at all times is that, when that happens, it is because a politician behind it wants that to happen, so we should be clear that we are not talking about unilateral action by officials or special advisers, but a politician, and sometimes those reasons could be as mundane as you happen to be the Minister for Defence and you are about to do something really interesting concerning troops in Afghanistan and it is in the grid, the sort of timetable for announcements that week for this morning, and yesterday or two days ago you realised that this morning everything was going to be wiped off the map and your story is going to get no airtime, so you may decide to actually brief *The Telegraph*, for example, two days before or a day before in order to get a chance of some kind of coverage for it before it gets wiped off the map by bigger events.

Q252 ***Baroness Scott of Needham Market:*** I was just interested in Steve's point about being a pragmatic response to journalistic timetables because the question then is: in whose interests is this? One of the advantages of having the announcement in Parliament and all the journalists hearing it together is that, as a citizen, you then get a kind of more rounded view of what the policy is. The problem with the situation as just described is that you get one partisan journalistic view and the public maybe have to wait several days before the full story gets revealed or the full impact of the policy and I just wonder if there is an extent to which the citizens are not being best served by the approach that exists at the moment.
Mr Brogan: I do not think they are being best served, but, unless you make it compulsory for them to watch a statement at 3.30 in the afternoon, that is not the way they are going to do it, sadly. I agree with you, I think in a way again, which is really underestimated, that some of these statements are fantastic politics actually, the way you get an interchange between a Minister, especially if it is a controversial announcement, and then what happens for the next hour in the House of Commons. I personally love it and I think other people would love it if they watched it, but they do not.

Q253 ***Baroness Scott of Needham Market:*** I was not suggesting that the nation would cease working in order to watch a statement, but simply by going to one favoured journalist who is going to give it a good run-through the first time just means that you have to wait several days, as the citizen, before the issue has been picked up in a more rounded way. That was all.
Mr Brogan: No, it is an imperfect process you get.

Q254 ***Chairman:*** But pre-announcements, even in the time I have been in Parliament, do seem to have increased now in number. I will not say it never happened in the 1980s, it obviously did, but it certainly happened more in the 1990s and it probably happens more now. I think that is not an unfair way of putting it.
Ms Ashley: I think there was much more deference for the parliamentary system then. Ministers would not want to pre-empt the parliamentary questions and they would think, "Oh, we can't do that, it's not proper". I think now people are more concerned with getting themselves on the media which, for better or worse, is the way it is these days.

Q255 ***Lord King of Bridgwater:*** Do you think you get used a bit more? I just get the feeling that there is a bit of pre-announcement going on which is actually kite-flying—that somebody is given the story and then, when the world blows up, we do not hear any more about it. Do you think there is a bit more of that going on?
Ms Ashley: Yes.
Mr Brogan: Yes, I do.

Q256 ***Lord King of Bridgwater:*** That is actually a risky approach by any Minister or government department because in many cases that journalist will not trust them again. Is that not right, that they run it off as a story of what is going to happen and they are actually being used? Am I right?
Mr Brogan: Yes.

Q257 ***Lord Inglewood:*** As intimated in an earlier comment, parliamentarians feel very strongly about statements being made to Parliament, but the events of the last 24 hours seem to me to make it pretty clear, that, as far as the decisions about what might or might not be done to assist the banking system are concerned, it was to the market that the statement had to be directed, and Parliament, in reality, was of secondary importance, because, if you had got it wrong vis-à-vis the market, that was meltdown. Now, is that a fair assessment of the realities of it?

Ms Ashley: I think that is a particular case though, is it not? Most statements which are pre-leaked or not are not sort of affecting the markets in that way.
Lord Inglewood: That is true, but it is important because it is actually indicative possibly of a principle that has a wider application, is it not?

Q258 ***Chairman:*** We have kept you past the time that we promised, but could I thank you very, very much for coming. It has been a fascinating session and perhaps, if we have got any other questions, particularly about the mechanics of the Lobby, which I think we are now getting our minds round, we could come back to you, but thanks very, very much indeed.
Mr Brogan: Could I just say that Joe Haines, who was Harold Wilson's Press Secretary, did scrap the Lobby for a time. It is worth looking at; it is very interesting.

Q259 ***Chairman:*** I remember.
Mr Brogan: You were probably on the other side at that point, and they just got 150 calls a day and, for logistical reasons, reinstated it.
Chairman: Thank you.

Examination of Witnesses

Witnesses: Mr Bob Ledwidge, Editor, Regional Political Programmes, BBC; Mr David Ottewell, Chief Correspondent, *Manchester Evening News*; and Mr Chris Fisher, Political Editor, *Eastern Daily Press*, examined.

Q260 ***Chairman:*** Thank you very, very much for coming. I am sorry we are running a little behindhand, but it is important for us that we try to bring into our investigation—I will not go through the whole business of what it is all about and government information and so on, but that we try to bring in the importance of the regional media in all of this. I think I had better declare an interest as I was Chairman of two regional newspapers in Birmingham and in Leeds, and I know that part of my claim was always that, based on, I am sure, impeccable public opinion research, the regional press was more trusted than the national press. Doubtless, you agree with that. I do not know whether it applies to broadcasting or not in the same way. Some of the latest developments as far as regional media are concerned are not altogether encouraging, I think. Is the BBC intending to continue with its present emphasis upon regional news?
Mr Ledwidge: Yes, absolutely, and it is sad to note that ITV is diminishing its regional news operations to some extent which we in the BBC regret. It is still going to have a regional news service, but a reconfigured one, not quite as local as it was before, but the BBC is absolutely committed to regional and local broadcasting.

Q261 ***Chairman:*** So we are not going to see any cutbacks as far as that is concerned?
Mr Ledwidge: Well, not as far as I am aware, but I do not have the say-so, sadly.

Q262 ***Chairman:*** Let us ask you then about the various issues. The Phillis Report was published in 2004. Has there been a noticeable improvement as far as government communications are concerned at regional level since then? Have you noticed that?
Mr Fisher: Well, if there has been an improvement, my Lord Chairman, it has somehow passed me by. I think it is the case that the more things change, the more they stay the same. In my experience, communications with the regional media by the government information system have always been mediocre at best, and I think that is still true today.

Q263 ***Chairman:*** Would that be your view as well, Mr Ottewell?
Mr Ottewell: My view would be that the quantity of information we get has certainly improved since the review, but that has not translated necessarily into more and better coverage, and I think the reason for that is that the quality, as far as we are concerned, is often too low and I think that is based on, and I am sure this is something we will talk about a lot, a fundamental misunderstanding sometimes of the requirements and the nature of the regional press.

Q264 ***Chairman:*** Tell me about those.
Mr Ottewell: I think there has always been a sense that we are treated as a sort of poor relation really and we are feeding on scraps and there is a sense that what we are often getting from the government information service is a sort of attempt at a regional spin on something we will have already seen nationally and which will already have come out nationally perhaps or a fairly half-hearted attempt to regionalise something which is not necessarily the most up-to-date or interesting news.

Q265 ***Chairman:*** Do you all feel that?
Mr Ledwidge: I can endorse that last point. Just to explain my role here, I run a unit here at Westminster which supplies all the regional TV operations of the BBC around the country and all the 45 local radio stations with political news from Westminster, but at the same time, knowing about the questions that were

coming up here, I have been in touch with my colleagues around the country to try and gauge their views because it is a very different view if you are sitting in Newcastle as to how government press operations work than it is for somebody sitting here at Westminster. The overall answer that I would give to the question, "Has it improved?" is yes. Although a couple of political editors I spoke to in different regions said no, the majority view is yes, and I would endorse what David said, that they all say that there has been an increase in quantity of press releases, but not necessarily the quality or the understanding of the output and what its requirements are. Everyone who thinks even that there has been an improvement thinks there is an awfully long way to go in terms of understanding the needs of these important audiences. Just to put a quick plug in here, the term "poor relation" was used by David and that was one term that was used by a political editor in one of the BBC regions to me yesterday, but we are talking big, big audiences here. The most-watched news sequence on UK television is 6.30 to 7.00 on BBC One, the regional news half-hour. Papers like Chris's, I know, outsell the big national dailies in their own area. BBC local radio in England alone gets 7.3 million listeners a week. We are talking big, big audiences here and I believe that actually a lot of politicians have absolutely woken up to that, but I think that maybe there needs to be more, as it were, media literacy amongst some of the press office teams in Whitehall departments and elsewhere.

Q266 ***Chairman:*** But how would I get the message over? If I were the Secretary of State for Health, how would I actually manage to get a message over to every region? Clearly I would not be able to kind of tour round, so how would I actually do it?
Mr Ottewell: I think you have certainly got to try and do more and you have got to try and find perhaps some way if it is a policy which particularly impacts on a particular region in a certain way. I am sure there are creative ways of finding a genuinely regional line or message and that is what we need. Most large regionals, and I put both our papers in that category, yes, they want to be a paper of record, yes, they want to share information, but they are also tabloid newspapers or newspapers and the newness of something and the exclusivity of something is something which we take into account and rightly so, and I think there is a lack of understanding of that basically, that we will just sweep up and print what they want us to print. I think there is not always an attempt also to make people available which is important as well. We sort of feel that we are sweeping up and we will get what we are given rather than their making it easy for us to make news out of what they are trying to tell us.
Mr Fisher: There are a number of ways, my Lord Chairman. For example, the Secretary of State could call in the representatives of the regional media here at Westminster to a press conference and allow us all to put questions to him or her, but that rarely happens and, if it does, it tends to be a sort of brief encounter in which you are allowed one question each and you leave usually feeling very much the poor relation again. I think the underlying problem is that the government communication system just does not actually get the regional press. Every so often we are assured that it does, but very quickly you discover again that it does not.

Q267 ***Lord Grocott:*** I think that the vast majority of Members of Parliament and politicians actually attach far more significance to what the regional and local media are saying and their contacts with them than they do nationally and are acutely aware of the need to ensure that regional outlets get the information that they need and that they contact government politicians when they are short of information. On a sort of practical level, the Lobby, that is in many ways, I suppose, less important to you, the lobby system and the way that it operates, when you are looking for good regional stories, but nonetheless I know that a lot of your members, perhaps not all, are members of the Lobby. How significant is that and do you get the lobby access that you want? Occasionally, there is arm-wrestling, I think, amongst the regional press about them not having enough lobby access, lobby passes.
Mr Fisher: It is obviously important to me; I am in it.

Q268 ***Lord Grocott:*** Yes, I realise that, but not everyone is, are they, and there is often competition?
Mr Fisher: It no doubt has many flaws, but one of its virtues is that it is a democratic institution in the sense that I have as much an opportunity to put a question to the Prime Minister's Press Secretary there as does the political editor of *The Times*, but there is also a sort of unofficial communication system that consists of spin doctors and special advisers and that, I have to say, does not take much notice of me and seems obsessed with just a few national papers.

Q269 ***Lord Grocott:*** But are not the main kinds of stories in which your readers will be particularly interested of the type of the bypass being announced around a particular town or city in your region or the opening or closing of schools or post offices or anything of that sort, and is there a mechanism in place that works that ensures that you are the first to know, or after Parliament, I hope, or the MPs that you know in good time and effectively about that kind of information?

Mr Fisher: Sorry, it is obvious, but can I say to start with that actually many of the readers of the *Eastern Daily Press* read only the *Eastern Daily Press*.

Q270 ***Lord Grocott:*** I know, I am well aware of that.
Mr Fisher: So they will not be looking just for local or regional stories, but they will be looking for national stories there as well, so in that sense people in the government communication system should be interested in talking to me as well as political editors of national papers. In response to your further question, there does not seem to be much of a system. I can remember a time not many years ago when at the end of the normal lobby briefing on a Monday morning, I think it was, there was then a special one for the regional press which was helpful, not in a great way, but it was helpful, but that ended.

Q271 ***Lord King of Bridgwater:*** You said one very interesting thing about regional news programmes from 6.30 to 7.00. What actually is the listening figure there?
Mr Ledwidge: The viewing figures, funnily enough I checked these just before I came and, for example, last Friday 5.1 million people watched that sequence which was more than the six o'clock news, the national news, which preceded it, so actually, to go back to your earlier session, BBC regional news each night gets more than twice as many people as buy *The Daily Mail* which is obviously considered a very significant publication by politicians and government departments.

Q272 ***Lord King of Bridgwater:*** But the phrase, which I think Lord Grocott used as well, is that you talked about regional and then you said "regional and local".
Mr Ledwidge: Yes.

Q273 ***Lord King of Bridgwater:*** Some regions work better than others. I am a south-west person and region does not work at all really for the *Western Daily Press*. I do not know how much the *Eastern Daily Press* covers of the East Anglian region, but the *Western Daily Press* only covers part of it and it is much more local. I think the difficulty for the Government is that regional press is a difficult concept, do you not think?
Mr Ottewell: It should not be though, should it, because anybody who lives in, for example, my region in the North West knows how the regional media works. It should not be that difficult to have a reasonable amount of expertise. As my Lord said, we are talking about significant players here and it seems odd to me that most people in the media can have a very good understanding of how each region works and how the regional media work in a particular region and yet the Government does not seem to have the expertise. It is perhaps because still there is a sense that significant communications are still based very much in London and it is still very much a top-down structure, I think. That is certainly the feeling that we get in the regions and we just do not have understanding, genuine local understanding of how our regions work in terms of the media.
Mr Ledwidge: If I could just answer Lord Fowler's earlier question about what the Secretary of State for Health or the Health Minister would do, one benefit of having my unit here at Westminster is that there are teams in government departments that will ring us direct. Now, I can disseminate that information very, very quickly to BBC regions and local radio stations around the country, so some government press officers get that and use that facility, which we are happy to do, and for others it is a complete revelation to them. There is no doubt that there is a feeling, as it were, out there in the BBC regions sometimes that, to quote one editor I spoke to yesterday, "It seems that, although there's a will to do this, to engage more with the regional media, the real brownie points seem to be for coverage that will be seen and heard in the Westminster and Whitehall village", so I still think that there is a perception out there around the country, and I do not want to call it "institutional", but there is a cultural bias or forgetfulness when it comes to the regional media. Just to echo what David and Chris have said, we have to sort of operate on two levels. We are, as it were, a national news service for all local radio stations around the country, and there are 2.5 million people who only listen to those local radio stations, so they get their national as well as their local news, but we also have a direct regional responsibility and local responsibility. Just to give one positive example from the current economic crisis of the way that clearly some ministers absolutely get it, on a previous major day for financial news, the Bradford & Bingley morning, the Chancellor of the Exchequer was in Millbank, just up the road, giving a series of interviews and one which he did give in addition to the network's was to my reporter for all the BBC local radio stations. He also agreed to do a completely separate and individual interview for BBC Radio Leeds and of course the Bradford & Bingley employs a lot of people in West Yorkshire. I think that was very positive. That is an example of, I think, the politicians absolutely getting it. I do wonder, and I do not want to cast any aspersions, but, if a bid had gone in from BBC Radio Leeds to a press officer in the Treasury, whether, on a fast-moving story like that and with the Chancellor being so busy, it could have been engineered in the conventional way.

Q274 ***Lord Inglewood:*** I ought to declare an interest as the Chairman of the Cumbrian Newspaper Group. From what you have said, gentlemen, it seems to me

that your feel is that the Government's regional news operations basically regurgitate material from the centre rather than supplying what I might call 'national news with local characteristics'. Now, do you also feel that behind what they are doing there is an element of pork-barrel politics, trying to get you to pick up things that look at government in the most favourable way? Then, to move on from that, I was a Member of the European Parliament for 10 years and found, like all my colleagues, that newspapers were not terribly interested in what we were doing. What we failed properly to understand, which I have now learnt from having gone, as it were, to the other side of the fence, is of course that newspapers and radio stations carry stories because they want to get readers and listeners. Do you think that the government press operation fully understands that that is a crucial part of what they ought to be doing? Finally, and this is a point to David Ottewell about the regions, I would like to endorse what Lord King said, that the regional aspect is much more complicated than is sometimes given credit for because, for example, where I come from the truth of the matter is that what goes on in Manchester is not of particular interest to us. Indeed, I once remember explaining to a BBC senior person when it was proposed to move the local news from Newcastle to Manchester for us, I did not think people in London expected to get their local news from Amiens. I think these sensitivities are rather greater sometimes than those who sit at the centre suppose them to be.

Mr Ottewell: Just to pick up on that, you would accept that everybody who lives in the North West knows that, that is well-known. I used to work on the Carlisle papers and it was well-known there that, although we have the region in the North West, it is a complicated picture, but that should not be hard for press officers to understand and yet we will often get statistics and so forth which only have a sort of North West picture and they are virtually useless to analyse.

Q275 ***Lord Inglewood:*** I think you are concurring then rather than disagreeing.

Mr Ottewell: Absolutely, and it should not be that hard to understand. Presumably they aggregate those figures from lower-level figures, so why can we not just be given the lower-level figures and aggregate them as we see fit, yet you will ask and they will say, "Oh no, we only have a regional figure", and it just seems that often it can be nothing other than laziness, I think, and that is a very good example of them not understanding how the regions work and how the regional media work. In terms of the selling newspapers aspect, I think we are coming back to this almost patronising view of the regional press and I think somebody mentioned earlier that often the types of stories we will be interested in will be bypasses and schools and so forth, but it is not that simple. I think that when people are looking at newspapers like the MEN, they should be thinking more about how they would be thinking of the London *Evening Standard*, for example, and yet that does not seem to be the way government thinks about us and there is a sense that we are getting quite anodyne information and that we will be satisfied with a picture of the Secretary of State shaking a hand or sticking a spade in some allotment somewhere, but it is not the case; we are looking for news as much as the *Evening Standard* or the nationals.

Mr Fisher: I should confess that I have not actually spoken to a COI officer at Cambridge for a long time and that is because—

Mr Ledwidge: You are still calling it the "COI"!

Mr Fisher: Yes, and I slowly, but surely, came to the conclusion that I knew more than their press officers did at Cambridge, so what was the point? Do they do much more than regurgitate press releases from Whitehall? Not a lot more, in my opinion. Their press releases often try to regionalise national announcements with a sort of barrage of statistics, but this leads to a further problem. The eastern region is a very strange, unnatural entity created by a sort of stroke of a bureaucratic pen and, if my news desk in Norwich gets regional statistics which include Hertfordshire and Essex, they are regarded almost as alien places and those statistics are of extremely limited value. The figures need to be broken down to a much better local level.

Q276 ***Lord Maxton:*** Can I just have some clarification on the BBC regional news. Did your five million include viewers on the opt-out programmes at half past six on BBC Scotland, BBC Wales and BBC Northern Ireland?

Mr Ledwidge: Yes.

Q277 ***Lord Maxton:*** Because those three in particular of course have their own political agendas which are quite different from the rest of the country. Have you any breakdown of how many of your viewers of that five million actually came from those three areas rather than the regions?

Mr Ledwidge: There will be a breakdown and I can get it for you, but I do not have it off the top of my head, I am afraid.

Q278 ***Lord Maxton:*** I think it would be quite useful.

Mr Ledwidge: What I was quoting were what are called 'overnight figures'. You subsequently get consolidated figures, but they are the overnight figures and there will be a nation-by-nation, as well as a region-by-region, breakdown.

Lord Maxton: It just would be quite useful, I think, to have those.

Q279 ***Baroness Bonham-Carter of Yarnbury:*** I think you probably actually agree to this question, but maybe I could just ask it and see if you could give me some details about how things could improve. The Government, you have been clearly saying, could use local media better. Can you tell me specifically how you think this could be done? For instance, does every department have a press officer who is dedicated to dealing with the regions or not? Is this something that would improve things?
Mr Ledwidge: Some departments at Whitehall do, but I am not sure that there is a huge benefit in that. This is my own personal view, not necessarily the BBC's view, but to take an example, if you are wanting to know about a new hospital building, to go back to the Department of Health again, you want to talk to a press officer on that desk, not the one person, if there were such a person, who does all regional media all around the country. If you look at the Department of Health alone, you have got scores and scores of press officers and what I would argue is that people need to be aware of the needs of the regional media alongside the national media in whatever press officer role they have in Whitehall. Some have got it, we should not be negative about it, and I spoke to one political editor who said that he rang a government department, saying he was from BBC staff and was wanting to get an interview and some information, and he said, "Yes, *South Today*" and he had to explain what his regional news programme was because the press officer said, "Well, can't you do an interview over the phone?", and he said, "Well, no, we're television, BBC One in the south". Others absolutely understand it and, in terms of improving matters, (a) it is that culture across Whitehall communications departments and greater media literacy, and (b) it would help if the regional operations which Chris was talking about, for example, in Cambridge or Newcastle or Birmingham or Manchester were that bit more closely connected to the central government departments. Overall, there has been an improvement, according to the people I have spoken to around the country, but there are still occasions when, for example, in the case of a ministerial visit to a region, "Well, this is the first I've known about it", says the government press officer in the region, so they need to be more joined up.

Q280 ***Baroness Bonham-Carter of Yarnbury:*** So more joining up is what you want?
Mr Ledwidge: Yes.
Mr Ottewell: You have mentioned something very important there. At the top of my wish-list, and it is perhaps not practical or feasible, would be one person, a sort of cross-departmental head of communications for my region based in my region who understood my region and was both confident and well-informed enough to instantly brief on a range of subjects across—because that is often the problem, that people in the regions often either are not confident enough or well-informed enough to tell us what is happening on a breaking story and people in London do not understand the region, so you are sometimes caught in the middle of that. I think ideally for me, and it is perhaps not feasible, would be to have somebody who was both extremely well-informed and senior and confident enough to brief, yet also who understood the region and ideally was in the region because, if you look at how, for example, the parties work, the parties' communications are much more successful and the reason for that is that they have people in the regions who understand the regions, and you will find that a lot of our political news will originate not from a government press release, but from a party-political contact.

Q281 ***Baroness Bonham-Carter of Yarnbury:*** Actually it is quite similar to the way the BBC works.
Mr Ledwidge: If I could echo that, the most common criticism of the regional as in 'out in the region' press offices that I have heard from BBC journalists is that they just are not proactive enough. There are exceptions. The BBC East Midlands political editor told me that recently the GNN, Government news network, press team in the East Midlands actually went on a visit to the BBC in Nottingham to see the studio, to talk to journalists in radio, online and television about what their needs are. I would say that is probably unusual compared with some of the stories that I have heard, so I think there just needs to be more of an effort to get on the front foot to understand the nature of the region, if you are based in that region, and to make sure that you know the way that local and regional media work and, yes, to answer Lord Inglewood's point, to be aware of what will be appealing to listeners, viewers and Internet readers.

Q282 ***Baroness Bonham-Carter of Yarnbury:*** We heard from Benedict Brogan—I do not know if you heard the previous session—that he thought that the lobby system put regional journalists at a disadvantage. Now, I know that Mr Fisher has said he finds it democratic and he is in it, but would the other two of you agree that it does not work to the advantage of regional journalists?
Mr Ledwidge: Well, I do not feel deprived. I am not a member of the Lobby, I do have a pass to come into the Houses of Parliament, but of course the BBC, being one BBC, always has at least one journalist at the morning and afternoon lobby briefings and usually they are sitting about two or three metres away from me and we have in our newsroom here at Westminster a debrief from whoever has been at the Lobby on all that has been said, so, to be honest, I do not feel deprived and I do not think my team do.

Chairman: Can we come back to the Lobby in a moment; we will not miss it.

Q283 ***Lord Corbett of Castle Vale:*** Mr Fisher, you were Chairman of the Newspaper Conference.
Mr Fisher: Many years ago.

Q284 ***Lord Corbett of Castle Vale:*** With your colleagues, you have been quite critical of the government information service. Are you aware of any steps that the Newspaper Conference has taken to seek a meeting either with the boss man in Downing Street, the head of communications there, or whoever to discuss these issues and to see what can be done to put them right?
Mr Fisher: I am not aware of any such proposal at the moment, but this is not a new problem, it is an ongoing problem.

Q285 ***Lord Corbett of Castle Vale:*** But that underlines the point I am making. What have you tried to do about it?
Mr Fisher: Well, over the many years, and, by the way, I was Chairman of the Newspaper Conference back in 1989, so I am a bit out of touch with the Newspaper Conference in that sense, but there have been many contacts over the years, get-togethers and it is at such get-togethers that one gets these assurances that, "Yes, we do understand how important the regional press are", and you leave feeling slightly better and then a week later you realise that actually nothing has changed and nothing will change.

Q286 ***Lord Corbett of Castle Vale:*** Let me just ask another one then of each of you. Is there one thing that you would like the Government to do to give the regional media a better service?
Mr Fisher: Well, I would like the regional press operation to be brought far more into the loop than I actually think it is. How proactive is it? I have spoken to my paper's news editor, Paul Durrant, and I was rather shocked to discover that he gets a phone call about only once every three weeks from the people at Cambridge actually flagging something up and usually communication is done by means of the website. I would also like, I do not know if it is possible, to bring the regional press operation more into the unofficial information system based here because one has concluded over many years that special advisers and spinners often know far more than the official press people. If the government machine can have regional ministers and regional whips, can it not have a regional special adviser who really is quite close to Number Ten and actually does know what is going on?

Q287 ***Lord Corbett of Castle Vale:*** What about you, Mr Ledwidge?
Mr Ledwidge: Just one positive thing you have just reminded me that a few people have said is that the advent of regional Ministers appointed last year in some regions has led to a better service with regional Ministers not only obviously being in the region, but more contact and more stories coming through their offices. The single thing, apart from, as Chris says, greater joining up with the government press offices around the country and Whitehall, would be to say to Secretaries of State, "You should instruct your communications directors and press officers here in Whitehall on every announcement to think regional and local". I do not like box-ticking, but just to get it into the heads of people on whatever story they are doing, regional and local, "Are we serving those big audiences and readerships out there?" because I think too often, through all the evidence I have gathered from my colleagues and from what I know at Westminster, it is a bit of an afterthought, and maybe to spread, and I have positive stories to tell, but to spread good practice which some departments have to other departments. Let's face it, the overall word I would have for government communications with the regional media is "patchy". It varies between departments and it varies within departments, depending on the press officer that you speak to, so my single extra thing would be secretaries of state, who, I think, generally do believe in it, to make sure that it is something that their press teams and communications teams act on.

Q288 ***Baroness Eccles of Moulton:*** We have talked a lot about how the news that is disseminated to the regions and locally should be much more tailored to the needs of those areas, but there is another side to this and this is for there to be a greater understanding in depth from the sources of the news of what those regions and localities actually need, but on a topical basis, not just knowing that in the South West the main interests are X, Y, Z and in the North East they are whatever, but much more what the trends, views and thinking in those regions and localities actually are. Mr Ottewell suggested that there could be somebody who was quite senior and really understood how news could be received and delivered locally, but maybe that same person could also send another set of messages in the opposite direction, as it were, back to the sources of the news so that they were much more appropriate in a topical way to the audience that was going to receive them. I do not know if there is any way that that could be enhanced or whether it would not be a very easy task.
Mr Ottewell: I sort of agree with the thrust of what you are saying basically. The reason I was talking about having a single person who could do that, and, if you are asking for one way I would like to improve

things, that would be top of my wish-list, as I said, it is because there is maybe a breakdown somewhere, I do not know why, between us knowing what we want, the Government saying it knows what we want and trying to provide us with what we want and yet it does not happen. Just to say something that would also sort of tie it in with the lobby discussion we were having, I am not in the Lobby and I think Chris said that one thing he wanted was better informal communications with the regions, I completely endorse that and that was kind of what I was getting at with the idea that you can have one person, a point of contact, who could do that. Now, perhaps it should not be necessary to have one person doing that and perhaps the people based in London or wherever should just have a better appreciation of the regions and the needs and the nature of the regional media, but it is just not the case at the moment, I think.

Q289 ***Baroness Scott of Needham Market:*** I had a whole raft of questions which I think I probably do not need to ask because my sense from what I have heard so far is that you do not believe that there is either a coherent set of structures which enable this communication to take place, nor is there a real culture of wanting to make it happen. I do not know whether that is fair, but that is certainly what I picked up, so I do not really think we need to explore that any more, but I just wanted to make a comment about this regional minister question and about whether that had made a difference. You said it had worked in some areas and not in others and I am just wondering what makes it work, what are the characteristics of where it works? Then the second question I wanted to ask was that so far we have talked about the regional impact of national policy, but what about when there are stories of national interest, but which are regional-specific, so something, for example, like flooding in Gloucestershire which is a story the whole country is interested in, but it clearly has particular ramifications for the area, so what is your experience of communications in those sorts of stories which are emerging quickly?

Mr Ledwidge: First of all, what makes it work in some regions with a regional minister and not in others, I would not like to say because I do not have direct experience of that, but I suspect it is down to the energy and the commitment of, and the time available to, that regional minister and his or her press team. In answer to the second question about floods in Gloucestershire last year, this actually is an example of where I think Defra did well and I have had conflicting views on a number of government departments from the people I have spoken to around the BBC and in the regions and Defra is praised by some and then others say, "Well, it depends which press officer you get. They don't seem to know about our region or the significance of that area of agriculture", et cetera, but on the flooding, the Defra flooding website was praised last year and newsrooms were using that quite a lot. I have to say, our BBC websites were also incredibly good at that time and I know that at least one water company was using that for their information about what was happening in their area, but the ministers concerned did absolutely get the importance of reaching local audiences in Hereford and Worcester, Gloucestershire and the other affected areas, and I know that Hillary Benn, for example, the Secretary of State, did individual interviews, a number of them, for those local radio stations and also, I know, without wanting to quote him, it reminded him how important the local media were, and local BBC is, at a time of crisis.

Mr Ottewell: If I could maybe throw in a more political example, you will obviously be aware that Manchester was chosen as the site of the first regional casino and we all know what happened there, but what was interesting around that time is that obviously that was a local story of national import and what tended to happen then was that various key national newspapers were clearly being briefed and well-briefed on developments a long time before we were. Now, to me that is totally unacceptable, that we cannot get the information they are being given when it is something which, okay, it is an interesting talking point, it has moral dimensions and so forth, but for the people of Manchester that was thousands of jobs in a very deprived area and it mattered more to us and yet we could not tell them exactly what was going on, although the *Daily Mail* and *The Daily Telegraph* were being extremely well-briefed, so for months they were in complete limbo.

Q290 ***Chairman:*** Were the *Mail* and *Telegraph* stories accurate ones?

Mr Ottewell: They were accurate and I was getting the same briefings from Manchester, but I was getting them much later. Basically, I was chasing them and trying to get information second-hand.

Q291 ***Lord King of Bridgwater:*** Actually that story was as big a story in Blackpool because it was not going to Blackpool as it was going to Manchester and it was not going to the Dome.

Mr Ledwidge: That was a big story for us as well, *North West Tonight* and Radio Lancashire for Blackpool and Radio Manchester for what was happening or not going to happen in east Manchester.

Q292 ***Chairman:*** I hear what you say about basically the Minister driving the agenda in a sense at the regional level if he is the Minister for a particular area, and he certainly can do that by saying, "I want to be on this, I want to be on that", but, if he has got a weak team, there is nothing much he can do about it, is there, from memory? A Minister certainly cannot start changing the team, so, if the team is weak, it is all down to the director of communications or whatever and it is not really down to the Minister. Do you see the point I am making?
Mr Ledwidge: Yes, but I would have thought the Minister ought to realise, and you obviously know this far more than me having been Secretary of State and a Minister, but there must be a realisation at some point that things need to improve and things need to change from within the departments, I would have thought, but yes, maybe the team needs changing if things are not being acted upon.
Mr Ottewell: I do not know what Chris's experience is, but from the North West's point of view, to be honest, the appointment of a regional minister has made very little difference to media output, but I do not know what your experience is.
Mr Fisher: I agree with that. Frankly, my paper has not really taken the appointment of a regional minister very seriously, partly because she represents a seat in Hertfordshire and that is regarded as a long way away from Norwich, but not entirely for that reason; there just is little impact and little difference.

Q293 ***Chairman:*** I suppose partly also because he or she is not really a regional minister in the sense that all the decisions are taken by different departments and they are not actually taken by the regional ministers. They are there to explain policy and to defend policy.
Mr Fisher: I think it is seen as just an example of tokenism, to be honest, my Lord Chairman.

Q294 ***Baroness Howe of Idlicote:*** What I have been listening to is absolutely fascinating, but on the subject of just what effects the lobby system has on all of this, it has left me a little more confused, I have to say, because we certainly had evidence that the lobby system encourages unhealthy closeness between government and a small elite group of journalists. That was one set of evidence which certainly did not seem necessarily to be agreed by everybody, but nevertheless, it gave rise to anonymous briefings around the place, but that seems to happen whatever system you change, that it goes back to governments finding a way of getting their messages out and indeed journalists finding a way of getting the information that they need. Looking at what is happening regionally and locally and listening to what all of you have said, I have remained really quite puzzled. You have referred to the problems you have as being ongoing and each one of you has given some interesting examples of how it could be improved, but you have not had any proper reaction from government or from officials and so on. To me, the whole business of regional and local is crucially important. We have had evidence of specific instances, but, if it is this important and if your role is so important, why have you not got a list of priorities of what changes you would like to have in order of priority and then, between you all, agreeing whatever the priorities are, and then the people in the particular areas that you need with the skills in communication about what is important and so on? Am I being over-critical of the fact that I do not think you have got as far as I think you ought to have got with how government treats you?
Mr Ottewell: As Chris said, lobbying goes on all the time with government to change things and we will always get positive—I know my editor has made this point countless times at various levels and he will say, "This is what we need", and there will be the suggestion that things will change, but, for whatever reason, they do not. For example, on the issue of more access to prioritising regional media when Secretaries of State are doing interviews, for example, there will be a suggestion, "Oh yes, sorry, we shouldn't be leaving you out. We should be prioritising you when it is a regional visit", but then that does not happen in practice. We can point out that this was supposed to have happened, but at the end of the day a special adviser is going to do it the way he wants to do it basically and will say, "You, you, you", and then you are at the end basically and that carries on, so it is a cycle really where we will raise it, they will say, "Oh okay, we'll fix it", but then it does not happen on the ground and nothing ever seems to change or certainly not significantly. On the other point with the lobby system, I am not a member of the Lobby, but we do have a lobby correspondent. I have no problem at all with the Lobby, I think it is a necessary evil, I think it does work to some extent and there is not really any other way of doing it. However, I do not think it should be at the expense of regional correspondents being able to get access to that same information.

Q295 ***Baroness Howe of Idlicote:*** So how would you change it? You would say that all of you should be members of it?
Mr Ottewell: Well, not necessarily, but I think there is a sense that people think that once the Lobby is satisfied, the press are satisfied, and I think that is the problem. The problem is not with the Lobby for me, but it is that once that is done and dusted, I want to still be able to phone somebody who can tell me what is happening without their saying, "Well, you are not in the Lobby".

Q296 ***Chairman:*** You are based in Manchester?
Mr Ottewell: Yes, correct.

Q297 ***Baroness Howe of Idlicote:*** What about, for example, if somebody said that some Ministers at specific times did hold regional briefings or briefings for regional representatives? Is that a good thing?
Mr Ottewell: For me, that would be perfect. If there could be somebody based in the region who was empowered to give basically all the same information that would come out of lobby briefings, it would be absolutely marvellous for me, but it does not work that way. The way it works at the moment is that lobby briefings happen and that is basically it and then it is very difficult for me later to try and get the information, so, if for any reason our lobby correspondent is not there or whatever, it is very difficult for me to get that level of information at a later date.
Chairman: If lobby meetings were televised, you would be able to look in when you wanted to.

Q298 ***Baroness Howe of Idlicote:*** Well, that would be one way, but is it the same as the more personal contact?
Mr Fisher: It is not just a matter of the Lobby. I will defend the Lobby.

Q299 ***Chairman:*** You are a lobby member?
Mr Fisher: Yes, and I do not regard it as an evil, by the way. As I say, I think it is essentially democratic in that sense, and I wish more regional papers were represented in it. But it is not the only government communication system operating here. There is, as I have mentioned a couple of times before at least, another sort of provisional wing, if you like, of the government information service at Westminster and that is less democratic, and maybe I can give you an illustration. Last Thursday, I could not get there because I was dealing with a phone call, but I know that at the 11 o'clock lobby briefing the spokesman for Number Ten refused to take any questions about a government reshuffle. But I know that already by then at least two national paper political editors had received messages tipping them off to expect things to start happening by about teatime that day. Well, actually it did not happen then, but events took a different course and it was delayed until Friday, but, if they are receiving those phone calls tipping them off to expect a Cabinet reshuffle to start later in the day, why am I not receiving that call?
Chairman: Which is rather an important operational point for you as well, is it not, because, if one of your Ministers is being shuffled, you want to get it into the evening newspaper? I remember getting into terrible trouble with the *Birmingham Evening Mail* for not telling them when I was about to go.

Q300 ***Baroness Howe of Idlicote:*** But, to go back to my main point before obviously others want to join in, why do you think you are not being as powerful as I think you ought to be? I really am fairly amazed at the lack of your getting your way in quite a lot of these things.
Mr Fisher: I think there is a culture here which, as I said earlier, just does not get or understand the regional press, and it is significant. It just does not understand it.
Mr Ledwidge: Just to give examples, you say, "What are your priorities? What are you doing about it?", here is something. We are in a very fast-moving news environment and we are dealing with many, many stories a day. The Ministry of Defence, to take an example, may make a statement, publish a press release about the movement of troops. We have said, members of my team, "Look, please do tell us where they are coming back to. Are they coming back to Catterick? Are they coming back to Colchester?" Squadrons, battalions, we need to know where they are so that we can target the information to the particular station and region concerned. It is such basic practical stuff sometimes. It sounds almost mundane, but we need to get that kind of very basic information into all government communications, but we do say this and then one press officer gets it, but the next may not know, so it is not as though we are all being passive about what is a problem, but it is not a problem absolutely everywhere and, as I say, the overwhelming view is that there have been improvements.
Mr Ottewell: But they do prey on our goodwill slightly as well, do they not, in that they know that we do want to be ultimately a paper of record in a way perhaps not all the nationals do, so, if there is a visit, if there is an announcement, we do feel an onus on us and that is one of the reasons, as I think somebody mentioned earlier, that we are slightly more trusted than national papers because we do make an attempt to be a paper of record and they know that. I think they know that, even if they give us the bare minimum, they have still got a reasonable chance of getting coverage, and I think that is really almost an abuse of our goodwill basically because they should not be giving us a worse service just because they can rely on us doing something for them.

Q301 ***Chairman:*** How many lobby passes does the BBC have?
Mr Ledwidge: I will have to check on that. I would not imagine more than about a dozen, but I am not certain.

Q302 ***Chairman:*** A dozen?
Mr Ledwidge: I will have to check on that, Lord Fowler, and I will come back to you with an answer.

Q303 ***Lord Grocott:*** I was going to ask something very similar. When Chris Fisher said that he thought it would be nice if there were greater access to the Lobby by regional journalists, what is the ceiling on this and how are they allocated? Is there just a finite number of lobby passes? Certainly when I had anything to do with it, this is how it seemed to operate, that historically almost they are frozen in time between the various news outlets, and some maybe get more passes than they need and others get fewer, but is there a finite number? Question two then is what is the reason for that finite number, because I do not think it can be surely just the physical number of people who can go to the Lobby, but is every seat taken every morning and afternoon?
Mr Fisher: I do not think there is a finite number.

Q304 ***Lord Grocott:*** So, if you applied for another couple of lobby passes from Manchester or the North East, as far as you know, they would be granted?
Mr Fisher: As far as I am aware. The problem is more one of regional papers sort of ending their representation in the Lobby. That is more of a problem at present. Perhaps I can give another illustration of where, in my opinion, it goes wrong. One of life's irritants for me is the so-called "op ed" or opinion editorial by which an article will be written supposedly by, but in reality for, a minister or a top opposition politician. It will try to sort of regionalise a national policy issue, but these articles are usually absolutely hopeless, of very poor quality, absolutely patronising and often one senses that the words, for example, "West Midlands" have been scratched out and "East Anglia" have been put in and that is about as close a reference to what is going on in the eastern region as you can get. They are so poor that my paper almost refuses on principle to run them. Surely the government information system and indeed opposition parties can do better than this.

Q305 ***Chairman:*** Okay, that is the challenge for the politicians. We have kept you past your time, but is there anything you want to add, any further way you think that things can be improved as far as the regions and coverage are concerned?
Mr Ledwidge: One thing that I ought to mention which some of my colleagues in the BBC around the country mentioned, and we have not spoken about, is the regional development agencies, which are substantial players now in many regions both in terms of the influence they have and the money they spend. One point that was made to me was that the press offices in those regional development agencies, an arm of government, if you like, are ultra-cautious and it is hard to get interviews with people from the regional development agencies and there is a reluctance to appear sometimes or to be providing information that can then help a programme or a news outlet. I think again it is a case of greater engagement within those regions between the press offices and the regional media and a greater trust needing to be built up between them.

Q306 ***Chairman:*** That is fairly important, is it not, because the regional development agencies themselves can be criticised for not being sort of 'democratic' institutions at any rate and, if they were then secretive as well, that just kind of underlines it all?
Mr Ledwidge: Well, yes, I think that is right and maybe there is nothing to hide, and I am sure there is not, but there is this element of caution, as I said, which a number of people have mentioned to me.

Q307 ***Chairman:*** Okay. Anything from your side, Mr Fisher? You have been pretty frank about your views.
Mr Fisher: Well, I hope I have not appeared negative, my Lord Chairman, but I thought it was probably best to say things as I see them.

Q308 ***Chairman:*** We welcome that.
Mr Fisher: Can I just say this to illustrate the sort of lack of clout of regional papers: that my paper has been campaigning since 1984 for an all-motorway and dual-carriageway road link between London and Norwich. Norwich is widely perceived as the regional capital, it is little more than 100 miles from London and, as I say, my paper has been banging away about this for 24 years and that road link is still not there.

Q309 ***Chairman:*** Mr Ottewell, what about you?
Mr Ottewell: I guess I am actually quite pleased that you are all puzzled as to why nothing has improved, despite the so-called power of the regional lobby, because we are too basically, so I am actually pleased about that. I hope that the key thing that will come out of this is that the Government will take these issues seriously, and also the other message I would want to give is that a few key people in an area like the media can make a huge difference.

Q310 ***Chairman:*** Yes, I think that is an important point. Well, many, many thanks for coming. I apologise for keeping you past the time on quite a busy news day—the Chancellor of the Exchequer, I see, is up in the Commons now at this moment—but thank you very much. If we have got any other points, we might write to you on those.
Mr Fisher: Thanks very much and thanks for inviting us.

Supplementary letter from Mr Bob Ledwidge, BBC

I would like to thank you for inviting me to answer questions last week as part of your committee's inquiry into Government Communications.

One of the specific questions you asked was 'How many lobby passes does the BBC have?' I wasn't sure, but promised to write and let you know. The answer is 30, and that figure includes all the BBC's Regional Political Editors around the country.

Lord Maxton asked whether the 5.1 million audience figure which I quoted for the 6.30 pm Regional News from the previous Friday night (3rd October) included Scotland, Wales and Northern Ireland. I confirm that it does. He also wanted to know the breakdown for the Nations. The answer is that within the 5.1 million average total who watched the slot in the UK there were 486,000 viewers in Scotland, 212,000 in Northern Ireland and 134,000 in Wales.

Finally, one subject which we didn't get to in the session was the importance of up-to-date internet information for journalists. The majority of BBC Political Editors I've spoken to around the country think there has been an improvement in this area by government departments. However, most believe the navigation and signposting on government sites could be a lot easier.

One told me that sometimes it's "mind blowing trying to find the right regional information in a useable form", with statistics lost in massive reports. On the other hand, one told me there was a good GNN regional site detailing the government's house-building targets for his region with an easy-to-read breakdown *by local authority area*. All agree there's a huge appetite for regional and local breakdowns of figures on many subjects which isn't being satisfied. As we indicated to the committee, a top line statistic for an entire government region, whether it's on hospital waiting lists or house re-possessions, isn't really enough for the local media to tell the story accurately and make it locally relevant.

I hope this information helps, and I wish you luck with your report.

16 October 2008

WEDNESDAY 15 OCTOBER 2008

Present
Eccles of Moulton, B
Fowler, L (Chairman)
Grocott, L
Howe of Idlicote, B
Inglewood, L
King of Bridgwater, L
Manchester, BP
Maxton, L
McIntosh of Hudnall, B

Examination of Witnesses

Witnesses: Mr Nick Gurr, Director-General of Media Communications, Ministry of Defence, Mr Ian Hargreaves, Strategic Communications Director, Foreign and Commonwealth Office, and Ms Sian Jarvis, Director-General of Communications, Department of Health, examined.

Q311 ***Chairman:*** Welcome. Thank you very much for coming. You know what we are about. We are conducting an inquiry into whether the government communications system is open, impartial and relevant to the public. We are obviously looking at the Phillis report and whether things have improved since then and whether the culture of secrecy and partial disclosure, which was identified, has been changed and other issues which go with that, including the relationship between special advisers and civil servants. We have got all your biographical details. Mr Gurr, I think you are the only one who has been in the Department of Defence for some time, have you not?
Mr Gurr: Yes.

Q312 ***Chairman:*** In the sense that you are—
Mr Gurr: —an administrative civil servant, yes, or I was until I took up this post.

Q313 ***Chairman:*** Did you cease to be an administrative civil servant then?
Mr Gurr: For the duration of this post, yes.

Q314 ***Chairman:*** We will come back to that. Ian Hargreaves, do I not remember you from journalism? Were you not a journalist? You are turning now from poacher to gamekeeper, are you?
Mr Hargreaves: I hope that I am not literally turning at this moment, my Lord Chairman. You remember me from the time when you were Transport Secretary and I was the *Financial Times*' transport correspondent.

Q315 ***Chairman:*** I knew it. I knew there was some wound I had!
Mr Hargreaves: I was hoping you might have forgotten that! Most of my career has been in journalism, with the *Financial Times*, the BBC, the *New Statesman*, but in latter years I have spent a period running the journalism school at Cardiff University and then doing two large communication jobs, one for BAA plc and now for the Foreign and Commonwealth Office.

Q316 ***Chairman:*** Are you a regular civil servant?
Mr Hargreaves: I am.

Q317 ***Chairman:*** So you have joined the Civil Service?
Mr Hargreaves: I have.

Q318 ***Chairman:*** Sian Jarvis, you also were a journalist, you have worked in television and radio, but you have been Head of News in the Department of Health since 1999.
Ms Jarvis: I joined from GMTV. Before that I trained at the BBC as a journalist. I joined as Head of News in 1999 and in 2001 I was promoted to Director of Communications at the Department of Health, and then about two years ago I became Director-General of Communications.

Q319 ***Chairman:*** What is the difference between all those titles?
Ms Jarvis: It is a restructuring of the Civil Service. The director-generals are the most senior level of management before the permanent secretary and directors are now the next rung down and then we have deputy directors after that.

Q320 ***Chairman:*** We asked the Cabinet Office in early July for information on the number of communications staff costs. We gave them a generous deadline of 16 September and we received their reply at 6 o'clock last night, which does not say too much for the speed of government communications. Obviously we have not really been able to digest in that time that which has been said. I am not blaming you for that. How many communications staff do you have? How many of those are press officers or dealing with the press, and what does it cost?

Mr Gurr: Perhaps in the interests of making this answer as understandable as possible I will come at it in slightly bite-size chunks. My central communications budget, as the Director of Communications in MoD responsible for the central communications organisation, is about £15.6 million. I have about 180 staff in my organisation, 28 of whom are national press officers and eight deal with the regional media. The rest are a combination of support staff, photographers, graphic staff and people dealing with websites. We also have a training organisation and a deployable media operations capability that can be sent to operational theatres to provide a media capability there. All of that is included in the 180 people who work for me. There are a further 157 staff in the MoD whose prime role is communications who do not work for me. These are people who are in the service commands, places like the Meteorological Office, the Hydrographic Office, our Estates Organisation and the Equipment and Support Organisation. We have not got a total figure for how much these people cost, but my best estimate—

Q321 ***Chairman:*** So that first figure of £15.6 only covers the 180, does it?
Mr Gurr: Yes. The best order estimate I could give for the others is about £15 million. If you add all of this together you come up with a total of about 337 people across defence as a whole and a budget of about £30 million, which is less than 0.1% of the defence budget. I like to think that everybody in defence has some responsibility for communications. For example, we have public relations officers in every regiment or on every ship but they were not included in those figures. They have other primary duties and just do communications as part of an overall task which focuses on a number of things.

Q322 ***Chairman:*** In that total of 157 would roughly the same proportion as the proportion for the 180 be dealing with the press directly?
Mr Gurr: It is difficult to say. I think it will vary from organisation to organisation. In the Met Office, for example, where they have got quite a big and regular dealing with the media, it probably will be of that order. In some of the other parts, for example, defence estates, there are probably more people dealing with internal communications and websites. It will vary across the piece.

Q323 ***Chairman:*** We will come back as the questioning goes on and examine some of this, but let us just get a broad picture first. What about the Department of Health?
Ms Jarvis: In the Department of Health we have 30 press officers who deal directly with the media. With administrative support that is a total cost of £2 million. Overall and included in that number we have 122 communicators and they do a broad range of jobs, marketing, so all the public health campaigns like obesity, alcohol, smoking, but also included in that are recruitment campaigns, social care and NHS. We do branding. We have a team that specialises in NHS comms and managing the network of NHS communicators. We have a digital team who manage the websites and other social marketing developments, publications and printing and internal communications for the Department of Health. Our total budget, including the public health campaigning for 2007/08, was £45 million.

Q324 ***Chairman:*** Am I right in saying that you have 30 press officers and 122 other communicators?
Ms Jarvis: No. The 30 is included in that number. One hundred and twenty-two is the total number of communications people, and 30 of those people deal directly with the media.

Q325 ***Chairman:*** Your 122 cost £45 million, is that right?
Ms Jarvis: No. That was for the campaigns. The actual bill for staffing, in other words the admin budget, is £7 million. The 122 people cost, including their travel and expenses and that kind of thing and training budget, just over £7 million to be employed.

Q326 ***Chairman:*** And the £45 million?
Ms Jarvis: That is programme spend so it will be the campaigns, websites, all that kind of thing.

Q327 ***Chairman:*** Obesity would come under that, would it not?
Ms Jarvis: Yes. This coming year we are going to be spending £23 million on obesity. The overall budget for obesity over three years is £75 million. That is what we have earmarked but obviously we have not spent that yet.

Q328 ***Chairman:*** So £25 million you are spending on obesity, are you?
Ms Jarvis: That is for the forthcoming year. In those figures we only spent £1 million on obesity in terms of preparing for the campaign.

Q329 ***Chairman:*** I am glad to see the health budget is just as obscure as when I was there! Ian, what are you spending?
Mr Hargreaves: The number that I think is most comparable to Nick's 50 and the lower number that Sian gave you is just under £11.5 million, which is what we spend on running a press office, that is, internal communications, public diplomacy and the money that is directly able to be spent by myself and my colleagues. The press office within that, as you can see from the White Book numbers, in recent years has

come down in size, I think the current White Book number is 16, but the actual number of people who work in the press office in one way or another is closer to 30. That includes, for example, press officers who specialise in Urdu language work and in Arabic language work in London, that is the London team. The total budget for which I am responsible is considerably larger than that, it is £497 million a year, but that is because I have managerial responsibility for the Foreign Office's funding relationship with the BBC World Service, with the British Council, with Wilton Park and with the scholarship programmes that the Foreign Office runs. Clearly that is a very large number, but it would be a mistake to confuse that with something to do with press officers or whatever.

Q330 ***Chairman:*** You have got 16 regular press officers, have you?
Mr Hargreaves: That was the number at the official census in the White Book. It moves around a little bit. It is a team of almost 30 people if you take into account the people who provide support services like photography and various web-related activities and other things that these days you need in a press office other than individuals who can take telephone calls and make telephone calls to journalists.

Q331 ***Lord Inglewood:*** In terms of your figure for press officers, that does not include people based in embassies outside this country dealing with the press and the media abroad, is that right?
Mr Hargreaves: It includes the London team only, yes. We have a global network of just under 250 UK missions overseas. Large missions have got substantial communications capacity. With small missions the communications task is part of an individual's job who will be doing quite a lot of other things as well. That is not a number that we have computed.

Q332 ***Chairman:*** We might ask you to do so.
Mr Hargreaves: We could do that. It would be an estimate.

Q333 ***Baroness Eccles of Moulton:*** Do your 122 communicators have anything at all to do with the rolling out of the massive communications system between all patient health records?
Ms Jarvis: No. It will do in time. We are actually just transferring that team into our team, but that has not happened yet.

Q334 ***Chairman:*** Let us concentrate on the press for a moment and relations with the press because otherwise we might go all over the place. How do you define your role in dealing with the press? Are you there as public relations officers for any government? How do you avoid being dragged into politics? Is it really your job to fight out there for Ministers' policies? Is that how you regard your role?
Ms Jarvis: The rules around the Code of Practice for civil servants are quite clear and they were revised in 2006. It is quite clear from that that we do have a duty to explain and to defend government policy and to promote it to the public but obviously we would not do anything political. In many ways that is why it is very useful having two special advisers in the Department who we can call on, so we do not get dragged in to any political activity at all. Any work of that kind is given straight to the special advisers.

Q335 ***Chairman:*** So much of what you do in the Health Department is political. How do you make that division?
Ms Jarvis: I think you can make the division. Obviously something that is party political is quite obvious. If you are opposing Opposition policies, for example, that is not something that we would do, but if the policy is open to scrutiny then it is our job to defend it. We also have discussions around when is something actually a managerial issue. Obviously the media always like to—and tend to—turn everything into a political issue because the NHS has become a bit of a political football. Quite often, if it is an operational issue around infection rates or financial spending stories, then wherever possible we get the Chief Executive to present and to defend those issues. Increasingly what we have done is we have a whole number of national clinical directors who have as their subject area maybe cancer, mental health or older people and they are trusted voices to the public and they are able to present stories in a way that is not always entirely political.

Q336 ***Chairman:*** So you are not just responding, are you? You say you defend the policies. Does that mean by any means basically? Even if the policy is wrong you defend it, do you?
Ms Jarvis: Our job is to actively promote and to explain government policy and I guess to a degree there may be an element of defending it because in explaining it you are trying to make the case for why it works.

Q337 ***Chairman:*** That was the word you used.
Ms Jarvis: Yes, I did use the word defend.

Q338 ***Chairman:*** When do the two special advisers come into play?
Ms Jarvis: We have a close working relationship with the special advisers. In health we have a very good relationship with them. Every week we meet for a formal meeting where we go through our long-term planning grid, so we will go through the stories that we know are coming up for announcement that week

or indeed for the next few weeks and we are able to have a discussion about that. It is useful to have them at the meeting. We also have the Secretary of State's Private Office there so that if our discussion should stray into issues around policy or questions of policy then the Private Office is able to pick those up. As the Private Office works closely with the Secretary of State they have a very clear view of what is in his mind and they are able to bring that to the table which saves a lot of time sometimes.

Q339 ***Chairman:*** And the special advisers would deal with a ministerial speech in a party context, for example, a party conference or something of that sort?
Ms Jarvis: If it was in a party context we would not be dealing with it. If there was a speech, for example, and there was a section which was quite blatantly political, we would not publish that either. We would ask the special adviser to put that out through the party. We are very clear about those dividing lines.

Q340 ***Chairman:*** What kind of paragraph would that be that you would excise?
Ms Jarvis: If it related directly to the Opposition, for example. If it was an attack on their policies specifically then we would not put that out.

Q341 ***Bishop of Manchester:*** One of the largest factors that I imagine your Department is going to have to cope with sooner maybe rather than later is the pandemic flu. I imagine that is going to be a far greater factor than the obesity issues that you are dealing with. How are you coping with the plans for that issue in terms of communications and indeed budgeting?
Ms Jarvis: We have got very well prepared plans. We have a pandemic board which either I or one of my deputies sits on, and we have a whole grouping of scientists, so we have a communications plan in place. We also have a strategy for dealing with pandemic flu. I have not got the budget figures for that here but I can get them to you.

Q342 ***Lord Grocott:*** A huge proportion of your communications work presumably is information that needs to reach the public. We talk about press officers and the press and relations with the media and everything else, but with all due respect to our friends in the press, from your perspective and the public's perspective they are simply the conduit which may or may not work. Obviously think pieces and everything else come en route, but there are huge areas of your policy where it is absolutely vital that the message gets to the public. How important are the media to you in that crucially important area of your communications strategy? Are they a help or a hindrance? Secondly, is there any way in which you can differentiate in your budget that part of the budget which is dealing with the media and that part of the budget which is dealing with the public? I suppose my prejudices are inherent in the question. I think it is very important the public knows.
Ms Jarvis: I will take your first question first. Sometimes they are a help and sometimes it feels like they are a hindrance. I think for us in health it is a slightly different engagement with the media because obviously we are a huge public service. We treat one million patients every 36 hours. There is a point at which with the information that we are putting out, whether it is through the media or directly to citizens, we cannot go far from the truth because people will see it with their own eyes and obviously they have their own experiences and so if we do get it wrong then we are going to hear about it very quickly. We have a huge respect for the media, we have very good working relationships with the media, but we also endeavour to get out direct information to the public wherever possible, perhaps through our new website. NHS Choices has been a fantastic innovation that went live in 2006. The public are able to go on there and get information about their local hospital. They are able to see and compare MRSA rates, for example. They are able to make informed choices based on information like that. They are also able to get information on 700 different conditions, but for those who cannot access NHS Choices, GPs are able to download information in a user-friendly way so that they can hand it to patients as well. We have got a whole range of communications where we try to speak directly to the public. We are very clear about the budgets.

Q343 ***Chairman:*** I just want to go back to your attitude to the press and how you define your role. Ian, what do you think?
Mr Hargreaves: I think anybody who has worked most of their life in journalism, as I have, knows that probably the most valuable thing you can get from a press officer in any organisation is speedy, accurate information which deals with the gaps in your knowledge that you have when you are doing the story. That is undoubtedly the most valuable thing that our press officers provide. Therefore, there is a high premium on a balance of expertise and access to expertise in a very tight time-frame. On the issue of whether that is promoting or defending government policy, I think that inevitably and correctly it is. If the public is to understand what the Government's stance is on the conflict in Afghanistan, for example, then press officers have a role to play in explaining the circumstances on the ground in Afghanistan as best that we can. We work very closely with Nick and his colleagues in that. It is a balance of information and context. Does that stray into something unacceptable? As Sian says, we are governed by the

Civil Service code and I think that everybody who works in our press office is very clear about what the rules are.

Q344 ***Chairman:*** Speedy and accurate information is quite a good way of putting it, is it not? It has to be accurate.
Mr Hargreaves: It does indeed.

Q345 ***Chairman:*** How do you do it in Defence? How do you view your role?
Mr Gurr: I would agree very much with what my colleagues have said. One of the important changes that have been brought about in recent years as a result of Phillis and also the work that Howell James did is that we are engaged now right at the beginning of policy formulation, we do get involved from the outset and we are consulted throughout. That was not necessarily always the case. It certainly was not the case when I was in policy jobs a decade or so ago. Through the process that we have now it is much more likely that if a policy does have presentational flaws which might in turn mean that it has flaws full stop, we can discuss those at an early stage and they can be factored into that policy as it is worked forward. Above all what I want is a productive relationship with the media where they feel that they can come to us and get accurate, timely advice on the issues that are of concern to them. Over the last couple of years we have put a huge amount of effort into rebuilding a relationship with the media, which I think had suffered quite considerably at the time of the Iraq War and the events that followed that, and I think we have made an enormous amount of progress. I would echo Ian's point about expertise in the press office. Sometimes the media will want to speak to somebody who has got current military expertise, and we make sure we have people who have got that and can talk from that experience. In fact over the last year or so we have doubled the number of military officers in our press office so we can provide that.

Q346 ***Lord Maxton:*** Ms Jarvis, an obesity campaign is not just a matter for your department, although the health issues are, the educational issue in terms of getting children to eat properly is a matter for the Education Department. How closely do you work with your equivalent people in other departments?
Ms Jarvis: We work very closely and very well. Obesity is a very good example because I think it involves six different government departments. We decided that the most effective way of doing that, apart from email, is to have a monthly meeting actually specifically on that issue. So while we have the directors of communication meeting where we discuss a whole range of topics, we have also singled this out as being a particular issue that we want to focus on. We have a network of communicators and a network of policy officials as well, and we share PSAs as well on this particular issue.

Q347 ***Chairman:*** We have had evidence from journalists which probably has been brought to your attention. We have had evidence from Tony Collins, the Executive Editor of *Computer Weekly*, who did not seem particularly happy with the way that he had been treated by the Department of Health. He said that on one occasion he was actually excluded from a press conference on the grounds that the Department took the view that he would not be particularly interested even though it was about IT.
Ms Jarvis: I am aware of his comments and his criticisms. I was not in post at the time: I was on maternity leave, so I cannot speak first-hand, but I have spoken to my colleagues about this particular incident. There are some other facts of the case that I would like to put on the table which will help with the context, if I might do that. From time to time on particular issues we will organise bespoke briefings. If there is a big announcement obviously everybody is invited and we respect the primacy of Parliament and we make the announcement there first. Sometimes we want to bring a group of journalists up to speed on a particular subject and in this case we identified that the health lobby did not have as much information about the national programme for IT. That particular group of journalists, who work together a little bit like a pack, we invited in for a special briefing. We did not invite the trade press—Tony Collins is part of the trade press—because they had so much information about it. They wrote on it every single week and had intimate knowledge of it. So Tony Collins was not invited, he was not on the list. We had not made arrangements for him. Had we invited him we would have had to invite all his trade colleagues. The daily press officer who was handling the event excluded him because he was not on the list.

Q348 ***Chairman:*** You had an expert in computer science there who was actually following the national IT programme.
Ms Jarvis: We were giving very basic information in order to bring health correspondents up to speed on the subject. There would have been nothing that he did not know. If he wanted to have a specific meeting with the official or the Minister, that is something that we would have considered.

Q349 ***Chairman:*** You made this contrast between national and trade press. You could say the trade press is actually rather expert press, could you not?
Ms Jarvis: Yes, you could call it expert press as well.

Q350 ***Chairman:*** Do you really think it is justified to physically exclude someone from a press briefing?

Ms Jarvis: There may well have been better ways of doing it, but he was not invited. We did not set out to exclude him, but we did not set out to invite him because it was a bespoke briefing organised for another grouping of journalists. I would also add that not only do we have the specialists or the trade press, we have the health lobby and they have very different deadlines, different interests, different angles on stories from the political lobby and also from the regional and local lobby. We try to respect their differences, which is what they ask us to do, and we try to treat them in a different way in order to give them what they need.

Q351 ***Chairman:*** It did not cross your mind that you would get a nicer story if you did not have an expert there asking awkward questions?
Ms Jarvis: It was not about getting a story. It was a background briefing.

Q352 ***Chairman:*** Background briefings normally lead to something, do they not, otherwise it is a waste of time?
Ms Jarvis: We sometimes call them fireside chats or background briefings. We do them on a regular basis in order to make sure that journalists have a lot more information and context. Obviously they are busy people too, but we like to give them the opportunity, for example, to speak to national clinical directors about a particular topic area like cancer so that they get a much better understanding. We are educating them about what might just lie behind the headlines.

Q353 ***Lord Inglewood:*** You mentioned that you have a number of lists. Who compiles the lists? Do you compile the lists or can any journalist put himself forward and say "I would like to be on that list" and have the right to go?
Ms Jarvis: Which lists are you referring to?

Q354 ***Lord Inglewood:*** You were referring particularly in the context of Mr Collins—
Ms Jarvis: The briefing for the lobby?

Q355 ***Lord Inglewood:*** There seems to be a series of different lists of people for different topics. Can anybody say, "I would like to be on that" and be asked, or is it you at the centre who compiles the list and says we want A, B, C, D and E on it?
Ms Jarvis: Anybody can be on our standard list for the issuing of press releases. They can also go to the website where everything is published. Anybody can be on our list for information that we send out on a routine basis. When we organise bespoke briefings that is exactly what they are. Sometimes journalists come to us and say they would like to be brought up to speed on a particular topic either of interest or because they feel that they have not got all the facts, and we will happily do that, whether it is with a leading official or sometimes with a Minister. Sometimes we organise briefings around particular topics because we think that it is something new. On obesity, for example, we will probably organise a background briefing, and we will also have the formal announcement, in which case everybody can come, but there will be people who perhaps have written about a particular subject or who we know need information, and for them we will organise bespoke briefings. If somebody has an interest they can call us, say that they have a special interest, put their hand up and we will make sure that they are on whatever list we compile for particular briefings.

Q356 ***Lord Inglewood:*** If this character had wanted to come to your briefing then what you are saying is he should have said, "I know you're doing this briefing. May I come?" and you would have said yes. Is that right?
Ms Jarvis: I still might not have said yes simply because it was a special briefing to bring health correspondents, who did not have much information, who did not have much understanding about the topic areas, up to speed.

Q357 ***Lord Inglewood:*** I can understand that. What I am trying to work out is where the initiative lies here. Is the selection with you or can anybody have the right to ask to come?
Ms Jarvis: Yes. He could then ring us and say, "I would like my own briefing", or "I would like a briefing for the trade press in order to bring us up to speed", and we would then consider that.

Q358 ***Chairman:*** So he would have to have a separate briefing, would he? According to his evidence to us, he did ring and he did ask whether he could go and he was told that the conference was full.
Ms Jarvis: That may well have been the case, because if we had organised a briefing for a certain number of people then there would only have been enough room for a certain number of people. I was not there at the time: I was not in post. I have tried to find out to the best of my ability what actually happened.

Q359 ***Lord King of Bridgwater:*** There is a rather more serious point that emerges out of this. You have just said that if somebody said they would like to have a fuller briefing with somebody or perhaps even talk to a Minister about something you would be happy to arrange it. The allegation Mr Collins makes is that he and his editor were told you were not happy with their coverage and unless they wrote more articles that the Department was happy with they would not get that access. Those were the bad old days, and without going over the bullying that used to go on and the allegations about what Alastair

Campbell was doing, I thought the new administration had cut that right out. Would you like to comment on that point?
Ms Jarvis: I think it is very difficult for me to comment. That is their allegation. That is not what I have heard in the investigation, but I am happy to investigate further. I think it is easy for people to make allegations and accusations. I am very proud of the press office and the way that they conduct themselves. I am sorry that in this case it seems to have caused offence. It certainly is not our intention to do so. It is always our intention to be as helpful and as open as possible and I absolutely underline that.

Q360 ***Chairman:*** Mr Collins is not the only person who has made a complaint to us. We asked Nigel Hawkes, the Health Editor of the *Times*, how he found his relations with the Department of Health, and "not particularly good" was his reply. He found himself agreeing with Adam Boulton, who had also given us evidence, saying that he would not these days ring departmental press officers to find out what was happening. Nigel Hawkes' main criticism -and he is a very experienced journalist—was that there has not really been any greater openness since 2004 and the Phillis report and that everything is trailed. When a report is coming out it is embargoed for a certain time but, nevertheless, journalists who are likely to take a favourable view of it are then told about it. He gave a number of examples of that, including the Darzi report, which was apparently trailed in every paper, and the annual report of the Chief Medical Officer. Do you preannounce things and trail things in advance?
Ms Jarvis: We always respect the primacy of Parliament, so we do not preannounce big announcements like the Darzi report.

Q361 ***Chairman:*** So how did it get into the press beforehand?
Ms Jarvis: We can put out information more generally about the fact that the Darzi report is coming and some of the themes that will be in it, and I think that is entirely appropriate. In order to promote government policy we want to get on to the front foot, but that is not making any announcements. The journalists are incredibly hungry. When you have got something like that coming in they are really, really hungry. They have got very good contacts. They will go to all sorts of sources. It does not take much to present a story that looks like it might be incredibly well briefed which is based sometimes on speculation or a perfectly sensible comment about maybe the themes that we are tackling or the problems that we want to address and it looks as if everybody has had an incredibly well-briefed story, which is not the case and certainly was not in the case of Darzi.

Q362 ***Chairman:*** The press stories on Darzi were wrong, were they?
Ms Jarvis: There was no detail about what was coming up. The thing about Darzi to remember is that it was not our information to hold on to. We launched a massive consultation which lasted for a whole year in designing Lord Darzi's policy. We had consultation events all around the country. We involved 2,000 doctors and 60,000 members of the public. We had deliberative events. I went to one myself where we were able to discuss local properties—that is, what did local people want from this report. What I am saying is that there is an awful lot of information out there. We had already briefed every single strategic health authority so that they were prepared. We were more open than I think we have probably ever been both with journalists and with the public and with clinicians and local managers. There was no sense that there was a secret story.

Q363 ***Chairman:*** When you say you briefed strategic health authorities, do you mean you briefed them on what was in the report?
Ms Jarvis: Yes, we did. We did not brief them on every single detail of it because obviously we had to go to Parliament first—

Q364 ***Chairman:*** You keep on saying that. It sounds to me as though Parliament comes a very long way down the list.
Ms Jarvis: Much of Phillis was about a much, much closer engagement with the public, putting the citizen at the heart of policymaking and the heart of service delivery. It strikes me that it is very difficult to do that unless you are very open with information. When it comes to the actual detail of reports that go to Parliament, obviously we make sure that in the detail of specific announcements and policies we respect the primacy of Parliament. I think the way that we handled the Lord Darzi report was extremely professional. We had very good coverage for it. It was embraced by doctors mostly. It was also supported by the public. We almost do not own it any longer is what I am saying so it is very difficult for us to be necessarily in control of every single detail. With Adam, I think it is a very unfair criticism: I know he described press officers as "puny". I do not know if it is worth me describing to you the context that our 30 press officers work in. On the news desk we have five press officers and they deal with between 10 and 20 health stories a day, sometimes up to 30 on any busy day. Each of them is taking 40 calls, and they are all trying to respond, for example, in Sky, to a rolling news deadline throughout the day and also, in terms of the national newspapers, they like us to have our lines and a response by 5 o'clock. These are very, very pressurised jobs. People work under

extreme pressure. I am incredibly proud of my press officers. They have huge amounts of integrity. They have an enormous sense of responsibility about the work that they are doing and they always try to do it to the best of their ability. I think in general, despite the three that you have picked out, we have an extremely good working relationship.

Q365 ***Chairman:*** They are not the three we picked out, they are people who gave us evidence.
Ms Jarvis: I agree.

Q366 ***Baroness McIntosh of Hudnall:*** The question I want to ask has a broader application than simply in relation to health. You have said several times that you respect the primacy of Parliament, which is admirable and part of what you should be doing, but what you are describing is an environment within which the primacy of Parliament is very hard to sustain. I wondered if you were aware of the evidence that we had last week from journalists within which it was clear that there is really no way of controlling information and retaining the integrity of formal structures about the way information is passed on because there has always been and there will always be a sort of parallel universe in which, as you yourself have just described, information is passed on, researched, dug out or otherwise brought to light through informal connections between journalists and people who are not necessarily under your control, in fact very often not under your control. Within that general environment what role do you see for your Department in terms of preserving some of the integrity of the relationship between Government and Parliament, for example?
Ms Jarvis: There are certain things that will be announced to Parliament where maybe after hearing from huge numbers of the public and doctors and all the rest of it about what policies they want in a particular area obviously Government nationally has to design a national framework for what the policy might be or enablers might be in terms of workforce, for example, money and those are issues that are in our gift. We do not brief on those facts before we go to Parliament. The information that I am talking about is really about getting a deep insight and understanding from citizens and from people who work in the service, who really understand what it is that they want—maybe the public do not always understand what they want and need—and need from their local services or in order to make behavioural changes like changing their lifestyle or diet, giving up smoking, for example. We have made dramatic improvements in getting to grips with that and we are making some very exciting developments which are shown in our tobacco campaign, for example. The things that we are talking about may come over as information. One woman who had recently had a baby was talking about her experience, for example, and how it was really important that she wanted to have the same midwife, she wanted that continuity of care. What we then had to do nationally was look at what all that meant. We wanted local strategic health authorities to publish their vision documents locally because they were responding to local need and local priorities. We then had to identify what were the enablers in policy terms that we would need to put in place to make sure that everybody could do what it was that they wanted to respond to the public. Those things were in our gift. We withheld that. We announced it to Parliament. I think that that there is a place for everybody in all of this, but we have to get closer to the public and to the citizen.

Q367 ***Baroness McIntosh of Hudnall:*** The thing that I hear coming out of what you have just described is an admirable, well-constructed view of how you manage that kind of information, but in terms of what the public hears and the quality of the information that actually gets into the public domain and circulates, the information that is really making an impact is not coming through those formal ways of managing information, it is coming through the informal structures and therefore your ability to control how it is received or even to influence how it is received is very limited, is it not?
Ms Jarvis: To be honest, I am not sure I really understand what your question is getting at.

Q368 ***Baroness McIntosh of Hudnall:*** Let us take the Darzi report. You have described your very careful management of the way that, firstly, the report was created, and in parenthesis I would say it sounds to me from the way you described it as though you and your team were very much part of the development of that policy, a point to which we might come back, but do not respond to that now.
Ms Jarvis: I would not want you to think that that is the case. We are talking about making a policy here and we are working very closely with policy, which is one of the Phillis principles actually.

Q369 ***Baroness McIntosh of Hudnall:*** Yes, it is. I simply say in parenthesis that it sounds to me as though that is happening from what you have described.
Ms Jarvis: I am sorry if I have misled you.

Q370 ***Baroness McIntosh of Hudnall:*** I do not think you should be sorry. The more important point that I am trying to get to is that all of that careful management and very careful iterative process that you have described between collecting public information, feeding that back into the policy process, codifying it and making it into something

that can then be announced is running in parallel with another kind of interpretive process that is going on through the informal networks that journalists have which is going out alongside your carefully managed information as another way of looking at the way that that policy has been developed. Is that not the case? It does not seem to me to be a very controversial thing to do. It is just a fact, is it not?
Ms Jarvis: You mean that the media are not then reflecting properly what it is that local people are saying or what it is that we are trying to do?

Q371 ***Baroness McIntosh of Hudnall:*** What it is that you are trying to get them or encouraging them to say is actually not necessarily what they are going to be encouraged to say.
Ms Jarvis: You might be right to a certain extent and I think that is probably why we have tried to find all sorts of other ways of getting information out to the public which are unmediated through the media—it is something that we cannot ignore—and through social networking sites, for example, we used Netmums and Mumsnet. As part of the Darzi review they were very, very closely involved. They held what they call coffeehouses where they have forums. We had Lord Darzi doing web chats on there. We are trying to approach it from all sorts of different ways to get that closer engagement.

Q372 ***Lord King of Bridgwater:*** Mr Gurr has come up through the system. You were an internal candidate for this. Mr Hargreaves, presumably you were appointed by David Miliband to the position and had an interview with him before you were appointed, is that right?
Mr Hargreaves: No. I was appointed by a Civil Service process.

Q373 ***Lord King of Bridgwater:*** You never saw the Minister before you took up your job?
Mr Hargreaves: I have seen the Minister. I have known the Minister for a very long time.

Q374 ***Lord King of Bridgwater:*** So you went through the Nolan process, did you?
Mr Hargreaves: Yes. Let me be precise about what happened. There was an open competition for an openly advertised post which took some considerable time. I was aware of that competition but did not enter it. When the competition failed to result in a decision that was satisfactory to the panel, which certainly, as you will recall from your own time as a Minister, does not involve the Minister or Secretary of State, that then led to a conversation between myself and the permanent secretary at the Foreign and Commonwealth Office in which he discussed with me whether or not there was a basis on which I would be prepared to take on this role that was consistent with the rules and procedures. There is a procedure which makes that possible but for a very limited period of time. I am on a two-year appointment which is technically known as a secondment and all of that was ratified by the Civil Service Commissioners.

Q375 ***Lord King of Bridgwater:*** Really?
Mr Hargreaves: Yes.

Q376 ***Lord King of Bridgwater:*** The Government has just published its reply to the Public Administration Committee today saying very clearly that the ultimate responsibility in public appointments rests with Ministers, and that remains paramount, and that Ministers must retain the right to choose. You are in a crucially important position for the Secretary of State and for the Ministers for the performance of that department. I find it extraordinary that you never saw him.
Mr Hargreaves: I am not saying I did not see him. What I am saying is that the process that was undertaken was that: that was the process that was undertaken. The basis on which I was then employed is the one I have just described to you.

Q377 ***Lord King of Bridgwater:*** One of the things we are going to come on to is the relationship with the press department and special advisers, and obviously it is very important that there is a harmonious relationship even though they have different agendas. I make no allegation here, but it rather gives the impression you are more of a political appointment if you are on a short-term assignment that might not last after a change of government.
Mr Hargreaves: Short-term assignments, if two years is short, are not unusual in the Foreign and Commonwealth Office. Two years is a normal tour of duty for a London-based job in the Foreign Office. That is not the system that I am part of, but I make that as a contextual observation. The question of why those responsible for the appointment judged me to be a suitable candidate I think is a question that they would have to answer.

Q378 ***Lord King of Bridgwater:*** I recall one chap, Andrew Burns, who would have been one of your predecessors in that job, who became our Ambassador to Israel and then came back. Some of these jobs have been done by ex-ambassadors, people coming through the service in that way. Who was your predecessor?
Mr Hargreaves: My predecessor was Lucien Hudson who had done a similar job in another government department prior to doing it at the Foreign and Commonwealth Office, although he, too, was somebody who had come into government service after having done many years working in journalism.

Q379 ***Lord King of Bridgwater:*** The point that interests me is that you are in a very challenging and important job. We have heard enough already of the extraordinary pressures that are on news communication press officers and all that is going on and this issue of changing people as frequently as that seems to me an absolute nonsense. What you need is a measure of continuity and experience if you are really going to discharge the role that is expected of you.
Mr Hargreaves: That is a point of view I share, but I think the correct answer to the point of view is that the right balance needs to be achieved. If you look at the team of senior people who report directly to me, the Head of News at the Foreign Office, Carl Newns, is a career Foreign Office man with deep experience in the way that the service works and he is clearly in a very important job; he is the Foreign Secretary's Press Secretary. You could say he and I offer some kind of balance in that regard. Likewise, one of my other direct reports, a man who runs our web operation, is also a career Foreign Office person. There is somebody I brought in from the Cabinet Office who is balanced in experience in cross-Whitehall working, and then there is somebody else who has come in from the private sector. We have a balanced team. One of the biggest problems that one is dealing with in government communications is trying to get this balance between expertise and professional competence which needs to be well-informed from contact with the outside world but also not to violate the standards and the principles and indeed the continuities that are also indispensable to doing the job well.

Q380 ***Lord King of Bridgwater:*** Ms Jarvis, you have come in from outside and been appointed. Historically that was unusual. I certainly do not resent it at all. Were you appointed by the minister?
Ms Jarvis: No. I was appointed by the Civil Service Commissioners. I applied through an ad in *The Guardian*.

Q381 ***Lord King of Bridgwater:*** But that was to come in as Head of News, was it not?
Ms Jarvis: Yes.

Q382 ***Lord King of Bridgwater:*** So that was at a lower level, was it not?
Ms Jarvis: Yes.

Q383 ***Lord King of Bridgwater:*** Your promotion to the position you have now was an appointment by the Minister, was it not?
Ms Jarvis: No. Of course it was not an appointment by the Minister.

Q384 ***Lord King of Bridgwater:*** The Government has just made quite clear that the ultimate responsibility is with Ministers for senior appointments.
Ms Jarvis: I see what you mean. They would have had to have approved—I am slightly rusty on this. At the time I think they would have put forward a single recommendation and that would then either be accepted or refused and in my case it was accepted.

Q385 ***Lord King of Bridgwater:*** The point which interests us also is this issue about access to people in your department. We get a tick for the MoD and the FCO, the officials who are dealing with the issues know what they are talking about, feel more confident about it perhaps and it is more difficult for the Department of Health. Can we just hear Mr Gurr's view on this? You are dealing with some jolly sensitive issues. You have got it at the moment with the sort of reports coming out from the frontline and retiring brigadiers and other people who say things are not going in the right direction. Would you like to comment on that, about letting people get access?
Mr Gurr: I certainly would. The nature of the work that we do in Defence does mean that there some things that we cannot talk about, and I know that can be a frustration at times to journalists, but I hope that they understand why those issues are there; they are often there because of the safety and security of our forces or for operational considerations. We are very much of the view that our own people are our best advocates and therefore we want to give as much access to them as we can. There are practical constraints associated with that, particularly when those people are serving in operational theatres and, at the moment, that is the area that the media really want to go and see them at work in. We think that they are doing an outstanding job—I echo what Sian said earlier on –we are very proud of what we do in Defence, and we want to show what our people are up to and give them the opportunity to talk about it. We do facilitate a large number of visits by people from the media to operational theatres—the numbers have doubled over the last couple of years both for the national media and media across the board—but demand does still outstrip the supply. The other sorts of things that we have been trying to do is to encourage commanding officers to talk about what they do to local and regional media, arranging background briefings to Defence correspondents, to the top decision makers in Defence, as well as the more general press conferences that we have for everybody. There are risks in this and sometimes we do find that somebody will say something from a perspective that perhaps does not see the overall picture. Sometimes someone will say something on an issue that perhaps they individually do not actually know that much about, what the Americans call the strategic corporal, commenting on the big

picture when he is only seeing a part of it. We do sometimes get criticism in the media as a consequence of those sorts of remarks and we have to deal with it, but I think that overall the benefit of allowing the media access to our people, particularly in operational theatres, does outweigh the potential risk.

Q386 ***Lord King of Bridgwater:*** Do you have specifically assigned people who are approved for talking to the press? We do have the sad memory of Dr Kelly who I think was one of those. Do you continue that process of having people, officials, serving officers or whatever they may be, who actually are designated as media participants?
Mr Gurr: Not in quite that way. What we do have is a process of authorisation, if you like. If somebody wants to engage with the media, they will seek authorisation. If it is regional media, usually through their own local public relations people in the brigade, command or whatever. If it is national media, usually they will come to us. An important part of that is making sure that people do get the support they need to deal with the national media and the training that is required. In operational theatres in particular, we do delegate a lot of this authority down the line. So, again an individual visit from a particular part of the country talking to their regional media who might be visiting Afghanistan, which is another thing that we try to encourage, support and facilitate, we will apply a pretty light touch about that.

Q387 ***Lord King of Bridgwater:*** Accompanied?
Mr Gurr: It depends. Again, there are different types of visit. We have a duty to look after these people and it would not be right to allow them to be roaming around in dangerous areas like Afghanistan and they would not be able to get around themselves. What we sometimes do is embed people in a local unit or a unit where they essentially live with that bunch of soldiers, marines, airmen or whatever for a period of days without any hands-on minding from our media people.

Q388 ***Lord King of Bridgwater:*** What about the Foreign Office?
Mr Hargreaves: We, as I think Tim Marshall told the Committee, make it a habit to try to put journalists in touch with the person most effectively able to help them. I think that there is not a good alternative to doing that, precisely because we are living in the world that has been much discussed this morning where the idea that you can command and control two or three information channels and shape the outcomes in a directive manner is a fantasy. You cannot do that, nor can journalists these days exercise the amount of control that they used to be able to exercise about the competitive framework in which they are working. The most dangerous thing in the world is an uneducated and uninformed journalist from everybody's point of view. From my perspective, it is a one-way bet. You make sure that you inform and open up to journalists to the maximum extent that you possibly can. Obviously there are sometimes circumstances where that is not, for some good reason, possible.

Q389 ***Lord King of Bridgwater:*** Poor old Department of Health, but actually what you have already given us evidence about suggests that the criticism made that the Department of Health discourages journalists from developing relationships with individual press officers and channels all media communication through one central phone number is not right, is it?
Ms Jarvis: For reactive. If you want a story on the day, yes, but people are able to develop relationships with press officers on particular topic areas, so we try to do both. We try to be responsive with the news desk, but we also try to allow people to develop close relationships and develop stories in a pro-active way.

Q390 ***Chairman:*** Who are your press officers? You were saying in Defence that there are a number of people with actual hands-on experience and is it the same in the Foreign Office?
Mr Hargreaves: Yes. The ideal person joining the Foreign Office Press Office is somebody who has a combination of good knowledge of the Foreign Office by having done a number of postings in the Office combined with some hands-on experience of doing communications work, perhaps in an overseas mission working on the press side or whatever. That is the ideal balance. So long as in the team as a whole you have the balance, you can make it work.

Q391 ***Chairman:*** In the Department of Health, do you have bright, young people getting up to Assistant Secretary and beyond? Do you have them working in the press office or are they all professional press officers?
Ms Jarvis: They are mostly professional press officers. We have some fast-streamers who are policy officials and they like to do a stint in communications.

Q392 ***Chairman:*** But not in the press office?
Ms Jarvis: Yes, in the press office.

Q393 ***Chairman:*** How long do they spend there?
Ms Jarvis: Usually around six months but in fact the last one, who is in fact sitting behind me, has decided that he wants to stay.

Q394 ***Bishop of Manchester:*** We have an impression from some of the evidence given to us earlier that the level of competence in communications in the different departments was actually very varied. Since the recommendations from Phillis and maybe particularly since 2004, are there particular things that can be identified briefly from each of the three departments that have been a significant improvement in the way that you are dealing with communications?
Mr Gurr: I think that the biggest improvement I would point to is that we have moved very much away from a culture of reacting to stories and issuing press notices to one where we are looking to engage with journalists and build relationships with them, not only about individual stories but about the way that they want us to do business. Sometimes we can meet the requirements. As I said earlier, we have real practical constraints in some cases and we cannot. We have put greater emphasis, as I said before, on giving access to our people, our top decision makers, through background briefings and a lot more emphasis on dealing with the regional media as well, but not instead of national media because, if anything over the last four or five years, the demands of the national media have increased. There are more broadcast channels, more magazines, more features, books, et cetera interested in what we do. We have tried to build up our regional presence and engagement, so that we have a much stronger engagement now with, for example, regional radio and regional television, and of course the web as well. Three or four years ago, we would have had a traditional website where we put information on there and expected people to come to us to seek that information out. We still have that through the Defence website and the individual service sites but we are engaging much more now on other parts of the web. We have put information on YouTube, we engage with the internet channels that are used, we know, a lot by service personnel and ex-service personnel, so we are engaging outside our area and, rather than expecting people to come to us, we are pushing information to them. I would say that the main changes are much more pro-active efforts focused much more on delivery and on priorities, and the big priorities for us at the moment are operations obviously in Iraq and Afghanistan, personnel issues and equipment issues. That is what we are trying to explain above everything else.

Q395 ***Bishop of Manchester:*** Thank you and I think that there may be one or two things in there that colleagues later wish to take up, but may I ask Ms Jarvis to comment.
Ms Jarvis: I think that communications is really central in health and the health challenges that we face, particularly in that we are now trying to deal with lifestyle diseases and not just infectious disease, so obesity, tobacco and diabetes, and we are involved in behaviour change programmes and, in order to do those effectively, you really have to understand what it is that drives people's attitudes and what helps people to change behaviour, so that real focus on getting insight on people. I think also engaging. I talked about the Next Stage Review, the Lord Darzi Review, how we engage citizens in what is sometimes called co-creation of policy. Direct information more directly with the public—I have mentioned Netmums and Mumsnet—and we have also tried to be very creative about how we use the new digital media in our public health campaigns. We have a campaign running on Habbo at the moment, which is the largest virtual online world for teenagers, and we have been promoting our HPV vaccination to prevent cervical cancer through that. There are two others. One is local communications. We know that communications is most effective when it is felt locally or in a personal context because people trust it and believe it. Finally, I think how we have been working together with policy officials; it has almost become joint working rather than just close working and that is moving into a sphere across government as well.

Q396 ***Bishop of Manchester:*** Thank you and again I think maybe there will be things to follow up there. Mr Hargreaves?
Mr Hargreaves: Coming into all of this just four months ago, I am struck powerfully by the extent to which what was set out in the Phillis Report has been taken on board and acted on. In the Foreign Office, the evidence of that is that we do now have a fully co-ordinated communications operation which embraces not only press but internal communications, the web, public diplomacy and marketing. There is a much more limited role to play in the Foreign Office than in the Health Department, but there are examples of that, for example in consular work, helping people to prepare better for going on their trips and so on. I think that that co-ordination and strategic perspective is new; it has followed Phillis and I think can by those who were responsible for Phillis be judged to be a result of Phillis. Even the Foreign Office is trying to be more local and regional. This week, the Foreign Secretary is making a visit to South Wales as part of a series of outreach visits. Senior officials in the Foreign Office are quite regularly visiting different communities in the UK. I think this is not what has always happened in the Foreign Office. On the web front, the Foreign Office web operation is extremely ambitious. This is a 40 language operation across 240 missions; it is now all on a single web platform; it was done on time to budget—not by me but by others; I am the lucky inheritor of the good work that others have done—

and that enables us to be in a very strong position to do the kind of web-based work that you need on the one hand to provide online visa application services through UKBA or to engage in blogging and wiki-based discussion fora and we are doing all of those kinds of things. So, this is not backward.

Q397 ***Lord Maxton:*** I would love to go further down into that area. As you have been speaking, it is clear that there is a major difference between Defence, the Foreign Office and the Health Department and that is this. Basically, you are responsible for all the employees in the Ministry of Defence, what they do and what they say. You are the same with the Foreign Office. However, I do not know what the percentage is, but I would think well over 90% of employees in the Health Service are not employed by the Department of Health and the controversies that might arise come from the other part. If you take the latest one which is this issue of certain people paying to top up their drug regime, that is not a policy. It has not been done by the Department itself, it has been done by individual health authorities, has it not?
Ms Jarvis: Yes.

Q398 ***Lord Maxton:*** And that creates different problems for you.
Ms Jarvis: Yes, although we see ourselves as one. No, we do not have any direct control over staff in the NHS, so the 1.3 million people who work in the NHS are employed separately. We have 2,245 civil servants in the Department of Health and obviously we try to be co-ordinated, but there will be a number of stories this morning where our line will be that it is entirely a matter for the PCT involved. I can think of two particular stories; the one that you have mentioned is also part of that. A great deal of what we try and do is having good co-ordination, making sure that we are sharing information, making sure that there is a kind of "no surprises" rule but, certainly not just in communications terms but in the management of the NHS, the principle has been about devolution and that local organisations are the people who are best placed to understand the needs and wants of their community and priorities and therefore they design services accordingly.

Q399 ***Lord Maxton:*** If you produce a leaflet on obesity, a GP has no direct obligation to have that on display and on a hand-out basis within his surgery or can you instruct them?
Ms Jarvis: No, we cannot instruct them.

Q400 ***Lord Maxton:*** I think that makes a big difference between you.
Ms Jarvis: Yes, exactly and that is why you have serving officers and diplomats in the press office. We do not have any who we directly employ, so ours are professional communicators but we try to use doctors/clinicians to present issues and policies wherever possible.

Q401 ***Chairman:*** But it has always been thus.
Ms Jarvis: Yes.

Q402 ***Chairman:*** It has never prevented, from my bit of experience, Government Ministers being blamed for anything which takes place around the country.
Ms Jarvis: That is entirely true and ultimately they are accountable too.

Q403 ***Lord Grocott:*** Could you send us a paper on this issue giving us an idea of the scale involved? I think that would be very helpful, because I think that it is important for us all to understand the scale of the demand that you are trying to accommodate. I would be very interested to know the number of requests you get during the year from whatever source—the numbers that come from journalists, obviously, but I also understand that there is a massive increase in communication from the public by letter or phone call; the demands that came clearly in relation to 24-hour media, which has had a massive increase in demand as I understand it; the demands that come through web-based work and all of that sort; and the demands that come from the implementation of the Freedom of Information legislation. I imagine, though perhaps you can help us on this, a very large proportion of those requests will be requests from the media as opposed to requests from the public. If you could send us a paper giving us an idea of the scale, I think that would be very helpful. My reason for asking that—and this is not a criticism of you, it is a sense of empathy really—is that I get the sense of operating the system where the water is just barely beneath the nose all the time. These unremitting requests are coming in—they have grown certainly through the web and simply through the public knowing that they have more access to politicians, Ministers and to everyone else. I wonder whether there comes a point at which you say, "Look, we can't keep going on expanding and expanding and developing in order to meet all this. It is just not deliverable. We cannot go any further". One specific example is that it always mildly amuses me that it is now normal that broadcast radio, for example, will quite frequently say at 6.30 a.m., particularly on health matters, "We asked for a Minister but none was put up", accusatory almost in tone, and likewise at 11.30 or 11.15 p.m. when *Newsnight* does it, again, "We asked for a Minister . . ." as though it is the job of all Government Departments and all Ministers and all officials at all times and in all places to be available to do that rather than doing the job. I would like some sense of the scale of that.

Ms Jarvis: I would like to make a couple of quick comments. I know for example that we have 1,000 calls through our media centre every week, and we have 120 FOI requests every year. You are right: it would require a paradigm shift in a way because the more information out there and the more desire there is for more information, actually the more there is a need for having trusted voices and trusted brands who can help interpret that. In the NHS for example, the NHS Choices website is almost becoming an accredited source whereby people can come to the doctor with so much information that they really need people to be able to take them through it. So, while there is so much information out there, it is even more important that we are in the place where we can help people work out what all that information means.

Lord Grocott: However, still inevitably the impression is given that if a journalist, particularly like a prominent journalist, rings up the Department and says, "I need an answer to this within the next 30 seconds", that is the one extreme. If, at the other extreme, someone writes from the Midlands or the North because they have not had their hip operation, which I know is not your direct and immediate responsibility, in my judgment that person has equal entitlement to a reply to that of the important journalist. I think I am right in assuming that it is the important journalist who would get preference in the case being dealt with. That is not a criticism, it is more an observation.

Q404 ***Baroness Eccles of Moulton:*** Could we now return to the relationship between civil servants and special advisers? This has been touched on already in the discussion so far. We have heard more about it from Ms Jarvis, who has told us that there is a weekly meeting which the Secretary of State's Private Office attends, and the special advisers, and that you have two, and it sounds as if it all works pretty well. Mr Hargreaves has briefly referred to the relationship by saying that the Civil Service code governs, but maybe we could hear a little more from the FCO about that, and I do not know that we have had very much so far from the Ministry of Defence regarding the relationship between the two. Perhaps we could start with the FCO, move on to the MoD and then, if there was anything that the Department of Health would like to add, although we have already heard quite a bit about it, and take it in that order, please.

Mr Hargreaves: Let me begin for the FCO. The facts are that, in the Foreign Office, there are two[1] special advisers who job share. We have already discussed the scale of the communications operation that is going on in the Foreign Office, which is vast, and, as Lord Grocott says, is not likely to get less vast, and is something which is a very complicated and large thing to manage. So, it would be unwise to overstate the scale of the special advisory role within the context of that overall communications operation. How does it work in practice? On most issues, it is absolutely clear: special advisers deal with the political activities of the Minister; nobody is any doubt about that; there is a firm line there. In terms of working together so that we do not fall over each other and schedule events and activities at times that do not make sense, like Sian, I work and my colleagues in the Foreign Office press team work to ensure that we are well co-ordinated with the special advisers. Really, I think that there is a great deal of mystique about all of this which deserves to be dispelled. No doubt the role of the press officer and the role of the special adviser can be done well or badly but it is pretty clear what the difference is. You can have a debate about the numbers of them. The numbers in the Foreign Office do not seem to me to be excessive as an observation.

Q405 ***Baroness Eccles of Moulton:*** So, there are not really any tensions within your Department between those two groups of people? The impression that has been given generally to the public, maybe not connected with either the FCO or the MoD, is that increasingly over the last few years there has been an encroachment on the Civil Service role by the special advisers who have been playing too much part in what should be reserved for the press officers, but maybe this is simply not the case.

Mr Hargreaves: Before joining the Foreign Office, I, like others in the room probably, enjoyed *The Thick of It*. The Foreign Office is not like that.

Q406 ***Baroness Eccles of Moulton:*** And the MoD?

Mr Gurr: We too have two special advisers in the Ministry of Defence. We do engage with them on major announcements. I think it is important that they contribute to the discussion on those issues. They have a responsibility for ensuring that the party political aspects are properly managed and taken into account. I have a responsibility for making sure that departmental aspects are properly looked after and, like my colleagues, I have never felt any tension or pressure or problems in terms of the relationship. I have always been very clear, as have they to be fair to them, as to where the lines are drawn. What I think is important to understand is that both they and I, if you like, and all of us in Defence have a shared interest in the reputation of Defence in the armed forces. They want it to be maximised for their reasons, and I want it to be maximised for mine. So, there is as much commonality in what we are doing as there is tension. I know that it does not necessarily always look like that when you are looking from the

[1] In the recent ministerial re-shuffle, the new Minister for Europe brought with her a special adviser, taking the numbers from two to three, of which two jobs are part-time.

outside in, but I have never found it a difficulty or a problem.

Q407 ***Baroness Eccles of Moulton:*** You find it an entirely positive relationship and, if there were not specialist advisers in your Department, that would be a loss?
Mr Gurr: I think that it would, yes.

Q408 ***Baroness Eccles of Moulton:*** Is there anything that you would like to add to what you have already told us, Ms Jarvis?
Ms Jarvis: No. I think that I probably became caught up on the word "defend". I have asked for the specific wording of the code and that was probably the wrong word to use. We do have a duty to promote policies and to explain policies, and we also have to carry the ministerial line. I think for shorthand I probably got into a bit of trouble there.

Q409 ***Chairman:*** Perhaps you revealed your attitude.
Ms Jarvis: No, I did not reveal my attitude. I could have chosen a better word to use.

Q410 ***Lord King of Bridgwater:*** My memory going right back is that when special advisers started, they were actually special advisers and some of those who were brought in were particularly learned on particular subjects and were thought to be useful to the Department and to Ministers. Gradually—and this certainly started in the Conservative Government—they then became a little more political and then some of them just turned into PR spokesmen for their Minister. Do you see that trend? Do you see that as part of their role?
Mr Gurr: I think that some of them do take a very close interest in the way that the media operate. It seems to me that that is not surprising given the world we live in now and the amount of interest that there is certainly in what we do in Defence and I am sure in the other departments as well. Whether or not that is more the case than it was before, your experience clearly is much greater and longer standing than mine, but I seem to recall that they always took a close interest in presentational issues during the time that I have dealt with them. Some of them have a particular interest in the media because some of them do have media backgrounds and we have had examples of this in the past where an individual has come into a special adviser role having worked in broadcasting or the media and clearly that is an area in which they then take a particularly focused interest.

Q411 ***Lord King of Bridgwater:*** Funnily enough, Howell James, who was one of the first to come in, had that sort of PR background and worked very closely with David Young at that time. Actually, the interesting thing is that I think Francis Maude, who was dealing with the Cabinet Office, said that the numbers had trebled since 1996/97. In the old days, it used to be just Secretaries of State who might have had a special adviser in his office attached really to the Private Office who had a perfectly legitimate role and I think that the Department found it an asset because you could make sure that you were plugged into what the likely party-political issues were and whether the propositions put up were likely to be chucked out by a Minister on party-political ground. Now, if the numbers have trebled, do lots of other Ministers, more junior Ministers, also have special advisers?
Mr Gurr: In Defence, we have just the two, as I said, and they are both part of the Secretary of State's Private Office.

Q412 ***Lord King of Bridgwater:*** What about the Foreign Office?
Mr Hargreaves: No.

Q413 ***Lord King of Bridgwater:*** Health?
Ms Jarvis: We do not have special advisers.

Q414 ***Lord King of Bridgwater:*** How many?
Ms Jarvis: Two.

Q415 ***Lord King of Bridgwater:*** And they are in the Secretary of State's Office?
Ms Jarvis: Yes.
Lord King of Bridgwater: I wonder where all the others have gone then!
Chairman: We will find out!

Q416 ***Lord Maxton:*** Just to make it quite clear, one of the key roles of the special adviser is political. They are the link to the party. The party is an organisation that gets the Government elected and therefore they have a responsibility to tell the Minister, having spoken to you presumably and other civil servants, "This is what the party will think about this", and that is one of their key roles, is it not?
Ms Jarvis: Yes.
Chairman: Lord King raises an interesting question, because, according to the Cabinet Office, there were 74 special advisers in Government but only six in these three massive departments. So, we will have to dig and find out where all the others are stored.

Q417 ***Lord Inglewood:*** I would like to move on to something a little different—and I should declare an interest as chairman of a regional newspaper group—and talk about regional communications. When Phillis reported, he stated that he felt that much could be done to improve the relevance and appeal of communication from Government to the different communities in the country. You probably will not

have seen but the evidence that we received last week from three representatives from what I might call the regional media was pretty excoriating about the quality and relevance of much of the information that they receive. I am not going to ask you to comment on that now because I do not think it is appropriate. The two questions I would like to put are, first of all, what changes have you been making to your regional activities, and, secondly, are you satisfied with what is currently happening, and, if not, what particular ideas do you have about improving it?

Mr Gurr: Perhaps I can begin. We have had a Defence presence across the regions for many years, individual brigades and commands and other defence organisations have often had a press office or somebody who deals with local media. What we did a few years ago was to try and ensure that that was more co-ordinated and coherent and we established a number of defence regional press officers. What we have done over the last year is what we call "upgun". We have improved and enhanced that structure and we now have a structure across the country of eight regional press officers; they are out there in the regions or in Wales and Scotland, and their job is twofold: it is to deal with the regional media across the whole range—broadcast, press, local and regional—on major defence issues, but it is also to try and get a bit more coherence in all of the other Defence activity that goes on in those individual regions. We have made a considerable investment in this, as I have said, over the last year. Why have we done that? One of the reasons why we have done it is because it is clear to us that there is a big appetite for information about Defence out in the regions through the regional media, albeit from a different direction than you might get from the national media. The regional media are obviously very interested in the units who come from their particular part of the country, the people from their part of the country and the jobs that are created in their areas of the country by Defence activity. So, we have put a lot of effort into this. It has led to a significant increase in the number of stories that are getting into the regional media; the figures that have been given to me suggest that there has been an increase of about 100%.

Q418 ***Lord Inglewood:*** Over what period?

Mr Gurr: Over the period since this new process was established back in September last year. But it is still new, and it is still in the process of finding its feet in terms of binding together all the Defence activity that is out there. So, it is something that we are putting more effort into and certainly recognise the importance of it. I think that it has proved its worth on things like home-coming parades for units coming back from operational theatres. The way we dealt with the media on those could be a little sporadic at times in the past. Some people found out about them, some did not; it was sometimes at the last minute and all that sort of thing. We have a much more systematic approach to that type of thing now and I think that it is bearing fruit.

Q419 ***Chairman:*** Do you have more or less the same reply?

Ms Jarvis: Yes. We have to work with our NHS communicators to get the messages out, but we are very committed at a regional level because we know that those messages are better: people trust local and regional papers, and so we, wherever possible, try to tailor stories. If it is a national story, we try to tailor a package of stories for the regions, whether it is making sure that we have good case studies from their particular area or good quotes from local people or local stakeholders, and also making sure that we regionalise facts and stats so that they have a good angle for their particular story.

Q420 ***Bishop of Manchester:*** This is the area taking up in a little way the public relation side of things and I just want to clarify, so that we really do have it on record, if any of your departments deploy any external PR companies to assist you in your media work and, if that is the case, how many are employed and at what cost to the taxpayer. That may require some written evidence coming in if the answer to the initial question is "yes".

Ms Jarvis: I do have some figures for you. For 2006/07—for 2007/08 we are going to give you the updated figures—as we have run all these public health campaigns around obesity and we need to have PR support to get the messages out and also to engage with stakeholders, we spent £1.85 million on six particular PR agencies.

Q421 ***Bishop of Manchester:*** Are you happy that those people obviously are covered by the code of neutrality that the Civil Service normally would have?

Ms Jarvis: Yes, we are.

Q422 ***Bishop of Manchester:*** That is not a problem?

Ms Jarvis: They tend not to be in very contentious areas but, yes, the code is explained to them and they are managed properly by COI usually in our case, but they are usually working in very non-contentious areas. We would not have them doing ministerial announcements for example. They would be perhaps doing some of the work that we are doing around HPV virus for example.

Q423 ***Bishop of Manchester:*** Just before I turn to your colleagues, may I remind you that you very kindly suggested that you would give us some written

information about the flu pandemic in terms of its budget and the kind of strategy that you have developed for communications, both to different departments of Government and to the public, because my guess is that that is the big one on the horizon for your Department. May I turn to Mr Gurr and ask you about public relations companies.
Mr Gurr: My organisation does spend a little bit generally in support of major events that we organise such as the Territorial Army 100 celebrations and the 90th Anniversary of the Royal Air Force. I can certainly let the Committee have a note on precise spend. The recruiting organisations spend rather more and they have marketing budgets which are substantially greater. Again, I can include those in a note.
Chairman: That would be very useful.

Q424 ***Bishop of Manchester:*** It does not worry you about the non-observance of the code of neutrality by requirement of people—?
Mr Gurr: I have never had any reason for concern on that.

Q425 ***Bishop of Manchester:*** And Mr Hargreaves?
Mr Hargreaves: We are lighter users of agencies of this kind than the very individual public facing operation like Sian's Department. An example, however, where we do is in the consular know before you go, get your insurance, be prepared campaign, which is a long-running campaign. That spends about £700,000 a year in support of one kind or another. I simply make one other point which is that, in getting the balance right between the right culture inside the organisation and the right availability of external expertise, I think that it is very easy to knock the idea of using PR agencies or marketing agencies or whatever but they do, well chosen and well managed, make an absolutely invaluable contribution to a lot of the Government's work and, in the area of diplomacy, which is obviously my concern, the days when deals were cut primarily by diplomats in private circumstances have been much altered by the open media atmosphere in which we operate and therefore we do need, as a Foreign Office, to be influencing the context of debate around for example climate change globally, and to do that requires very significant skills and resource and some of those resources are best purchased externally.

Q426 ***Bishop of Manchester:*** And it does not worry you that they are not covered by the code of neutrality?
Mr Hargreaves: They are in effect covered by it because they work for us or in some cases, as Sian said, through the COI. Those controls are very much in place. The key art actually is in being a good client and knowing how to get the most out of the service that you are buying and that is a problem that faces Government, business and anybody else who buys such services.

Q427 ***Lord Maxton:*** Mr Gurr, do you have any specific problems, coming back to the regional point in a sense, except that I am dealing with the national point of Scotland, in Scotland, because of course the political atmosphere, the administration in Scotland, is very largely opposed to a large amount of the defence policy of the British Government? Does that cause you specific problems when dealing with the Scottish press in terms of keeping your neutrality for a start?
Mr Gurr: No, it does not. There is greater interest often in the Scottish media, and sometimes they will take a close interest in stories that are just not picked up in the national media south of the border, but, in terms of maintaining neutrality, there is never a difficulty. We have the lines that come out of the departmental officials and those are the lines that we use. We have found that we have had to work extremely hard in Scotland in particular because there is a huge range of Defence activity up there and a huge amount of interest in what we do, everything obviously from the familiar nuclear issues around Faslane to Scottish units on deployment to Iraq and Afghanistan. There is a huge appetite up there. What I would say is that we see that as an opportunity really. It is good that there is that degree of interest up there because we find it more fertile ground to engage. In terms of neutrality, it has never been a problem.
Lord Inglewood: In my earlier remark, I mentioned the criticism that had been levied at central Government communications in respect of region coverage and I was wondering whether, once the evidence is available, if you have any comments, you would let us have them, please, in writing as it seems only fair.
Chairman: I think that we have given you quite a lot of things to come back on and apologies for that in a sense, but this area is so important and it is so important to understand all its current wide variety and range. Thank you very much, indeed. We have kept you far beyond what you have a right to actually expect, you have been very patient, and I would like to thank you very much for coming.

Supplementary letter from the Department of Health

I write in response to my recent appearance before the Lords Communications Committee. I agreed to provide answers to a number of supplementary questions that you and your colleagues posed on the communication activities at the Department of Health.

I do hope that the information below provides you with the information you need.

I would also like to correct an error I made during my evidence and apologise for doing so. You asked me about Tony Collins being refused entry to a press briefing. I said that I was on maternity leave at the time, which in fact was not the case. I apologise for this error.

ENQUIRY STATISTICS

Lord Grocott asked me to supply information about the increase in the number of enquiries made to the department either from journalists via our press office, or from the public via freedom of information requests, calls to our public enquiry line or via our websites.

In terms of visits to our website, the table below shows both the number of individuals who have accessed the departments own website (URL: www.dh.gov.uk) and the total number of times the site has been accessed.

www.dh.gov.uk	*Unique visitors*
February 2004 to December 2004	7,199,130
January 2005 to December 2005	10,457,960
January 2006 to December 2006	11,333,314
January 2007 to December 2007	10,634,788
2008 *To September*	*7,481,054*

Unique Visitors means visitors who download pages from a website during a specified timescale, in this case, one month. A unique visitor is only counted once within the specified timescale.

You may also be interested to note that the NHS website, NHS Choices (URL: www.NHS.uk) is currently the most used health information website in the UK. The site has recently incorporated the website of NHS direct and has since received over 1 million visits per week.

www.NHS.uk	*Unique visitors*
January 2007 to December 2007	10,634,009
January 2008 to August 2008	11,434,982
January 2008 to September 2008	13,217,888

The Freedom of Information Act fully came into force in 2005, since then we have received the following number of requests under the Act:

Year	*Number of FoI requests*
2005	1,203
2006	1,450
2007	1,287
2008 *To date*	*1,020*

Currently, 91% of all FoIs are answered within the 21 day target.

The department's customer service centre sits within Finance and Operations Directorate rather than within my directorate and deals with all enquiries from the public other than the media. The public can contact us via the public enquiries telephone line, via email and the departmental website or by writing, or asking their MP to write to ministers.

The table below shows the number of enquiries the centre has dealt with over the previous five years:

Telephone calls to our Enquiry Line	
2004	102,196
2005	110,132
2006	162,170
2007	138,285
2008 *(to date)*	*99,347*
Emails to our Service Centre	
2004	23,116
2005	19,209
2006	23,901
2007	23,485
2008 *(to date)*	*18,783*
Letters to Ministers from members of the public	
2004	21,407
2005	39,167
2006	46,053
2007	24,880
2008 *(to date)*	*25,296*

Journalists who wish to contact the department, have, since 2007, had a dedicated Newsdesk telephone system which allows them to contact a press officer from 8.00 am to 7.00 pm, five days a week. Outside of those core hours an out of hours duty press office service operates. The desk is extremely busy and on average the Newsdesk team of nine staff handle 5,158 calls a month (giving a weekly average of 1,290 and a daily average per press officer of 29 calls).

Data on the number of calls by journalists to press offices is held by the Department for 12–14 months. This means we are unable to provide information centrally on incoming calls for the last 10 years.

The following table shows the total number of calls received by press officers in the Media Centre, broken down by month, for the period October 2007 to October 2008.

PRESS OFFICE CALLS RECEIVED 2007–08

	Newsdesk 9 staff	*Specialist desks 21 staff*	*Press Office Total*
October 2007	6,288	5,601	11,889
November 2007	5,958	5,709	11,667
December 2007	4,139	4,047	8,186
January 2008	5,812	5,476	11,288
February 2008	4,969	4,964	9,933
March 2008	4,395	4,202	8,597
April 2008	4,527	4,269	8,796
May 2008	5,235	4,953	10,188
June 2008	6,365	6,060	12,425
July 2008	5,218	5,087	10,305
August 2008	4,042	2,632	6,674
September 2008	4,868	3,810	8,678
October 2008	5,234	5,368	10,602
Average/Month	5,158	4,783	9,941

However, we have very limited data on the number of calls to the press office in one previous year which was collected in 2007 as part of the business proposal to establish a newsdesk. It is provided alongside the 2008 data for each month between April and October.

PRESS OFFICE CALLS RECEIVED 2006
AND 2008 COMPARISON

	2006	*2008*
April	11,905	8,796
May	16,981	10,188
June	14,092	12,425
July	13,211	10,305
August	10,730	6,674
September	8,633	8,678
October	13,105	10,602

We believe, the fall in the number of phone calls taken per month in 2008 compared with 2006 to be the result of calls being dealt with more efficiently following the establishment of the Newsdesk in 2007, leading to less repeat and duplicate calls from journalists to different press desks. The Newsdesk now handles most telephone calls from journalists on running or breaking news stories.

We also believe it is likely that the improved website and the service it offers to journalists may account for this fall in calls to the press office.

Pandemic Flu Communications

The Bishop of Manchester asked me to supply information related to the budgets in place to manage the communications related activity required in the event of a flu pandemic.

Experts say an influenza pandemic—or global epidemic—is likely but cannot predict when it will happen. A pandemic flu strain could infect billions of people worldwide, so Governments are making preparations to limit the impact.

The National Pandemic Flu Framework outlines the UK's response to a pandemic and its strategy on preparedness. The Framework and the accompanying communications strategy uses the World Health Organisation (WHO) pandemic stages as their structure.

The current alert phase is Phase 3.

WHO level	*Phase*
1	No new influenza virus subtypes detected in humans.
2	Animal influenza virus subtype poses substantial risk
3	Rare human cases, no human to human transfer.
4	Small outbreaks, limited human to human transfer (world wide but not UK)
5	Larger Outbreaks human to human transfer established (world wide but not UK)
6	Pandemic confirmed
	6.1 UK alert level 1 no cases in the UK
	6.2 UK alert level 2 virus isolated in the UK
	6.3 UK alert level 3 outbreak(s) in the UK
	6.4 UK alert level 4 widespread activity in the UK

During any period of increased alert and throughout the response phase (WHO Phases 5 and 6) the objectives are to promote and reinforce individual and collective actions, particularly around respiratory and hand hygiene, that reduce the spread of influenza and minimise its health and wider impact on the UK.

The role for communications will inevitably change according to how imminent a pandemic is. The key challenge for the communications strategy is to find the most efficient and reliable way of delivering this information to the general public to ensure widespread understanding of the situation and drive appropriate behaviour changes without stimulating widespread panic—in other words, to deliver "measured engagement".

The communications budget for 2008–09 is £3.5 million, which includes the preparation of materials to be used at later WHO pandemic alert phases, and a small scale campaign running imminently "Catch it, Bin it, Kill it" aimed at improving respiratory health and hand hygiene.

There is a substantial budget to be drawn down to cover additional costs in the event of the WHO announcing an escalation of alert level.

The OGC Gateway Review of the Pandemic Influenza Preparedness Programme was carried out 28 July 2008 to 31 July 2008. The reviewers marked out communications planning as one of the areas of the programme that was exemplary and worthy of sharing more widely.

Communications Budgets

For the financial year 2007–08: The total budget allocated to the communications division to cover its operation and work was

£52,203,620.

This amount is made up of:

Administration spend, including staff costs and the day-to-day operation of the directorate

£7,100,437

Programme costs—the cost of the work undertaken by the directorate, including all promotional, campaign activity, and public health communications.

£45,103,183

Programme costs includes spending on the following public health campaigns:

Obesity	**£1 million**
Alcohol	**£4.5 million**

This funding was provided jointly by the Department of Health and the Home Office.

Tobacco	**£27.7 million**
Sexual health	**£3.56 million**
Substance abuse (FRANK drugs campaign)	**£2 million (DH contribution)**

For the financial year 2008–09: The total budget allocated to the communications division to cover its operation and work was

£ 107,193,900

This amount is made up of:

Administration spend, including staff costs and the day to day operation of the directorate

£7,568,900

Programme costs—the cost of the work undertaken by the directorate, including all promotional, campaign activity, and public health communications.

£99,625,000

There are two key reasons for this increase in programme costs, principally the introduction of obesity into our behaviour change portfolio with substantial marketing funds behind it, reflecting the importance of tackling this issue, and a significant increase on expenditure against tobacco control.

Obesity is the biggest public health challenge the country faces, it already costs the NHS £4.2 billion and the economy £16 billion per year. A failure to address the issue now we will condemn our children to reduced life expectancy and cost the NHS and the nation many billions of pounds. The Foresight report predicted that by 2050 if the increasing trend in obesity continues unchecked the cost to the UK will be £50 billion.

That is why we are aiming to create a lifestyle revolution that will help families to eat well, move more and live longer, bringing in contributions from grassroots community clubs to multinational companies to join us.

We have also instigated a new three-year tobacco control marketing communications strategy beginning in 2008, because of the proven effectiveness of our marketing campaigns.

Programme costs include spending on the following public health campaigns:

Obesity (including Change4life)	**£24.2 million**
Tobacco	**£43 million**
Stroke	**£6 million**
Alcohol	**£6 million**
Sexual health	**£5.2 million**
Substance Abuse (FRANK drug campaign)	**£2.3 million (DH contribution)**

Communications Staff Grades

Lord Grocott asked me to supply details of the grades of all staff reporting to me, these are listed below.

COMMUNICATIONS STAFF NUMBERS AND GRADES

	Total
AO	2
EO	11
HEO	33
SEO	31
Grade 7	27
Grade 6	11
SCS	7
Total	122

I do hope that this provides all of the information you requested. If it does not, or if there is more information you require in order to fully complete your investigation please do not hesitate to contact me.

May I also thank you for the opportunity to come and give evidence to the committee. My department operates one of the busiest press offices and communications functions in government and my staff work tirelessly to communicate, actively and effectively, with the public, patients, NHS staff and stakeholders and the media.

My Newsdesk alone takes over 1000 calls per week and on any given day is dealing with upwards of 20 stories. Press officers frequently handle complex enquiries from journalists often responding to extremely short deadlines. I think it is important that I should stress to the committee that our fundamental principle is to give journalists as much information as we possibly can as clearly and efficiently as possible.

However, as the Phillis enquiry concluded, we no longer live in an age where the established press is the sole medium for communicating with the public—newspaper circulations are going down and fewer people watch or listen to the news. It is for this reason that I recognise that we must also build compelling communications strategies, based on high quality insight, if we are going to succeed in changing the way individuals behave towards their health and in tackling the health challenges we as a society face.

I think the fact that trust in the NHS as an organisation is at its highest level since 2000, and the recent announcements that 13% more people quit smoking last year demonstrate that our work is having a positive impact on tackling these challenges successfully.

I look forward to reading the conclusions of your investigation with great interest.

Again, if I can be of any further assistance, please do not hesitate to contact me.

28 November 2008

Supplementary memorandum by the Foreign and Commonwealth Office

It is only possible to make a rough estimate of the number of people working in communications across the FCO global network because all Heads of Mission, and, in a sense, all diplomats and many of our local staff are professional communicators. The FCO has 16,000 staff in total. It is also the case that the FCO has traditionally deployed diplomats into specialist communications roles, though there is increasingly a trend in favour of hiring locally communications specialists for certain roles.

An internal FCO evaluation in 2008 estimated the number of people engaged in communications around the world at around 390, using 2006–7 data. Given that there are roughly 250 overseas missions, some of which have no full time dedicated communications staff, others of which have a team, this is probably a fair judgment.These numbers are in addition to the roughly 100 staff employed directly in London on communications-related activities. The responsibilities of the London team include: press office, all web-related work, internal communications, stakeholder relations, events, publications and public diplomacy (including managing the FCO relationship with British Council, BBC World Service, Wilton Park, British Satellite News and the FCO's scholarship programmes).

14 November 2008

Supplementary memorandum by the Ministry of Defence

Q403—*What are the numbers of visits and hits to the MOD websites?*

The most recent information we have regarding website statistics is as follows:

			2007–08	
Website	*URL*	*Page Views*	*Visits*	*Unique Visitors*
MOD Corporate website	www.mod.uk	25,879,449	6,875,139	4,336,104
Royal Navy	www.royal-navy.mod.uk	39,856,043	4,800,481	4,369,726
British Army	www.army.mod.uk	71,028,217	21,053,139	8,472,991
Royal Air Force	www.raf.mod.uk	56,607,751	9,893,569	6,216,030

These figures are for the financial year 1 April 2007 to 31 March 2008.

Q403—*How many Media enquiries does the central press office receive? How many FOI requests are received by the MOD per annum? How many of these are from the Press? How many general enquiries are received?*

Media Enquiries

The MoD central press office receives between 200–500 calls a day and on average work on 12 national and 12 regional stories daily.

Non-FOI Public Enquiries

Queries from the public are received by the MOD website on a regular basis, those that are not classed as FOI requests are displayed beneath:

Business as Usual—1,760
Genealogical (family history enquiries)—264
Subject Access requests—96

Overall FOI Numbers and Appeals

The MOD receives a significant number of FOI requests, details as below:

Year	*Number of MOD FOI Requests*	*Resolvable Requests**	*Fully Answered*	*Partially Answered*	*Information Refused (includes for cost purposes)*	*Information being Processed at Year-End*	*Public request for Internal Review*	*Appeals against Internal Reviews to the Information Commissioner's Office*	
2005	4,604	4,094	71%	10%	16%	3%	2%	6	0.13%
2006	3,300	2,784	73%	11%	12%	4%	2%	18	0.55%
2007	3,026	2,618	73%	9%	13%	5%	3%	12	0.40%

*"Resolvable requests" are those where it is possible to make a substantive decision on whether to release the requested information. They exclude requests which are lapsed or "on-hold", where the information was not held, and where it was necessary to provide advice and assistance, ie it would not have been possible to resolve the request in the form it was asked.

Data is taken from Freedom of Information Act 2000 Third Annual Report on the Operation of the FOI Act in Central Government 2007.

FOI from Media

A number of FOI requests are received from the media, however these can only be identified where the individual making the request declares who they are/where they work or if their contact details reveal the place of employment (eg johnsmith@thetimes.co.uk). 1 January 2007 to 10 October 2008 we received 944 FOI requests which were identifiably from media sources, there may have been more overall.

Q423—*How much is spent per annum on using agencies/external PR companies including for recruitment?*

It is not possible to accurately compile every item of PR expenditure across the Department as Brigades, regiments or local civilian teams may use PR agencies which are locally contracted or where expenditure is accounted for under wider programme expenditure. As such these figures would not be held centrally.

What is shown beneath is the major spend from the three services and the MOD central Media and Communications organisation. It represents spend on national and/or centrally organised campaigns/events including Armed Forces Recruitment campaigns.

Contracts are placed either via existing Central Office of Information (COI) arrangements or are directly contracted by the MOD.

Expenditure for Financial Year 2007–08 (1 April 2007 to 31 March 2008) that has been reported to us is as follows (all figures are excluding VAT):

Unit	*Via COI (£M)*	*Directly Contracted (£M)*	*Total (£M)*
Army	18.9	5.415	24.315
Royal Navy	5.5	0.851	6.351
RAF	13.257	0.491	13.748
DGMC	0.120	0.243	0.363

November 2008

Supplementary memorandum by the Ministry of Defence

ADDITIONAL QUESTIONS

Q. *What is the breakdown of grades of communication staff managed by Nick Gurr?*

Nick Gurr as of October 2008 had direct responsibility for 184 individuals working within DGMC (Director General Media & Communications). These individuals will include communications staff, support personnel, temporary postings, media trainers, graphic designers and photographers. The break down of grades is as follows:

SCS ML2	1
SCS ML1	2
B1/Grade 6	1
B2/Grade 7	17
C1/SEO	22
C2/HEO	36
D/EO	14
E1/AO	18
E2/AA	1
Commodore	1
Captain RN	1
Colonel	3
Group Captain	1
Commander	2
Lieutenant Colonel	8
Wing Commander	3
Lieutenant Commander	6
Major	8
Squadron Leader	7
Captain	4
Lieutenant (RN)	1
Flight Lieutenant	3
Warrant Officer 2nd Class	1
Sergeant	4
Chief Petty Officer	2
Staff Sergeant	1
Petty Officer	3
Leading Hand	3
Corporal	7
Lance Corporal	1
Senior Aircraftsman	2
Grand Total	184

Exact numbers and grade split of the organisation will alter regularly as people join and leave.

Q. *What is the breakdown of communications costs and budgets within MoD?*

We are only able to provide exact figures for Director General Media & Communications (DGMC) as we have no central read of other Departmental or Service budgets. These costs are as follow for DGMC over the last three financial years:

DGMC HISTORICAL EXPENDITURE (NET OF OPS)

Commodity £M	*2005–06*	*2006–07*	*2007–08*
Service Pay & Allowances	5.160	5.676	5.228
Civilian Pay & Allowances	4.889	4.709	5.123
Personnel	**10.049**	**10.385**	**10.351**
Property Management Minor Works	0.044	0.011	0.047
IT & Comms	0.606	0.408	0.975
Other Infrastructure Costs	0.011	0.028	0.006
Infrastructure Costs	**0.661**	**0.447**	**1.028**
Stock Consumed	0.046	0.043	0.050
Food/Clothing	0.007	0.005	0.003
Fuel	0.022	0.038	0.027
Other Materiel Consumed	0.129	0.165	0.126
Stock/Other Consumption	**0.204**	**0.251**	**0.206**
Equipment Support Costs	**0.046**	**0.005**	**0.076**
Transportation & Movement	0.751	0.803	0.686
Fees for other Professional Services	0.076	0.117	0.358
External Education and Training	0.042	0.167	0.157
Other Costs and Services (inc Programme Costs)	3.818	2.908	2.912
Other Costs—RDEL Direct	**4.687**	**3.995**	**4.113**
Income	−0.179	−0.160	−0.189
Receipts and Other Income	**−0.179**	**−0.160**	**−0.189**
TOTAL OCS DIRECT RESOURCE DEL	**15.468**	**14.923**	**15.585**

Complete figures for spend across the department are not available; however, we believe the expenditure to be approximately £30 million a year (excluding recruitment expenditure and manpower).

The figures previously provided for PR consultancy spend include expenditure on recruitment and as such would not fall into the £30 million estimate.

18 November 2008

WEDNESDAY 22 OCTOBER 2008

Present	Bonham-Carter of Yarnbury, B	Howe of Idlicote, B
	Corbett of Castle Vale, L	King of Bridgwater, L (Chairman)
	Eccles of Moulton, B	McIntosh of Hudnall, B

Memorandum by Citizens Advice

Introduction

1. Citizens Advice welcomes the opportunity to submit evidence to the Lords Committee on Communications in its inquiry into government communications. Our evidence addresses a number of areas within the terms of reference of the inquiry, particularly the ease with which citizens can find specific government information about entitlements and services. Our evidence covers the following areas:

(a) the extent of the role of the Citizens Advice service in England and Wales in providing information and advice to the public about government services;

(b) an overview of our services, the types of problems we deal with and the characteristics of our service users;

(c) written information from government available in printed and web based formats;

(d) developments in government helplines;

(e) suggestions for possible improvements in government information production from our perspective; and

(f) general comments on the effectiveness of government communications for citizens and areas we would like to see improved.

We have significant engagement with government in responding to consultation exercises and would be happy to provide the Committee with further evidence on our experiences of consultation and engagement of the public in policy formation.

The Role of the Citizens Advice Service

2. The Citizens Advice service is a charity which provides free, confidential information and advice to everybody on their rights and responsibilities regardless of race, gender, disability, sexual orientation, age or nationality. A network of 426 Citizens Advice Bureaux give advice from more than 3,200 outlets in England, Wales and Northern Ireland including high street offices and outreach sessions in GP surgeries, colleges, workplaces and community centres, in clients' homes, on the phone and by email. Over, 6,000 paid staff and more than 20,000 trained volunteers deliver advice to help clients deal with 5.5 million new problems a year, on issues such as debt, benefits, housing, employment and consumer matters. CAB advisers can help fill out forms, write letters, negotiate with creditors and represent clients at court or tribunal. To back up this local service Citizens Advice produces and maintains a public information website called www.adviceguide.org.uk which currently has 7.3 million visitors a year using information on 9.4 million problems.

3. In 2007–08 local Citizens Advice Bureaux helped 1.9 million people to solve 5.5 million new problems. Service users come from a variety of backgrounds, though face-to-face users are most likely to be within the C2DE social classes, have a long term illness or live in social housing. In a year 15% of all people in groups DE use a CAB, 19% of all disabled people do so. And 70% of our debt clients are tenants.

4. Public awareness of the service is very high. According to a BMRB poll taken in August 2008, 96% of people have heard of the Citizens Advice service and 42% say they have used a Citizens Advice Bureau (CAB) at some point in their lives. Over 80% of the public would consider going to a CAB in the next 12 months if they needed information or advice on an issue we could help them with. Whilst many of our clients come to us because they feel they have nowhere else to turn or don't know where to start, many are also signposted to us by government and public and private sector service providers. For example, leaflets and letters about where to get advice on debt produced by the banking and credit sectors and the Financial Services Authority all refer to Citizens Advice Bureaux as do many other publications.

Types of Problems Dealt with by the Citizens Advice Service

5. Many of the problems we deal with concern government services—particularly welfare benefits and tax credits, which totaled 1.5 million issues brought to local bureaux last year and account for over 27% of all new problems handled by bureaux last year. 2.5 million of visitor problems to our Adviceguide site concerned information on benefits, tax credits or tax. Table 1 below provides a high level summary of the number of enquiries we received on different issues in 2007–08.

Table 1

NUMBER AND TYPE OF PROBLEMS 2007–08

Problem area	*2007–08 CAB client problems England and Wales 000s*	*2007–08 Adviceguide visitor problems 000s*
Debt	1,737	644
Benefits	1,516	1,533
Consumer and financial services	286	451
Employment	476	1,857
Housing	399	943
Legal	275	531
Relationships and family	295	974
Tax	48	1,146
Utilities	95	1,092
Other	413	233
Total	**5,540**	**9,404**

6. A more detailed breakdown of the volumes of enquiries received on different benefits issues by CABx in 2007–08 is at Annex 1. Benefits is the major area where we are providing information and advice on government services and relying extensively on government produced information to be able to deliver our services. As can be seen from that table a significant proportion of our 1.5 million benefits related enquiries last year were from people asking about disability and incapacity benefits or benefits for pensioners.

CAB Telephone Services

7. The Citizens Advice service does not currently deliver services via a national call centre service. Around 20% of advice given by bureaux is given over the telephone and some bureax and groups of bureaux have mini-call centres and dedicated helplines operating at a local level. We do however recognise and wish to address the fact that there is considerable unmet demand for our services and many consumers have difficulty getting through to their local CAB.

8. The fact that we do not have a national call centre type service is due to a combination of factors over time. First, there has not been sufficient funds at national level to commission and run such a service. Second, at present local bureaux are funded predominantly from local authorities and other funding sources such as PCTs or the Legal Services Commission, which are commissioning and supporting a local or geographically specific service. Notwithstanding this, our strategy is to move to create a single telephone number for the service by 2010 as we believe this will make it easier and simpler for potential clients to gain access to the help available from the CAB service and for the CAB service to collectively manage demand better. Pilots for this service at a local level have focussed on either establishing a virtual call centre (where a number of local bureaux share the same number and route calls between the different outlets) and/or working in partnership with another organisation which has a bulk call handling facility to provide a telephone "reception" service under our brand. These pilots continue.

Our Information Systems

9. To ensure the information and advice we give is accurate we provide training to all new CAB volunteers and provide all CABx with a bespoke information system known as AdviserNet. This is updated constantly for changes in law and must be consulted and referred to by all our advisers when they advising clients. Daily supervision and checking of case records and regular quality of advice audits establish that advisers have used the system appropriately. AdviserNet is available on subscription to other advice giving organizations. Currently it is used daily by CAB advisers in 423 local bureaux. Over 600 other organizations also subscribe to it including libraries, solicitors, trade unions, MPs offices, charities, colleges and community organisations.

10. In order to produce our information systems, and give advice in local bureax, the Citizens Advice service is a major user of government information about legal rights and responsibilities and government services, especially welfare benefits and tax but also covering a wide range of other areas.

11. Our practice in producing information for advisers or the public is not to duplicate content unless it is necessary to do so—our information professionals therefore routinely identify government (and other) produced information which is both hard copy and web based to integrate into our system or to link to for those users and advisers using our web based information. Whilst we are selecting government and externally produced information which is going to be relevant and useful this also means we are dependent on the continued existence and effectiveness of that material. To illustrate the range of our "dependence" on government produced information AdviserNet contains a total of 283 government produced information items and leaflets, a full list of which can be found at Annex 2.

Access To, and the Quality Of, Government Information Materials

12. In AdviserNet, our information source for advisers, we include many links to specific government website pages and other documents (such as codes of practice). In Adviceguide, our internet-based site for the public, we have a number of links to government sites, most particularly to Directgov for public information. Our own written advice documents within AdviserNet and Adviceguide are our interpretations of current legislation and case law, written to best meet the needs of our advisers and clients as we understand them. As such our material often translates a body of legislation and regulation into a simplified, structured and logical form which addresses the problems people are presented with.

13. To keep our information up to date we need to keep abreast of changes in government information. We use the daily e-mail alert service from info4local.gov.uk for government news and updates on policy and legislation. This is a service that central government provides for local government but is freely available to other subscribers.

14. As noted above Citizens Advice is a major user of government information online, most notably Directgov, designed to provide a single point of access to public sector information and services. Directgov is, on the whole, a very good source of government information for the public and we admire its plain English style and its ease of use. It is an improvement on the previous arrangement of multiple sites—though as we highlight below there is scope to improve. We often refer members of the public to this website from our website.

15. In recent years the Government has switched from providing public information in the form of leaflets, letters and other written communications to providing information on the internet or by electronic communication. In short, information that used to be contained in a leaflet is now generally only to be found on a website—or alternatively by telephoning a government helpline or contact centre.

16. We recognize the cost savings and efficiencies that can be achieved by moving from printed materials to electronic publications. Hard copy publications giving information about legal rights and entitlements, particularly on welfare benefits, can become out of date quickly as things change frequently and once in widespread circulation it can be costly and time consuming to ensure that all copies of information in use are up to date.

17. The internet is clearly a fast and efficient method of imparting information to the public. But not everyone has access to it, or knows how to use it. Many of our bureau clients do not have internet access (particularly the over 60s or those from the poorest families) or are prevented from making use of it by lack of literacy, by physical and mental health problems, or because their first language is not English.

18. People who are excluded in these ways will need advice services more to help them make sense of government information and to act on it. In this context it is not evident to us that government departments are recognizing in their delivery plans that switching information to web channels may have the effect of

increasing the need for voluntary sector information and advice providers to act as a bridge to reach the most excluded members of our society.

19. Clearly the Government is right to want to utilize modern communication methods, as well as wishing to keep public sector costs down. But the increasing use of "one size fits all" solutions is simply not suitable for all service users. If certain groups in society need to turn to advice agencies and intermediaries simply to help them locate and "translate" government information, then the government's methods of delivery are not working effectively for those expected to benefit. What is more, such actions effectively displace the responsibility to deliver services equally well to all government service users away from government. The strategy may also inadvertently create a new and potentially disempowering dependency or barrier to information. Individuals who previously might have been able to pick up a leaflet in a public place may now need to go to an agency who will look something up on the internet for them and potentially print it out. For this group of individuals the move to internet only publication may be more excluding and disempowering.

20. Finally, as many CAB clients do not have access to the internet—or may not know where to start in locating complete information on their problem—CABx often report they feel the costs of enabling people to get access to government information are being displaced onto them in printing out leaflets and booklets for clients. We would do this so that the individual can read the information themselves and refer to it later. Some government information items are small booklets detailing legal procedures which our client may need to study at their leisure or be able to refer to as they seek to resolve their problem. Clients who could manage to resolve problems themselves, without representation, are assisted by having public information on paper. But it seems that the costs of bringing this about are now located outside government in a substantial number of cases.

Developments in Government Helplines

21. The Varney report (*Service Transformation: a Better Service for Citizens and Businesses, a Better Deal for Taxpayers, December 2006*) made a number of recommendations for government to change the way services are delivered to the public. The report identified the multiplicity of contact points an individual might have to have with government and has led to a significant number of programmes aimed at transforming services to reduce the extent of duplication in contacts. Citizens Advice is represented on the Delivery Council and supports the goals of this programme in improving the experience of service users. One area of focus has been with government helplines where Sir David's report highlighted the multiplicity of different helplines, suggesting that these could be simplified into possibly one single telephone number for government. The Delivery Council is also overseeing a programme of work to develop standards for contact centres run by government.

22. For most individual consumers contact centres can often work well. They enable people to make contact from the comfort of their own home, at a time that suits them and many problems can be resolved quickly and easily. For people with mobility problems or limited access to transport, being able to make contact from home is a great advantage.

23. However, there are other people for whom the phone is simply not the most suitable or appropriate method that they would choose to deal with government, or any service provider. This is true of many people with mental health problems, people with physical and in particular hearing and speaking disabilities. Telephones may often be inappropriate for people in hospital or for prisoners who may face very high call costs and for other people who have no access to landlines or have to rely on expensive pay as you go mobiles.

24. Citizens Advice has reported regularly on the shortcomings of call centres for consumers, including in its July 2007 report "*Not getting through—evidence on the new system for claiming benefits from Jobcentre Plus*" which highlighted that 93% of bureaux were experiencing, at that time, significant delays in contacting some parts of Jobcentre plus and more than half of bureaux had reported that their clients had been refused alternatives to the telephone as a method of dealing with Jobcentre Plus. We hope to see improvements in a repeat survey.

25. More widely, our research on call centres covering the utility and government sectors (*Are you being served?—evidence on contacting utilities companies*, January 2008) has found that levels of dissatisfaction with call centres is high—25% of those people who had contacted a government agency by telephone were dissatisfied with the way their call was handled. This was a higher level of dissatisfaction than found for those contacting retailers or banks and building societies and almost on a par with the 27% of consumers dissatisfied with their utility company's call handling. Reasons for dissatisfaction were most commonly about the time taken to get through, including the use of menus and queues, costs of calls and lack of competence of call handlers in actually being able to address problems.

Challenges for Us of Working with Government Information

26. The key challenges we have faced in working with and needing to rely on government information include the following issues:

Limited or no notice of statutory publications and codes

Recent examples include:

— The Communities and Local Government Department (CLG) issued a consultation on choice based lettings in January 2007 and responses were due by April 2007. It is normal to expect the document (in this case a Code) to be published soon after the consultation response deadline. However this particular Code was not published until the end of August 2008 and with no notice. We had been in contact with the author of the code at the CLG and requested that we at least have sight of a draft so that we could prepare information for CABx in good time for the start of this Code. But this was not provided.

— The legislation and Code of Practice for identity cards to be introduced on the 25 November 2008 is still only in draft form.

— Regulations made under the Consumers, Estates Agents and Redress Act 2007 (CEAR) presented difficulties for us with the timing of The Postal (Consumer Complaints Handling Standards) Regulations 2008 made on 3 September and due to come into force on 1 October, and the timing of the approval of the redress scheme. Briefing packs were sent out about two weeks before the CEAR Act was due to come in to force by which time it was too almost too late to include the helpful practical information in our information system due to the lead in times for our publishing and distribution process.

— Currently we still have no date for implementation of Tiers 2 and 5 of the points based system. The only date published on the UKBA website is November 2008—no actual day.

Last minute changes

— A recent example is the Social Security (Miscellaneous Amendments) (No. 5) Regulations 2008 (SI No. 2667), which were laid before parliament on 9 October 2008 and come into force on 30 October 2008. This often happens with miscellaneous changes to social security law.

Government departments not being responsive to our requests for them to check our material

Departments are quite inconsistent in their approaches to working with our information needs. Some are very helpful and responsive to requests for support to enable us to get accurate information out to bureaux in time. But this is not universal. For example:

— Employment and Support Allowance (ESA). This is a major new welfare benefit being introduced this autumn effectively replacing incapacity benefit for new applicants. To enable bureaux to be prepared for enquiries at the end of October we would ideally have wanted a programme of information and training to them over the summer of 2008. The Department for Work and Pensions agreed to check our document entitled "ESA: advising clients now" in the middle of May 2008, but did not agree to check our full advice documents for AdviserNet till the start of August 2008. We had several meetings and contacts with them during the spring asking for their support for our needs relating to the introduction of this new benefit. Getting their agreement took four months of emails, phone calls, and meetings. This is in spite of a longstanding and established relationship with the DWP.

— Since the beginning of September we have been trying to find out a timeline for when the various provisions of the Housing & Regeneration Act come into force from the CLG but with no response to date.

Possible Improvements in Government Information Production

27. From the perspective of Citizens Advice, producing the national AdviserNet and Adviceguide information systems, there are a number of ways in which government departments' management of information production could improve so as to help us do our job. These range from simple operational issues to strategic issues.

Information on Changes to Government Leaflets and Sites

28. It would be helpful to be advised when all/any government leaflets are revised and reissued. Without this information, we are dependent on constantly searching government websites for new editions and this is a time consuming and potentially unreliable way of obtaining this information. The Inland Revenue and the Benefits Agency used to send regular updates, but apparently this service is no longer available from HM Revenue and Customs or the Department for Work and Pensions. It would also be useful to know, possibly by an e-mail alerter service, when government websites have been amended or had new content added. It would also be very helpful to know in advance when government leaflets are due to be reviewed. Amendments to leaflets sometimes appear on government websites and we would like to know when these changes will be incorporated into the primary leaflets.

Ensuring Government Information is Up to Date

29. The UK Statute Law Data Base from the Ministry of Justice (http://www.statutelaw.gov.uk/) needs to be brought fully up-to-date with revised legislation. It would be an invaluable resource, both for ourselves and for the public, if it could be relied on to display fully updated legislation, but we are unable to use it as a reliable source at present.

Better Advance Information to Help us to Plan

30. We frequently have insufficient or extremely short notice of changes to legislation and government communications campaigns aimed at the public where there is a desire for the CAB service to be engaged as a distribution channel. In the latter type of situation it often feels as though the voluntary sector role is an afterthought—we are not brought into the conversation and planning at an early stage to advise on whether the campaign makes sense, and when it might be best to run it. And, as in the examples above, statutory instruments are often published at the last minute and with insufficient time for us to publish amendments to our information, both for advisers and for the public, before the law is in force. We would be happy to provide the Committee with some specific examples drawn over the past year.

Languages and Needs

31. We are often asked for written information (both web based and hard copy) in languages (such as Polish) which do not seem to be widely available or easy to find within government information. Whilst there may be an argument that those resident in and working in the UK should be able to deal with matters in English the practical reality is that many residents today do not have English as their first language and we are an increasingly diverse society. Relying on only one language is unlikely to be effective in reaching all who potentially need to not only know information but to understand it properly. There is also limited information available which has been produced and designed specifically for people with learning disabilities.

Information Produced Remains Siloised

32. Individual departmental information products and websites vary greatly in ease of use and their lay-outs are not consistent. It can be difficult to find things within government sites as a result, for example equality policies. A greater consistency of approach would be a boon here for organizations that need to hunt for information regularly on the internet. In our case this is not just a "nice to have" since we are trying to locate information and "translate it" for almost 10 million users a year.

Transforming Service Delivery

33. Moving government information for the public into one website portal (Directgov) will make the starting point for individuals needing to find information about all government services simpler—just one web address as a starting point rather than multiple sites with different designs and organization approach. But ensuring that the information contained in Directgov, and the back office processes supporting any applications and contacts from the public is presented to the individual in a "joined up" way remains a challenge. To give a straightforward example for benefits information, Directgov does not cover some important areas. For housing benefit—a major welfare benefit which covers the housing costs of people on low incomes— the site visitor is asked to refer to his/her to local authorities for more information. The quality of local authority sites also varies greatly. On a more significant level despite the laudable aims of Sir David Varney's report of December 2006, *Service Transformation: a Better Service for Citizens and Businesses, a Better Deal for*

Taxpayers, there is a long way to go before an individual contacting the Tax Credits Helpline is given accurate and complete information and advice about all their benefit entitlements.

34. Until and unless government welfare benefits services are integrated it will continue to be the case that many people who move from benefits into work, supported by Tax Credits, will fail to claim benefits like housing benefit and council tax benefit even though the HMRC has information about their income to enable them to advise on potential eligibility.

Conclusions—Are Government Communications Effective?

35. The key test of the effectiveness of government communications should be that they reach people expected to benefit and that as a result they are better informed about their rights and responsibilities, and act appropriately. Often government communications are calling individuals to act—to apply for benefits and help in particular, to complete forms, make payments or receive payments. One measure of the effectiveness of such communications might therefore be whether the groups those communications are trying to reach do actually respond to communications which promote services and products. In the private sector a measure of consumer take up or sales would certainly be a measure of the effectiveness of advertising and marketing spend.

36. Whilst there are many examples of low take up of government initiatives the most significant evidence of failure of communications can be found in the fact that there are persistently high levels of underclaiming of benefits and tax credits. For example a DWP press release date 19 March 2008 made it clear that an estimated £1.8 billion of Council Tax Benefit is going unclaimed each year and that people "could be owed as much as £600". The total non-take up of means tested benefits is estimated to be up to £10 billion. Specifically this means only a 50% take up of housing benefit amongst households in work and only 22% take up for working tax credit for households without children.

37. Whilst there are cultural and experiential barriers to people claiming welfare benefits, it is puzzling why £3 billion of unclaimed pension credit is still sitting there unclaimed at a time when the inflation rate experienced by people on low incomes is high as the costs of basic essentials such as fuel and food have risen dramatically. When Citizens Advice Bureaux undertake community based benefit take up campaigns we are highly successful in reaching the people who are missing out on significant amounts of incomes. We put this down to the trust and personalised approach we are able to provide. The communications being used by Government (content and methods) are clearly not reaching all those that welfare benefits are intended to reach.

38. So we think the government has a significant way to go in improving the reach of its communications and prompting take up of benefits and tax credits. The key to improving its effectiveness in this area may be how well it works with the trusted intermediaries, such as Citizens Advice bureaux in getting information across to the public and particularly those sections of the public who most need the information. The need for advice agencies is heightened by the "one size fits all" approach and more remote and impersonal service delivery methods such as Directgov and contact centres.

39. However, there is a widespread failure of government information providers to plan properly for distribution of their communications with and through the voluntary advice sector. Voluntary advice agencies should be seen as integral to all departmental information and communications plans—but too often "can we get it out through CABx" is an afterthought rather than built in at the beginning of a plan—and as we have mentioned in our evidence above we are often needing to lobby officials to get assistance from them to check our information content and training materials when major pieces of new legislation are introduced.

40. As we have noted above, the move to establish Directgov as a single web based portal for government information and the potential move to a establish a single number for all government "helplines" has potential to improve access to government services at the starting point. We believe there is a genuine desire at senior levels in government departments to not only reduce costs but to transform the experiences of citizens trying to use government services. However there remain challenges to achieving this for all.

41. First, these initiatives may not help some members of our community get access to services because the methods of delivery used will not be effective for all service users. [See Reaching Out: An Action Plan on Social Exclusion—Social Exclusion Taskforce September 2006]. As well as working better with the voluntary sector, complementary communications services addressing language and capability barriers will be needed. It is not clear how in moving to single points of access the Government is working as hard to maintain adequate reach to those in our society who will find it most difficult to deal with matters on the internet or over the telephone. As a result, certain groups in society will need advice agencies and other intermediaries more in future to help them locate and "translate" or get through to simple government information and services because the

methods and manner of delivery is just not reaching them. This could be viewed as displacing the responsibility to deliver services equally well to all services users away from Government.

42. The second challenge is that whilst presented to the public in a single site, or on a single phone line the actual services offered by government, and back office systems, are far from integrated—particularly in the area of benefits and tax credits. Young parents moving from benefits into work still face a chase around of more than one national government claim handling service and local government services to gain access to all the income supplements they are entitled to as the processes are administered separately in government and as yet no single government service provider gives information and advice on all these entitlements to the same extent that the Citizens Advice bureau is able to do.

October 2008

Annex 1

VOLUMES OF ENQUIRIES RELATING TO BENEFITS AND TAX CREDITS (2007–08)

Type of Benefit	*Number of enquiries*
Income Support	144,228
Pension Credit	68,376
Social Fund Loans—Crisis Loans	16,749
Social Fund Loans—Budgeting Loans	9,082
Housing Benefit	169,682
Child Benefit	38,017
Council Tax Benefit	153,305
Working & Child Tax Credits	144,605
Jobseekers Allowance	68,052
National Insurance	10,400
State Retirement Pension	24,129
Incapacity Benefit	120,100
DLA—Care Component	169,222
DLA—Mobility Component	146,959
Attendance Allowance	48,712
Carers Allowance	38,881
Other benefits issues	123,082
All Benefits and Tax Credits	**1,515,483**

Annex 2

GOVERNMENT PRODUCED INFORMATION ITEMS AND LEAFLETS CONTAINED IN ADVISENET

BERR

The Employment Equality (Religion or Belief) Regulations 2003: The Questionnaire (URN 04/1011)

The Employment Equality (Age) Regulations 2006: The Questionnaire (URN 06/1403)

Individual rights and responsibilities of employees (URN 06/1833)

The Employment Agencies Act 1973

Contracts of employment (PL810 Rev 6)

Written statement of employment particulars (PL700 (Rev 6))—URN 05/1671

Example of a written statement of employment particulars (PL 700A (rev1))

Continuous employment and a week's pay (URN 06/531)

Employment Rights on the Transfer of an Undertaking (URN 06/1795)

Guarantee payments (URN 06/536)

Disclosures in the public interest: protections for workers who "blow the whistle" guidance (URN 06/533)
Pregnancy and work—What you need to know as an employee (URN 08/752) 2008–09
Working fathers (PL517)
Extending the rights to request flexible working to carers of adults
Pay statements: what they must itemise (PL704 Rev 5)
Equal Pay Act 1970: The Questionnaire
National Minimum Wage—A short guide for workers
Suspension from work on medical or maternity grounds under health and safety regulations (PL 705)
Union membership and non-membership rights (PL 871)
Industrial action and the law—a guide for employees, trade union members and others (PL 869)
Code of practice—industrial action ballots and notice to employers
Industrial action and the law: Citizen's right to prevent disruption (URN 06/553)
Payment of union subscriptions through the check-off (PL 944)
The trading schemes guide
Unfairly dismissed? (PL712)
Dismissal—Fair and unfair: A guide for employers (PL714)
Rights to notice and reasons for dismissal (PL707)
Redundancy consultation and notification (PL833)
Sex discrimination Act 1975—the questions procedure (URN 05/1348)
Land compensation: your rights explained (Your home and nuisance from public development (booklet 2))
Pricing Practices Guide (URN 08/918)
The Trading Schemes Guide (URN 05/908)

Business Link

Business rates in England

Charity Commisson

Registering as a charity (CC21) (2008)

Child Support Agency

How can I appeal against a child maintenance decision
Application for child maintenance (CSF001)
Child maintenance enquiry (CSF002)

Criminal Justice System

The Code of Practice for Victims of Crime—A guide for victims

Criminal Injuries Compensation Authority

Guide to the 2001 Compensation Scheme

Child abuse and the criminal injuries compensation scheme (TS10)

Criminal Records Bureau

Disclosure application form
An applicant's guide to completing the disclosure application form
Code of practice and explanatory guide for registered persons and other recipients of disclosure information

DEFRA

Agricultural Wages Order 2008

Bothered by noise in England?

A guide to the Agricultural Tenancies Act 1995

DEPARTMENT FOR COMMUNITIES AND LOCAL GOVERNMENT

Notice claiming the right to buy (RTB1)

Your right to buy your home (06 HC 04357)

Initial notice of delay (form RTB6)

Operative notice of delay (form RTB8)

Assured and assured shorthold tenancies—a guide for landlords

Residential Long Leaseholders: A guide to your rights and responsibilities (07 HC 04707)

Thinking of taking on Business Premises? Renting Business Premises—A short guide

A better deal for tenants—your new right to manage (HUG 352)

A better deal for tenants—your new right to repair

Housing Health and Safety Rating System—Guidance for landlords and property related professionals

A better deal for tenants—your new right to compensation for improvements (HUG 354)

The Party Wall etc Act 1996—explanatory booklet

Over the garden hedge

High hedges: complaining to the Council

Protected trees—A guide to tree preservation procedures

Building regulations explanatory booklet

Compulsory Purchase and Compensation—Compulsory Purchase Procedure (Booklet 1)

Compulsory Purchase and Compensation—Compensation to Residential Owners and Occupiers (Booklet 4)

Compulsory Purchase and Compensation—Compensation to Agricultural Owners and Occupiers (Booklet 3)

Compulsory Purchase and Compensation—Compensation to Business Owners and Occupiers (Booklet 2)

DEPARTMENT OF HEALTH

Health advice for travellers (T7)

NHS dentistry in England: information for patients (April 2008)

A quick guide to help with health costs including charges and optical voucher values in England (HC12) April 2008

Healthy Start: free milk, fruit, vegetables and vitamins for you and your family (HS01)

DEPARTMENT FOR INNOVATION UNIVERSITIES AND SKILLS

Money to learn

A guide to financial support for higher education students in England in 2008–09

Higher Education Student Finance—How you are assessed and paid

Bridging the Gap—A guide to the disabled students' alllowances (DSAs) in higher education in England—Guide for 2008–09

Childcare grant and other support for full-time student parents in higher education in England in 2007–08

Student loans: A guide to terms and conditions 2008–09

The European choice—a guide to opportunities for higher education in Europe

Time off for study or training (TfST/EL1)

DEPARTMENT OF TRANSPORT

Child car seats: the new law (T/INF1101)

Public local inquiries into road proposals

DEPARTMENT FOR WORKS AND PENSIONS

Pregnancy related illness (NI200)

SMP statutory maternity pay (SMP1)

Statutory sick pay and incapacity benefit (SSP1) claim pack

What to do after a death in England and Wales (D49)

Income Support Claim Pack (A1)

Your guide to Winter Fuel Payments and Cold Weather Payments 2008–2009 (Aug 2008)

Community Care Grants from the Social Fund (SF 300)

Budgeting Loans from the Social Fund (SF 500)

Crisis Loans from the Social Fund (SF401)

A claim form for Housing Benefit and Council Tax Benefit for pensioners (HCTB1(PCA))

Housing Benefit and Council Tax Benefit Claim Pack (HCTB1)

Jobseeker's allowance claim form (JSA1)

Jobseeker's allowance hardship application (JSA 10)

Claim Pack for Incapacity Benefit (SC1)

Incapacity for work questionnaire (IB50)

A guide to State Pensions (NP46)

Your guide to State Pension Deferral

Maternity allowance claim pack (MA1)

Attendance allowance claim pack (A1AA)

Disability living allowance claim pack—for a person aged 16 or over (DLA1A Adult)

Carer's Allowance claim pack (DS700)

Carer's Allowance claim pack (DS700(SP))

Industrial Injuries Disablement Benefit (Diseases) (IIDBAA5JP)

Industrial Injuries Disablement Benefit—Accidents (IIDBAA5JP)

Help with getting benefits for people with a disability or illness (HHBA5JP)

DVLA

UK Registration Certificates and Guidance Notes (INS 160)

EMPLOYMENT TRIBUNALS

Making a Claim to an employment tribunal (URN 06/936—/Form ET1 v02)

Responding to a claim to an Employment Tribunal

Your claim—What happens next? (URN 05/870)

The hearing—Guidance for claimants and respondents (URN 05/871)

The judgment (URN 05/872)

Financial Services Authority

FSA Factsheet—Endowment mortgage complaints
Just the facts about the Financial Service Authority
FSA Factsheet—Stakeholder Pensions and Decision Trees
The State Second Pension—should you be contracted out?

Forestry Commission

Tree felling—getting permission

General Register Office

Access to birth records: UK (ACR 100)
The Adoption Contact Register (ACR 110)

Health & Safety Executive

Working with VDUs
Health and safety regulation . . . a short guide (HSC13)
COSHH A brief guide to the regulations (INDG136)
Manage buildings? You must manage asbestos (01/08)
RIDDOR Explained—Reporting of Injuries, Diseases and Dangerous Occurrencies Regulations (HSE3)
The Employment Medical Advisory Service and You (HSE5)

Her Majesty's Court Service

Her Majesty's Courts Service Welsh Language Service (EX501)
Guide to Jury Summons and Specimen Jury Summons
Court fees—do you have to pay them? (EX160A)
County Court fees—Including fees for family cases—From 1 October 2007 (EX50)
Making a claim? Some questions to ask yourself (EX301)
How to make a claim (EX302)
A claim has been made against me—What should I do? (EX303)
No reply to my claim form—What should I do? (EX304)
The defendant disputes all or part of my claim (EX306)
The defendant admits my claim—I did not claim a fixed amount of money (EX308)
The defendant admits my claim—I claimed a fixed amount of money (EX309)
The small claims track (EX307)
The fast track and the multi-track (EX305)
Criminal Cases Review Commission: Who we are
Attachment of earnings—How do I ask for an attachment of earnings order? (EX323)
Warrant of execution—How do I ask for a warrant of execution? (EX322)
Petition of dissolution (civil partnerships) and notes (D508)
About divorce (D183)
I want to get a divorce—What do I do? (D184)
Children and divorce (D185)
The respondent has replied to my petition—What must I do next? (D186)
I have a decree nisi—What must I do next? (D187)

Divorce petition—Notes for guidance (D8 notes)

Example of divorce petition (D8)

Statement of arrangements for children (D8A)

Example of acknowledgement of service for 5 years separation (D8(4))

Example of affidavit by petitioner (D80D)

Application for directions for trial (special procedure) (D84)

Notice of application for decree nisi to be made absolute (D36)

Supplement for an application for financial provision for a child or variation of financial provision for a child (C10)

Statement of means (C10A)

HM Prison Service

Assisted Prison Visits Scheme

HM Revenue & Customs

PAYE and NICs rates and limits (E12)

Day-to-day payroll (E13)

Pay and time off work for parents (E16)

Pay and time off work for adoptive parents (E16)

Employer's further guide to PAYE and NICs (CWG2(2008))

Statutory Maternity Pay ready reckoner (Appendix)

Leaver's statement of SSP (SSP1(L) Sept 04)

Return of estate information (IHT205) and notes (IHT206)

Inland Revenue account for inheritance (IHT 200)

How to fill in form IHT 200 (IHT 210)

Supplementary pages (SP1)

Notes for supplementary pages (SP2)

Check your tax credits award notice (TC602(SN))

A simple guide to working out your tax credit entitlement (2007–08)

Example of tax credit claim form and notes (TC600) April 2008

What happens if we have paid you too much tax credit? (COP26) Jan 08

Tax credits overpayment (TC846) (03/08)

Benefits and Credits: Authority for an intermediary to act on your behalf (TC689) (06/08)

Social security abroad (NI38) March 2008

Pensions: the basics—A guide from the Government (PTB1)

PAYE coding notice (2008–09)

Understanding your tax code

Using your own vehicle for work—A factsheet for employees

A Factsheet for Employers Setting up Green Travel Plans

Giving to charity by individuals (IR 65)

Approaching retirement—A guide to tax and National Insurance contributions (IR121)

Quick guide to the new Construction Industry Scheme (CIS341)

Registering for the new CIS—advice for subcontractors (CIS342)

Applying to be paid gross—advice for subcontractors (CIS343)

Getting paid by a contractor—advice for subcontractors (CIS344)

Residents and non-residents (IR 20)
Bank and building society interest—Are you paying tax when you don't need to (IR111)
Individual Savings Accounts (ISAs)
Complaints and putting things right
Special Compliance Office Investigations (COP8)
Repayment of post-war credit (DC 351 (NEW))
An Introduction to Capital Gains Tax
A quick guide to buying a property
Stamp Duty Land Tax : A guide to leases
Tax return for the year ended 5 April 2007 (SA100)
Tax return guide for the year ended 5 April 2007 (SA150)
Self Assessment—A general guide to keeping records (SA/BK4)
Should I be registered for VAT (Notice 700/1)
Cancelling your registration (Notice 700/11)
VAT—Reliefs for disabled people (Notice 701/7)
VAT—Motor vehicles for disabled (Notice 701/59)

HOME OFFICE

United Kingdom passport application form
How to fill in your passport application form
If things go wrong
Passport photographs
Rights and responsibilities of nationals from the new member states from 1 May 2004 (WRS)
Rights and Responsibilities of Nationals from Bulgaria and Romania from 1 January 2007
The Employment Equality (Sexual Orientation) Regulations 2003: The Questionnaire
Comprehensive guidance for UK employers on changes to the law on preventing illegal working (February 2008)
Preventions of illegal working—Summary guidance for employers (February 2008)
Race Relations Act 1976—the questions procedure
Identity Theft—Don't become a victim

HOUSE OF COMMONS INFORMATION SERVICE

House of Commons—Public Petitions (Revised November 2007)

HOUSING CORPORATION

Guide to the Right to Acquire
Have you heard about shared ownership?
Have you heard about New Build HomeBuy?

INDEPENDENT POLICE COMPLAINT COMMISSION

Independent Police Complaints Commission: How to make a complaint against the police
Independent Police Complaints Commission: Appealing against a complaint not being recorded (COM/18)
Independent Police Complaints Commission: Appealing against the police investigation into your complaint (COM/19)
Appealing against the Local Resolution process

INSOLVENCY SERVICE

How to make a complaint against an insolvency practioner (URN 06/1070)
Bankruptcy: what will happen to my home? (URN 06/1442)
Bankruptcy: what will happen to my bank account? (URN 06/1443)
Bankruptcy: what will happen to my pension? (URN 07/542)
Bankruptcy Restrictions Orders (URN 06/2205)
When will my bankruptcy end? (URN 06/2205)
What happens when you are interviewed by the Official Receiver (URN 06/1009)
Can my bankruptcy be cancelled? (URN 06/1440)
Fast-track Voluntary Arrangements (URN 07/671)
Complaints Procedure (URN 06/1125)
How to make someone bankrupt (URN 06/1068)
How to wind up a company that owes you money (URN 06-1057)

LAND REGISTRY

What to do when a land owner dies (Public Guide 9)
Land Registry Public Guide 1: A guide to the information we keep and how you can obtain it (April 2008)
Land Registry Public Guide 8: Registering title to land—the characteristics and advantages
Land Registry Public Guide 13: Applications for first registration made by the owner in person (April 2008)
Land Registry Public Guide 4: Protecting home rights under the Family Law Act 1996 (December 2005)
Title plans and boundaries (Land Registry Public Guide 19) October 2007

LEARNING AND SKILLS COUNCIL

Adult Learning Grant—Get paid to improve your qualifications
Financial Help for Young People
Get in the know—Students' guide to Education Maintenance Allowance in England

LEGAL SERVICES COMMISSION

Application for Legal Help and Help at Court
Community Legal Service: Keycard No 44 (April 08)
Alternatives to Court—Dealing with problems without going to court (LSC023E)

LOCAL GOVERNMENT OMBUDSMAN

Local Government Ombudsman in England

OFFICE OF FAIR TRADING

Using an estate agent to buy or sell your home
Scambuster: Your guide to beating the scammers (OFT831)
Do you need a credit licence? (OFT147) April 2008
Consumer credit licence fees (CC18)
Extortionate credit (OFT14)

Office of the Information Commissioner

Data Protection Act: Incorrect information—What can I do?

Data Protection Act: Help! How can I stop them processing my personal information?

Data Protection Act: Preventing decisions based on automatic processing of my personal information

Data Protection Act14/10/2004 Stopping Unwanted Marketing Materials (DP/LRO/05/050/20K)

Credit explained

Office of the Public Guardian

Lasting Power of Attorney—Personal Welfare (LPA PW)

Lasting Power of Attorney—Property and Affairs (LPA PA)

Ofsted

Information for parents and carers using childcare services (August 2008)

Residential Property Tribunal Service

Residential Property Tribunals—Determinations by Residential Property Tribunals as to whether a dwelling-house is particularly suitable for occupation by elderly persons

Leasehold Valuation Tribunals

Special Educational Needs and Disability Tribunal (SENDIST)

Special educational needs: how to appeal

UK Intellectual Property Office

Patents—Basic Facts

Designs—Basic Facts

Trade Marks—Basic Facts

Valuation Tribunal Service

Advice on appealing against your Council Tax or Non-Domestic Rates

Veterans UK

Rates of war pensions and allowances 2008–09 (Leaflet 9)

Notes about war disablement and war widows pension (Leaflet 1)

Notes for perople getting a war pension living in the United Kingdom (Leaflet 2)

Notes for war pensioners and war widows going abroad (Leaflet 6)

Welsh Assembly Government

UK study choices 2006—financial information for students who live in Wales

Special educational needs: how to appeal

Guide to funding: Making learning work for you in Wales

A guide to financial support for higher education students in Wales in 2008–09

Bridging the Gap—A guide to the disabled students' alllowances (DSAs) in higher education in Wales—Guide for 2008–09

Childcare grant and other support for student parents in higher education in Wales in 2008–09

Public Services Ombudsman for Wales
Charges and optical voucher values in Wales (HC12W)
The Guarantee for Housing Association Residents
Homebuy a guide for applicants in Wales
The Right to Acquire—a guide for tenants
Sound advice on noise in Wales—Don't suffer in silence

Examination of Witnesses

Witnesses: Ms Teresa Perchard, Public Policy Director and Ms Fiona Monroe, Information Officer, Citizens Advice, examined.

Q428 ***Chairman:*** Good morning. I am not Lord Fowler; I am afraid, sadly, he is ill and is not able to be here today, so I am standing in. I am a normal member of the Committee promoted to this very elevated position for just this day. At any rate, can we welcome you very much? Thank you very much for coming and for helping us in our inquiry into Government communications. Obviously, you, your colleagues and all your volunteers in the Citizens Advice Bureaux throughout the country have very keen and pretty clear knowledge and thoughts on the quality, or lack of it in other cases, of Government communication. Is there anything you want to say by way of opening, or can we go straight into questions?
Ms Perchard: Just briefly, if I may introduce us. I am Teresa Perchard, Director of Policy at Citizens Advice. My colleague, Fiona Monroe, is a member of our information department at Citizens Advice and has also worked as a CAB adviser, so she has been on the frontline and producing information for our advisers to use. Our written evidence focuses very much on our role as an information provider for the public and our reliance on government information to help us do our job. We are a national charity providing support services to a network of local charities throughout England and Wales, and bureaux in Scotland and Northern Ireland also use the information that we produce. We are helped to do our job better by having timely, accurate and complete information from government about individuals' rights and responsibilities and, in advance of changes to those, good notice so that we can prepare not just information but, also, training for our thousands of volunteers. We have 16,000 volunteer advisers in England and Wales alone. Our evidence aims to summarise the channels we use to produce information for our advisers for them to use with their clients and for the public directly through our own website, and, in an annex, highlights a number of government leaflets that we are reliant on in our information system. We then go on to discuss government trends in producing information via the internet, developments in government help-lines and challenges we face working with government, and I am afraid it is a list of things we would like to see improved. We do not want it to come across as a whinge but this is an important opportunity, perhaps, to say there are areas where these things could be done better and suggest improvements in working methods. We have not provided you with any evidence on the question you are looking at of—let us call it—"spin" in government communications, and we have not provided any evidence on citizen engagement in policy making, but we do have a lot of experience because we respond to a lot of government consultations and we would be happy, if you wanted more evidence on that, to provide it at a later date. I just thought I would mention that as an introduction.

Q429 ***Chairman:*** As it is an opportunity just to put a few things on the record, you have confirmed—and I think we all know—the tremendous work that all the volunteers do, and the 16,000 you just referred to who work in this field. What is the sort of central organisation that you have that enables these volunteers to actually operate?
Ms Perchard: Citizens Advice is a national charity but it is one largely supported by public funding, in particular a core grant from the Department for Business, Enterprise and Regulatory Reform. The national organisation provides a range of support services, membership services for member bureaux. We specify our membership scheme and we audit bureaux; so we audit how they are organised and managed, and we audit quality of advice. So we have resources going into safeguarding the quality and effective operation of the CAB network. We have been in business now for nearly 70 years, so we must be doing something right in terms of having a stable network which has 96% public awareness. We have teams of people working in the regions, and in Wales, who work with bureaux to help them with their local funding, governance and management requirements. Bureaux are reliant on local government funding; some of them have annual funding, funding that can go up or down, which makes service levels sometimes quite volatile, and we provide management support services to 426 member bureaux, each of which is an independent organisation responsible for its own finances. We have a training team which designs and organises the delivery of training for 4,000 new volunteers every year. We have many volunteers who

stay for a long time but 4,000 new ones join us every year. We run a volunteer recruitment line nationally, which had 12,000 new applications last year. These are all the sorts of services that Citizens Advice provide. We have a team in our information department who write all of the information that our trained advisers need to refer to in order to provide accurate, up-to-date legal advice. We insure all of the advice given by the CAB services; we have a group insurance policy for giving wrong advice. So we are trying to ensure that the advice is right, where possible, and if not there is an insurance against that. So it is about protecting the public from bad advice. Our information system, AdviserNet, which is used by advisers when they are working with clients, is incredibly comprehensive: it covers the entire welfare benefit and tax credit system, and then issues like high hedges and what to do about them, electoral issues—everything you can think about that a citizen today might come to us for advice about you will find in our AdviserNet system. Then, to back up that, in providing information to the public, we have a website called "Adviceguide", which is currently being used by over 7 million people a year who look at it for information on about 9.5 million problems. People who come to the CAB service often have more than one problem; particularly because our clients are, predominantly, people on low incomes and reliant perhaps on welfare benefits, a combination of problems is very common of welfare benefits, debt, housing or employment. Those are our big, big problem areas in volume terms.

Q430 ***Chairman:*** If you are right at the frontline, you say you never know what the next problem is that is going to come through your door, but would I be right in thinking that a very substantial number are either debt issues or benefit issues?
Ms Perchard: Yes, those are our big two areas.

Q431 ***Chairman:*** You will get, if we are moving into quite a difficult economic time, a very early indication—one of the earliest indications—as to whether there are really serious problems arising over debts, repossessions and all that sort of stuff. Does government draw on your information, as well as you wanting information and communication from government? Do you have good statistics that can help the Government as to what is really happening?
Ms Perchard: Yes. Yes, we do, and they have got better. Actually, our debt boom was about five years ago. That is when the number of consumer credit debts coming to the CAB was sky-rocketing, and we were the first organisation going into government and saying: "There are big problems with debt", and everyone was saying: "No, no, no, no; the economy is very benign". We were saying: "How come we have had a 40% increase in consumer credit debt problems?" "Oh, it is just a small number of irresponsible borrowers and lenders, and not a sign of anything bigger". Actually, we have seen, thankfully, a reduction in consumer credit debt problems, and certainly some of the bigger lenders changed their lending policies a couple of years ago due to higher levels of bad debt provision. The big lenders, like the Barclaycards of this world, make more of an impact on scale when they change their policies than a small lender. What we have been reporting over the last year, though, is a step up in the number of mortgage arrears that we have been dealing with and we have been reporting that for the last year—the Government is well aware of that. There are a lot of other data about mortgage arrears—and fuel debts as well. I think what we are often able to do is to describe the type of people who are coming to us with problems about fuel debt. Particularly on fuel, people who are not pensioners but who are living on benefits, who are not getting a winter fuel allowance, are finding that very hard to deal with at the moment. So that leads to a conversation about other groups that might need extra help. Just in the last quarter we have seen a significant increase in some employment problems—redundancy and dismissals. JobCentre Plus is, clearly, well aware of that issue because the applications for Jobseeker's Allowance have also increased significantly. So we have regular conversations, but we also publish our statistics, and our latest highlights were published on 10 October—our figures for last year and the first six months of this year.

Q432 ***Chairman:*** That is extremely interesting. If we could, perhaps, just come back to the key part, you depend on government: an awful lot of the information that people come to you about, you, in turn, have to get from government in one form or another.
Ms Perchard: Yes.

Q433 ***Chairman:*** We have been looking at the Phillis report, which talked about direct, unmediated communication with the public. How well do you think that is going?
Ms Perchard: I cannot pretend we followed the Phillis report, but the area of unmediated communication that we are most closely involved with is the development of Directgov, although that has come out of a different place in government—the Varney report, particularly—in looking to simplify the public's access to information about government services by bringing it together in one website, so that things are easier to find. We would not particularly have any comments on what has been going on in government to address the Phillis report specifically on unmediated communication.

Q434 ***Chairman:*** Does the government communicate directly with you? Does it see you as a specific outlet for its information and communication? Does it train you at all?
Ms Perchard: Does it train us?

Q435 ***Chairman:*** Any of your people. When you get into significant changes in benefit or other issues that you have to pass on, do you get any help on that from the Government?
Ms Perchard: Variable. In our written evidence we highlighted a number of examples where we have, perhaps, had very late information from government about how something new was going to work. A particular, current example is the introduction of Employment Support Allowance, which comes in next week, I think—27 October. It replaces Incapacity Benefit for new applications, initially, so the number of people who would be claiming Employment Support Allowance might be quite small at the start, but it will eventually replace Incapacity Benefit. As our written evidence documents, for about four months, through repeated emails, telephone calls and meetings at ever-higher levels, we were trying to get DWP to do exactly that—to share with us their training, which they were rolling out for their employees, to our advisers—but, also, to really help us get our information for our advisers and the public straight, because a lot of people come to Citizens Advice Bureaux about benefits issues. This is a complex change. There has also been an issue whereby if people did not claim Incapacity Benefit before 27 October this year they would actually have a lower level of benefit by claiming Employment Support Allowance. That is something we have been concerned about as well. I do not want to paint government officials as not trying to be helpful, but they are often in a managed programme and plan of activity with a budget, which is very departmentally focused and very delivery focused within the department. As we suggest in our evidence, one way of getting out of this is to, at the beginning of a plan of introducing something new, build in plans for working with the voluntary advice sector, not just CAB. That would improve things substantially, because when officials are midway through implementing their project and we are saying: "Could we please come on some of your training? Could you please check this material that we have written to give to our advisers?" it is not in their plan, and we are lobbying after the delivery plan is already in train to try and get help. They say: "We haven't got any budget to train you lot; that wasn't in our plan". So we would like to be in at the beginning much more and to be less of an after-thought, where we are running to catch up, and more integrated into plans for distribution of information, particularly with big legislative changes.

Q436 ***Baroness McIntosh of Hudnall:*** Can I just unpack that a little bit? With certain kinds of information, presumably, particularly in relation to benefits—anything that the Government is directly involved in administering—the Government has its own ways of communicating with the people who might need to know about it, for example, through JobCentres or whatever. With the people who come to see you, do you have a sort of impression, or indeed do you have any statistics, to tell you whether those who eventually wind up coming to you for advice do so after they have tried to get advice from the relevant government department, or in parallel with it, or not having attempted to get it from that source?
Ms Perchard: All three. I hope we can bring in Fiona on this with some examples, but it is quite common that people will find that they have been rebuffed. There is a long history about the practice of JobCentres sending people round to the CAB simply to get an application form for the Social Fund. The displacement of people on to the CAB service is not a new phenomenon. A lot of the people who come to us for help with dealing with Tax Credits have done so because they have not been able to get a successful outcome from repeated telephone conversations with the Tax Credit helpline or the debt recovery unit about recovery of overpayments; they are still confused and perplexed and being asked to repay thousands of pounds very quickly, and they cannot afford it, they do not know where to go for help, and the CAB is often mentioned as a source of help and advice in government information. So, of course, they will come to us and we are better informed to be able to try and get to the root of the issue and, also, have a conversation with the government officials concerned to try and resolve the problem. It would be much better if the front line in government services was handling inquiries from their customers much better than they are, on two levels: firstly, just competence and knowledge of the products that they are dealing with, but, secondly, knowledge of other products and services that the individual might be entitled to. So a lot of people who may be eligible for Tax Credits are also eligible for help from the Council Tax Benefit system or Housing Benefit, but are not advised to claim. I think Fiona has some examples from a bureau in Kilburn which illustrate that. Somebody has come to us, having been to a government department and come away not having been told about all of their entitlements.
Ms Monroe: Yes. If I could add then, the administration of benefits is so fragmented between departments, and even between sections within departments, that I think that adds to the difficulty of training staff or having staff who are experienced—or they have no knowledge, possibly—in the other benefits that somebody might be able to claim. I have

several examples here. The Pensions Service failed to advise a pensioner couple that they were entitled to Child Tax Credit as well as Child Benefit, as a result of which they went without that money for three years. It is, possibly, relatively unusual for a pensioner couple to have a dependent child but, nevertheless, that is the kind of information that is being missed between the Pension Service and the Revenue, basically. Frequently, the inter-relationship between benefit claims can be very complicated. They have what we call "passporting benefits" (which you may be familiar with) where, in order to qualify for a benefit, you need to be in receipt of another benefit. For example, to get disability premium with your Tax Credit you need to be in receipt of Disability Living Allowance. It is absolutely critical that you make your claim on time, that is, when you enter a claim for Disability Living Allowance. At that point, you have no change of circumstance to report (all you have done is fill in a form and send it off; you do not know whether you are going to get it or not) but, as a result, if your claim is successful, then you might be entitled to an additional premium with another benefit. However, you may well miss out on the backdating if you do not fill in those two claim forms at the same time. That is so frequently missed that people lose out on the money that they are entitled to because they have not made that claim on time.

Q437 ***Baroness McIntosh of Hudnall:*** But, just in terms of the communications issues, what I would gather from what you have said is that it is an inter-departmental failure in the sense that information that is coming from one Department is not properly tied up with information that is available from another and, therefore, it has this impact.
Ms Monroe: Yes.

Q438 ***Baroness McIntosh of Hudnall:*** So that leads into questions about the integration of government information, yes?
Ms Monroe: Yes.
Ms Perchard: Absolutely, and, more importantly, the integration of services, because the information is just the sort of front end of it. The Directgov site is admirable in bringing everything together in one place, but what is going on behind it is not and, if you start there, you end up where you could be shooting off to four or five different places and a local council to try and get all of the income that you are entitled to from different parts of government.

Q439 ***Chairman:*** Obviously, it is a very important part of your work and one that is enormously important to your clients who come, and it may be a problem that the actual person in the benefit office, or whatever it may be, is busy and the rules are changed and all that. Are there any other illustrations outside the benefit field, where people are coming to you because they do not know what is going on, where you think government communication should be better?
Ms Perchard: I do not know if we have got any suggestions here, but I think at any one time, the sort of current issues we have highlighted in our written evidence are things that are about to come into effect where there is still no detail about how this is supposed to work. There is the points system for immigration and migrant workers due to come in in November, next month, but there is no more information about the scheme, to the best of our knowledge, so it is quite possible that people might be coming into CAB asking about this, uncertain about it, and they might go to an independent organisation before going to the Government to ask, if you see what I mean. I think it is where something is known about and it is going to happen, but actually the detail is not available sufficiently in advance for people who are affected to have any warning, and that could be in many different areas. I think choice-based lettings was another issue we highlighted. There was a consultation in 2007 and a code of practice dealing with this, applying to social landlords, only came out a year later, so in the interim period we might have had some people asking, "What's going on with this?"
Chairman: I think we see where we are having problems. I think we ought to move on.

Q440 ***Baroness Bonham-Carter of Yarnbury:*** I want to talk specifically about communications and the way in which the Government uses the media to communicate through, and I just wonder if you agree with what was in the Phillis Report, which is that the Government spends a disproportionate amount of its time and money communicating with the media and should be concentrating more on communicating directly with the public.
Ms Perchard: We have not undertaken a review of how government departments are allocating their spend. The view I take really on this is that the media is a channel to the public, and I think the Government needs the media more to reach the public than it might be able to do itself, unless it started its own news channel and set up its own daily newspaper. Marginally, the media is trusted more than the Government.

Q441 ***Baroness Bonham-Carter of Yarnbury:*** That was going to be my next question actually. Do you find that people do believe what they read in the media about the Government?
Ms Perchard: Well, I have had a quick look at some of the research on trust. There was a very good BBC survey about media and government trust in 2006,

which you have probably had a look at, and people around the world vary in their level of trust of their governments and the media. In Nigeria, 88% trust journalists compared to 34% trusting the Government, and it is slightly the other way round in the UK, but people are really using the media and hunting for news much more than they are looking on government websites for information about what is going on. I think in the current environment the media have been the primary source of information for people about their savings, the economy, what they should do, so the media has a lot of responsibility in the hot economic situation that there is currently to be informing the public and people making decisions about what to do with their savings as a result of what they are learning through the media.

Q442 ***Baroness Bonham-Carter of Yarnbury:*** So you would think that the Government's strategy in its use of the media is one that you understand?
Ms Perchard: I did not say that! I am not sure what the Government's strategy in its use of the media is. No one can ignore the media. If you are a charity trying to raise funds, get support, if you are an information provider, like us, trying to tell people about things they are entitled to or responsibilities they have, you will not be able to reach people quickly and in volume unless you work with, and through, the media. It is a fact of life in today's communications. People are less trusting of internet blogs and things like that because they do not know where they came from, but the BBC, a big, trusted brand worldwide, and national newspapers, they carry a lot of trust, though not as much trust as the charities, so maybe we should start a news channel!

Q443 ***Lord Corbett of Castle Vale:*** On this point of trust, do the numbers you gave us on the way people trust the printed media distinguish between editorial content and advertising?
Ms Perchard: No, I do not think so.

Q444 ***Lord Corbett of Castle Vale:*** So, if I remind you that the Government has been running an extensive advertising campaign on these new rules for migrant workers, you will have seen all the hurdles? Have you seen the adverts for the hurdles which succinctly tell you what is on and where to get more information on it?
Ms Perchard: Yes.

Q445 ***Lord Corbett of Castle Vale:*** Why should that not be trusted? You are offering information. This is why I asked the point about editorial and advertising.
Ms Perchard: I did not say that advertising taken by the Government or anybody should not be trusted. An advert is drawing somebody's attention to something and asking them to act, to ring a number, to stop doing something, to stop throwing litter, and buying space in print or on the web is a legitimate standard of public communication; I am not criticising it.

Q446 ***Baroness McIntosh of Hudnall:*** I want to wrap up several questions really around the question of the use of the internet and websites as a means of communication and to give you a chance to amplify the information in your written evidence, which does suggest that, although the development of internet sites that the Government and indeed other people have put a lot of effort into over the last few years is a useful development, it actually has some significant shortcomings. In particular, therefore, can you talk a bit about your own use of the Internet, your perception of how the Government's use is developing and particularly talk a bit more than you do in your evidence about the exclusion of certain groups through either, as you say, language difficulties or technological challenges. There is a further bit I also want to get on to about departmental variances, but we will perhaps come to that in a minute.
Ms Perchard: I will just kick off on our use and then perhaps Fiona can come in on what we think of Directgov, which is the principal portal, and then on to the exclusion issue. We have been running a public information website called 'Adviceguide' for some years now, probably about eight or nine years, and it is a really important part of our information strategy to reach the public. Through that, we note that many, many more people use us for information on tax than come in to local bureaux and many more people use that information on employment rights than come in to local bureaux. We know we are reaching people through that website that would not necessarily come to a CAB or, on the tax front, they are probably finding our information much, much simpler than anything else they have been able to find. But we take the view that we are not trying to duplicate, we have not got the resources to duplicate the Government and others, and our site is also a portal, so we have lots of links to other things. We have fact sheets, top tips and a slightly sort of current edge to it, so, if there is something very current and new, that is on the front page and that changes, so we use the internet towards the public as part of our strategy for helping more people and in different ways. Then our other system, AdviserNet, is web-based, but it is private to our advisers and those who subscribe. Fiona, would you like to talk about Directgov a bit?
Ms Monroe: Yes, and, before I talk about Directgov, just to say that in the production process of AdviserNet, which is our primary product for advisers and is very large, and our offspring product, which is Adviceguide, we rely very heavily on using

government websites, including both the departmental websites and the Directgov website. Not only do we use them in the production process to find out the information that we need to write—I should say that mainly we write from statute and regulations, from original sources, but we also use codes of guidance and so on—but we frequently link from our information for advisers in order to amplify the information that we give them, and we send them to government websites. When we do that, we always send them straight to the document that they might need, for example, the Code of Practice on Homelessness. If they are challenging a local authority decision, then they might need to refer to that Code of Practice or find it useful, so we will give them a link straight to that, but in the context of the information that we are providing about homelessness law and its entitlements. On Directgov, personally I am impressed with its presentation and its use of plain English, and I think it is well-written in accessible language. It contains lots of links to relevant information, and I find it quite easy to search. When you use the search facility, unlike some government department websites, Directgov comes up with quite a meaningful list of documents with headings that actually tell you what the document is about in a brief document summary, whereas you can search on some government websites for a term and you will get a completely meaningless list of document titles or numbers with extracts from the document reproduced and it does not really tell you where to go. Directgov has some shortcomings inevitably and not everybody finds it easy to get to where they want to go. To take benefits again, it is quite fragmented, but this is possibly a reflection of the benefits system rather than the website itself. One of my colleagues wanted me particularly to emphasise that it does not deal with extent issues well, that is to say, it says that it provides some information about services from the UK Government, but it does not tell you where the differences are between England, Wales, Northern Ireland and Scotland, which is something that we are very particular about on our own websites, both of them. Its greatest shortcoming of course is for those people who do not have access to the Internet.
Ms Perchard: As we understand it from the ONS, 65% of households now have internet access, so it has increased enormously. We do not think the focus on providing information through the Internet is wrong; for the future, that has to be right and the use of the Internet will only grow, but, as we stand now, 35% of households do not have internet access.

Q447 ***Baroness McIntosh of Hudnall:*** Can I stop you for one moment there because one of the more interesting elements of the statistics that you supplied was about who the people are who come to you. Would you anticipate, or do you know, that those people are disproportionately represented in that 35%?
Ms Perchard: Yes, and the last data we have, but they have probably improved, was that 70% of our clients did not have internet access, so it is much less likely for our clients to have internet access.

Q448 ***Chairman:*** The one point though is that, although they may have internet access, it does not mean they know how to use it.
Ms Perchard: Yes, because there are lots of barriers to people using flat information on a screen or a piece of paper. We highlighted the language barrier and whether people can read printed English is different from whether they can speak it.

Q449 ***Baroness McIntosh of Hudnall:*** I am sorry to keep interrupting you, but I just want to focus for a second specifically on the issue of access and then there are other issues about what you do when you have accessed it. There are ways of accessing the Internet which do not necessitate your actually having a computer physically in your own home.
Ms Perchard: Yes.

Q450 ***Baroness McIntosh of Hudnall:*** When people come to you who do not have internet access, what advice do you give them about access to, for instance, public libraries, and to what extent is that a useful part of the network of information?
Ms Perchard: It is certainly a useful part of the network, but, if we are talking about people needing to get access to some government information, and we have provided you with a list of all the government leaflets, the texts of which form part of our information system, very few of the leaflets from the Government on employment rights, for example, are available in hard copy. I think most of us in this room would find it impossible to read and retain the information in the booklet on maternity rights by just skimming through it on a screen and, if I wanted to go and have a conversation with my employer about what my rights were because I am pregnant and I show them what my rights are in a government-produced information item, I would have to print out 96 pages of material because this is not available in hard copy. Public libraries might charge 15p a page, so this is like buying *War and Peace* really if you go down the library to print out your PL958 maternity rights. These are things where really the CAB adviser would be saying, "Here is the information you need. I'm giving you the information that the Government has produced about your rights in this situation", and people will want to go away and study it. One of the things that we discuss in our evidence is that this reliance on the Internet as opposed to hard copy has perhaps created a new dependency amongst some

people or a disempowering effect in that they have got to go to see someone and get them to get the information which they can take away and study, which they might just have been able to pick up themselves in a public place, so it is more than just a 'who has got internet access' exclusionary effect, but it is about ease of access for people to what really are quite large pieces of information and complex because the law is complex and individuals' rights in a situation may be complex. We found particularly on the employment leaflets, but many others, that it is very helpful to give to an employer, "This is what the Government has produced about this" because it has then got that official backing, and to turn up with a photocopied piece of printout that you got down the library has less of a sort of official feel to it. I know it is a bit vague to talk about it in that way, but the drive to Internet only, get rid of paper, which is totally understandable in cost terms, reaches some people who were not being reached and everything is up-to-date all the time, but it does have the effect that there are some groups, who may indeed be the ones who need it the most, who find it the most difficult to get hold of the information they need at the right time.

Q451 ***Baroness Eccles of Moulton:*** You have already covered quite a lot about the government information campaigns and the difficulties you have with getting information in time and that it is impossible for you to join in with the discussion, as it were, while the departments are doing their plans. Are there any other changes to legislation in communication campaigns where you think the Government could involve you earlier and generally make the service you can then provide to your public better and to an improved standard?
Ms Perchard: I was thinking about this and in our written evidence what I suggest, particularly for benefits and tax credits where Parliament has decided, on the initiative of the Government, that there is going to be some financial help available to particular groups in society, the measure of how effective the communication operation is should be how many people actually use it, how many people step forward and claim these benefits, how much money is going into the pockets of people who are intended to be helped. Rather than us just simply being a channel for comms that government departments have come up with, and rather late in the day, what would be really nice is if, every year when the benefit take-up figures were being analysed in DWP, we had a conversation with them about what could be done to get the £3 billion of pension credit, which is going unclaimed at an average of £25 per week, into the pockets of pensioners, and we could craft a shared strategy for getting more people that money. I am afraid that just does not happen. It would be a different way of working, it would require more openness and a partnership between the Government and those who are more trusted and able to approach those who are not responding to other methods to get them the help that they are entitled to, and that could work in many other areas, but, unless the Government is really, really trying to improve take-up and really has a target to improve take-up, that is unlikely to happen, but that is really the sort of thing we would want to be involved with because that is good stuff, that is government services making a difference.

Q452 ***Baroness Eccles of Moulton:*** Would you say that statistics of take-up have altered over the last 10 years, that there are fewer people able to take up the offers?
Ms Perchard: I would have to have a look at the last 10 years. I think the pension credit figures seem to be pretty static over the last couple of years, the take-up is not increasing, and in fact I think on some things there were some slight reductions on last year, but I would need to have a look over 10 years. Obviously, there have been a lot of changed products since then.

Q453 ***Chairman:*** On that, has any government department ever approached you in advance of some initiative they were taking to ask you for your comments and advice on the way they were going to go about presenting the information?
Ms Perchard: Only very occasionally and in small scale really.

Q454 ***Chairman:*** It seems to me you would have quite a contribution to make.
Ms Perchard: Yes.

Q455 ***Chairman:*** You must deal with all the misunderstandings and all the problems of people who have not quite understood what it was that was being said to them before, so you could be a very valuable source of advice, as you are already at the sharp end on that and without an axe to grind.
Ms Perchard: We have had some good experiences of working with HMRC in a small area of their business where they support the voluntary sector. They sponsored a variety of innovative, small-scale initiatives on tax credit take-up, working with migrant workers and ethnic minorities.

Q456 ***Chairman:*** But it is something where you definitely have a role you can play.
Ms Perchard: Yes.

Q457 ***Baroness McIntosh of Hudnall:*** If I can pick that up and take it further, you have mentioned HMRC as having had at least one good initiative where you were pleased with how they developed

their communication. Are there other departments where the provision of information is particularly good, to concentrate on the positive, and, as between the departments where there is good information coming to you, what are the features that they have in common and what are the elements that make it work?

Ms Monroe: I consulted my colleagues about whether they had any favourite government websites, and actually we were at a loss to come up with any: we could not identify outstanding ones. Our comments are largely limited to websites because, as information producers, that is what we are primarily using, so I am not representing the public or the clients of Citizens Advice in that comment really. However, I can identify some things that are better on some websites than others. HMRC, for example, for the purposes of the Information Department, has a very useful list of discontinued leaflets, and that list includes information about what those leaflets have been replaced with, although I absolutely support Teresa's previous comments about our complete dismay at the reduction in hard-copy leaflets. However, one of the things that we do need to know is when leaflets are withdrawn, and it is very difficult to find out that information. HMRC, for example, has a running list, and that information is easy to find. It also has, I think, a better search engine than some websites. It is more user-friendly and, when you search for a term, it comes up with a recommended document. The search on some websites, as I mentioned before, is quite unfathomable.

Ms Perchard: I was thinking about things that have been successful and things that could have been more successful in terms of initiatives which have an element of communication and, on the success ones, where there has been a strong sort of local, on-the-ground involvement, particularly CAB involvement, they seem to be more successful. There was the Partnership Challenge Fund, I think it was called, which DWP ran, funding lots of local initiatives by bureaux, other advice agencies, Age Concern and local councils, trying to improve pension credit take-up, but it only ran for about 18 months to two years because it was a project. It was feeding into national goals to improve pension credit take-up, but devolving the delivery to local initiatives where councils and charities work together to go out and talk to people to get them to claim. The initiative to tackle illegal money-lenders led by the Department for Business, Enterprise and Regulatory Reform is giving resources to local Trading Standards who are setting up confidential helplines for people to report illegal money-lenders, and it is reaching people who are hard-to-reach in a way that is local and using trusted sources and people who know the geography and know the local area. Those sorts of campaigns, which are communication and action, seem to me to be the ones that work the best.

Q458 ***Baroness Howe of Idlicote:*** I will pursue the same line because I think you have already gone over quite a lot of the evidence. You have pointed out a number of successful campaigns with localism and so on which are very good, but what about campaigns that you have identified as having failed? Can you give some examples of those and any indication of why you think they failed?

Ms Perchard: Off the top of my head, there are three that I have had some involvement with. On the child trust funds, there is still quite a way to go, I think, in getting everyone to utilise their vouchers. I think that really needs to be sustained, it needs to be sustained initiatives, but also it needs to make use of local agencies as well. We did a very small-scale project with HMRC to go out in the community and talk to people about whether they had used their child trust fund voucher and it was highly successful, but it has not been mainstreamed as an activity, so the comms on CTF are really sort of large-scale splurges every now and again of advertising and financial firms also doing marketing and promotion, but there are still quite a lot of people who have not used the vouchers. There are a variety of helplines in government, particularly one called 'Keep Warm, Keep Well', which I think might bear some looking at about the actual take-up versus the costs, and I think it is remoteness often which means that those people who are the hardest-to-reach and have very busy lives just do not engage.

Q459 ***Baroness Howe of Idlicote:*** Do you in fact think that the Government have learnt any lessons and have actually studied why they are failing themselves?

Ms Perchard: On the communications, helplines and websites, the Varney Report, *Service Transformation*, is really the key text on learning lessons about how to reach the public better. It identifies how many separate contacts individuals need to have with parts of government to do things like report a death. As we said in our evidence, we sincerely believe that at the senior level in government they really want to do something to simplify this, to make it better for the citizen, but it is enormously challenging to make all government services work as though they are one system facing the individual.

Q460 ***Baroness Howe of Idlicote:*** Are you really advocating one template that would work across all departments?

Ms Perchard: I do not want to sound too jargony, but there are sorts of clusters of an individual's engagement with government services which, if they were brought together more, would make sure people got what they were entitled to if they were simpler and better, and the benefits and tax credits piece would be good.

Q461 ***Baroness Howe of Idlicote:*** I want to come on again to the tax credits scenario, but it is very interesting that the Government itself has given three examples of what it thinks of as a successful campaign: car crime reduction; smoking cessation; and road safety. They are there in their evidence, which arrived rather late. That aside, it is perhaps interesting, you have mentioned already the various benefits, but is it to your knowledge that they have tried to communicate the rights in any way successfully because there are, as you point out in your evidence, huge percentages of claims that have just not been claimed? Surely, that is a massive failure, so what have you tried to do about it and how have they reacted?
Ms Perchard: On things like smoking cessation, there was a major change in law when pubs and restaurants were going to be breaking the law if they allowed people to smoke, so there were a lot of other actors in this area on smoking in public places having a pressure on people, and, with car crime, presumably insurers are providing some market messages and it is not just the Government that is bringing about change in these areas. I think on the benefit take-up piece, what we tend to see is small initiatives which then are not sustained and followed through. This month, there are changes introduced to housing benefit and council tax benefit to reduce the period of time over which a previously unmade claim can be backdated. We come across people who have failed to make a claim, have housing arrears and council tax arrears as a result, and actually the backdating provision enables us to get the debt cleared, the local authority is very happy as well and people have a fresh start. It is often elderly people, people who need their affairs managed for them, who miss out on claiming. The period for backdating was coming down to three months for everybody, but the Government did not do anything to alert people to the need to get in claims before this date came in. There was one piece of news initiative from the Minister in *The Sun*, "Older people, please claim", which went out earlier in the summer, but it was not followed through with anything on the ground locally or from a trusted source, it was just one piece of media communication. It is something we have been campaigning on all over the summer, to get people to claim these benefits, and it is about lack of sustainment often as to why a government campaign may not be effective because it is all round a moment in time or the point of introduction of something and the energy to keep on working at it seems to dissipate.

Q462 ***Baroness Howe of Idlicote:*** But, pressing you a little bit further, the work that the CAB does is exceptional and I am certainly not being critical in any way of what they are doing, but the very fact that there is only a 50% take-up of housing benefit for households who work and only a 22% take-up of working tax credits for households without children, that is an appalling, an appalling figure.
Ms Perchard: Yes, it is.

Q463 ***Baroness Howe of Idlicote:*** Under those circumstances, have you been trying to press the Government to do better? Are they following through and seeing how inadequate their attempts have been and have they learnt from their mistakes, if you like?
Ms Perchard: Yes, we have. I think about three years ago we developed a tax credits take-up campaign to be delivered by us and other local charities, and we worked with one-parent families on that. We were supported financially in the costs of producing that campaign by HMRC, and were very pleased to do so, but it has never got up to the scale to really reach the hundreds of thousands of people that need to be reached, so by taking these initiatives of coming up with proposals, going to HMRC, saying, "Can we do something about take-up?" at a time when actually people are saying, "There isn't a problem with take-up because look at how many million people are on the system", we do try to take the responsibility to get a solution. We are not just passively sitting back; we want to get out there and get people claiming these things as well.
Chairman: We shall have to draw this to a close, but perhaps I can ask one last question, and this is your chance, on behalf of all of your volunteers. There must be one government department that drives you mad, there must be one government department that is a big mire, so this is an opportunity for you to do something for your volunteers to say, "Why didn't somebody say something about the problems of getting information and communication about that issue?"
Baroness Howe of Idlicote: And which is the best.

Q464 ***Chairman:*** We have had some good examples, but there are people sitting here, saying, "Why didn't she tell them about the problems we have in getting information in this or that area?" Which one?
Ms Perchard: Well, setting on one side the utilities, because they are not part of government, but they give us a lot of gyp actually, the utility call centres, I think it is probably the tax credits system, the helpline and everything else that goes with it.

Q465 ***Chairman:*** Which comes under HMRC, who otherwise have a pretty good crit from you?
Ms Perchard: Yes, at the policy engagement level, actually they are the most sophisticated in terms of their relationship with us. Some of their support for

the voluntary sector and how they do that is really good compared to others, and we often hold that up as an example. We have a much smaller volume of tax credit enquiries to other benefit enquiries, but they take a very long time. They have improved, it has got a bit better and it has improved over time, it is not as bad as it used to be, but it is incredibly complex, it is the complexity of it.

Q466 ***Chairman:*** Well, that will be noted and hopefully that will help to lead to an improvement. We are only here to help! Thank you very much indeed for coming. If we have other points that come up, perhaps we could write to you.
Ms Perchard: Please do.
Chairman: Thank you very much for the trouble you have taken and for being with us today.

Memorandum by the Cabinet Office

1. This memorandum outlines: a history of government communication; the Government Communication Network; the role of the Central Office of Information (COI); special advisers; and how the recommendations of the Phillis review have been implemented through raising professional standards, supporting delivery, communicating directly to the citizen and at a regional level and changes to the release of statistical information.

2. Attached is Annex prepared by the Ministry of Justice covering the implementation of the Phillis review's recommendations on Freedom of Information.

Introduction

3. All government communications activity is subject to strict propriety guidance, which, along with the Civil Service Code, defines how civil servants can properly and effectively present government policies and programmes.

4. The following basic criteria have been applied to government communications by successive administrations. The communication:

- should be relevant to government responsibilities;
- should be objective and explanatory, not biased or polemical;
- should not be—or liable to be—misrepresented as being party political; and
- should be conducted in an economic and appropriate way and should be able to justify the costs as expenditure of public funds.

History of Government Communication

5. The first government publicity unit was set up in the 1850s by the Post Office (then a government department). Its first wide-scale publicity campaign was carried out in 1876. A million handbills were issued to alert the public to the virtues of government savings scheme, life insurance and annuities. During the Great War, 1914–18, the Government invited Fleet Street editors to join its Information Advisory Committee and the Home office opened an Information Bureau. In 1918 Whitehall's various units were consolidated into the first Ministry of Information, the responsibilities of which were dispersed around Whitehall soon after the war ended.

6. In 1919 the Air Ministry was the first department of state to be set up with its own press office. In the 1930s and 40s departmental press offices moved from answering queries to a more proactive information policy with the first Chief Press Secretary being appointed to Downing Street in 1932. The second Ministry of Information was set up in 1939 to mobilise opinion and help the war effort. By 1944 the Ministry had 7,600 staff and a further 1,700 staff with similar duties were employed by other departments elsewhere.

7. After the war the Government decided that there was no further need for the Ministry. In 1946 the Central Office of Information (COI) was set up as a non-ministerial department—the status it has today. The Information Officer class was set up in the 1940s and the Director-General of the COI took on the role of Head of Profession as part of his duties. Up to the mid 1980s the COI was funded by the Allied Vote. Departments wishing to run publicity campaigns sought the help of COI where the expertise lay. In the 1980s the funds were devolved to departments and the COI became a trading fund under the Next Steps initiative. Also during this period the Information Officer Management Unit was set up to support the recruitment and assessment of

government communicators and the Head of Profession role moved away from COI and was appointed by the Cabinet Secretary with the approval of the Prime Minister.

8. In 1997 the Mountfield report recommended improvement in the co-ordination and consistency of communications across government and enhance its capacity to operate in a 24 hour world. It recommended that the Government Information Service should be renamed the Government Information and Communication Service—to reflect the proactive exposition and justification of policy rather than the reactive answering of questions.

9. The Phillis review was commissioned in 2003. It called for a redefinition of government communication into a more customer-focused dialogue with the public based on a strategic pan-media approach. Among its recommendations was the recruitment of a Permanent Secretary for Government Communication and a new network for all government communicators—the Government Communication Network (GCN).

The Government Communication Network (GCN)

10. The GCN was established in January 2005. It is a virtual network linking all professional communicators within the UK civil service. It supports them in gaining the skills and knowledge they need to carry out their duties.

11. The GCN is open to all civil servants whose role includes communication. These individuals participate in a broad range of activities to help build dialogue with government audiences—not just media relations. Individuals are based in mainstream Whitehall departments as well as the Scottish Government and the Welsh Assembly Government and in a variety of government agencies such as the Health and Safety Executive and the Food Standards Agency.

12. The network is supported by a small team working for the Permanent Secretary, Government Communication. They provide the network's members with a best practice framework for communicators called Engage, a programme of events, courses, support to professional and regional network groups, advice and guidance on best practice, propriety, professional development and recruitment.

13. There are 22 professional networks within GCN whose purpose is to discuss and share best practice on a specific discipline or subject. The GCN also supports seven regional networks. These have been good platforms for sharing best practice and helping to embed the Engage programme.

Numbers of Government Communicators

14. Each government department, agency and NDPB is responsible for setting its own communications division's structure and staffing levels, priorities and outputs—and the Secretary of State is responsible to Parliament in the normal way.

15. In its original report Phillis said that there were around 2,600 people working in communication directorates but that only 850 were GICs, (GCN's predecessor) members.

16. Civil servants are proactively encouraged to register with GCN website if they consider all or part of their job to include communication. This is dependent on individuals updating their own details; therefore the current registration figures do not give an accurate picture of the community. In order to build an accurate picture of government communicators the team that supports the GCN is currently reviewing the criteria for full registration with the network.

17. Individual departments and organisations provide details of their communications contacts for the COI's White Book. The figures provide a snapshot in time, and do not always include a Department's entire communications directorate.

18. The White Book is a directory of communications staff working in a wide variety of disciplines from internal communications to media relations, digital media and stakeholder engagement, as well as administrative support staff. It covers a range of government departments and agencies, including those of the London, Scottish, Welsh and Northern Ireland Assemblies, and regulators. Staff in public sector organisations such as the TUC, CBI, Metropolitan Police, Association of Chief Police Officers and the BBC are also included in the book.

19. The most recent edition of the edition of the White Book (September 2008) contains around 3,158 entries for government and its NDPBs. The January 2004 edition of the IPO Directory contained around 2,942 entries.

20. There were approximately 373 press officers in central Whitehall departments in September 2008. In 2004, there were 330 press officers. These figures do not include support/admin staff and vacant posts or the Government News Network (GNN).

Permanent Secretary, Government Communication

21. Howell James was appointed as the first Permanent Secretary, Government Communication in July 2004. He stepped down in June 2008. The role is the head of profession for government communicators and as such has to lead government communicators; improve the co-ordination of cross-departmental issues; and build the abilities and capabilities of communicators within every government department.

22. The acting Head of Profession for government communication is Alan Bishop, Chief Executive of the Central Office of Information. An open competition for the recruitment of the new Permanent Secretary is currently underway.

The Role of the Central Office of Information (COI)

23. The COI is the Government's centre of excellence for marketing and communications. It's Chief Executive, Alan Bishop, reports to the Minister for the Cabinet Office who sets COI's annual objectives for efficiency, quality and financial performance.

24. COI provides consultancy, procurement and project management in every area of communications and strives to achieve best value for government in each of its service groups. COI continues to leverage their strong centralised buying position for advertising, enabling them to secure significant savings for government departments. In 2007/8 they secured 47.7% reduction in media costs measured using recognised industry benchmarks (average price paid for TV airtime and rate card costs elsewhere). These results were independently audited.

25. COI as a trading fund recovers all of its running costs from "clients" across government. Government bodies are not mandated to use COI which gives COI additional incentive to produce first class service. It employs approx 630 permanent staff on a full time basis. Staff numbers vary from year to year according to which services it is required to support eg the regional news network was transferred from Cabinet Office to COI in 2005.

Maintaining and Raising Professional Standards

26. The key focus for GCN and the Permanent Secretary, Government Communication is on raising professional standards in government communications. It does this through a number of routes:

Our People

27. All vacancies for communications posts are advertised—either through an internal or external competition, unless there is an internal managed move. There are strict rules of appointment, which are adhered to across Government. The Permanent Secretary, Government Communication is involved in all senior communications appointments and where relevant the Civil Service Commissioners.

28. Since Phillis the structures that underpin the recruitment and skills development of communication staff in government have been overhauled and enhanced.

29. In March 2007 a professional skills framework was launched for government communicators. This identified the specialist skills needed in our people to bring the Engage programme to life across government, as well as reflecting the latest developments in the wider communication industry. The framework is used for recruitment into roles for professional communicators and their personal development.

30. Individuals working in government communications are also supported with Evolve—an online personal development tool, drawn up in line with the professional skills framework. Evolve supports staff and managers to agree development priorities helping to raise standards.

31. The GCN works in partnership with a number of professional bodies, leading communication specialists and the National School for Government to deliver a range of communication skills training products. These range from an introduction to communication in government to the development and use of behavioural insight when communicating with the public. These products have been invaluable in developing the communities understanding and application of the Engage framework.

Engage

32. Engage is the best practice strategic communications framework for government communicators. The programme was launched in April 2006 and was designed to help government communicators put the public at the heart of their communication—in line with the recommendations from the Phillis Review.

33. Engage is a framework to help government communicators understand and apply a range of advanced strategic communication techniques and tools, seeking more effective ways of shifting attitudes and changing behaviours. It has four key elements:

- Consistent planning process—best practice communications planning model and guide.
- Eight key principles including a primary focus on developing audience insight, audience segmentation and media neutral planning.
- Enablers—the key skills required for continuous improvement.
- Glossary—establishing a common language and understanding of terminology.

34. The GCN team promote understanding of the programme through a number of channels: the GCN website (featuring best practice guides, case studies, tools and templates); professional development courses; seminars and GCN regional and professional networks.

35. The GCN team is developing the programme to support policy colleagues in developing behaviour change policy initiatives and further products to support the communications disciplines.

36. In 2007–08 research of the GCN members showed:

- 89% awareness of the Engage programme, 61% unprompted; and
- a significant increase in adoption of the principles of Engage personally (57%) and by working group (48%).

37. Work continues to embed this best practice model within the community and it forms the backbone of all the network's training and development products. The Engage programme was a finalist in the 2008 Marketing Society, Marketing Effectiveness Awards.

The Government Strategic Marketing Advisory Board

38. The effectiveness of Government marketing is monitored by the Government Strategic Marketing Board (GSMAB) whose aim is to ensure that the taxpayer gets value for money.

39. The Government Strategic Marketing Advisory Board replaces the Advisory Committee on Advertising (ACA), following its recommendation that its role needed to evolve to better reflect the changing way in which government communicates with the public. Government now uses a much broader range of marketing tools and advertising is not the sole channel of paid-for communication.

40. John Mayhead, a senior marketing professional, chairs the board which met for the first time in February 2008 and meets on a quarterly basis.

41. GSMAB monitors all government marketing activity. Its objectives are to:

- provide independent validation that strategic marketing across government departments, including COI's contribution, is effective, transparent and efficient;
- help government ensure best value for the taxpayer in its development and purchase of communication products and services; and
- serve as an independent body and formal mechanism for the exchange of ideas and discussion of issues related to:
  - improving the efficiency and effectiveness of strategic marketing across government; and
  - creating a partnership between key stakeholders to improve the effectiveness of marketing across government.

Behaviour Change and Strategic Marketing

42. To develop further best practice in marketing and communications delivery we are considering the role of communications in effective behaviour change programmes. The behavioural issues government has to address consist of multiple underlying factors, which are often very different and significantly more complex than those encountered in the commercial sector. Successful behaviour change programmes (see car crime

example from the Home Office, paragraph 47) require integrated input from a range of disciplines including communications.

43. The Government Communication Network through the Engage Programme and Central Office of Information through its Common Good research programme are developing robust techniques and tools that can be used across disciplines and the Engage model will be adapted to reflect the relevant outputs of this project. GCN and COI are working together to ensure there is no duplication in this field.

Expenditure on Marketing

44. Over the years the level of marketing spend has varied significantly according to changing public expectation and to how active the government is. Phillis recommended "more direct, immediate communication to the public" using skills which will include "paid for advertising". The government's expenditure through COI is published in COI's annual report and a copy of the report for 2007–08 is enclosed for the committee.

45. The Phillis Review observed that they were not able to assess the total expenditure across government on web communication. The *Public Accounts Committee Report 16: Government on the Internet* recommended that the Chief Information Officer (CIO) Council should agree a methodology for identifying the costs of websites. In the government's response July 2008, the Cabinet Office accepted this recommendation and COI is working with departmental representatives and the CIO Council on the consistent identification of website costs. Departments will start to measure them in April 2009 and report annually thereafter to COI. They will be published in the Transformational Government Annual Report.

Supporting Delivery

46. Government communicators and the campaigns they work on play a crucial role in supporting policy and operational colleagues in the delivery of important policies. Three examples are outlined below.

Home Office—Car crime reduction

47. This highly successful campaign was developed on Engage principles. It used regional broadcast media and communication at point of risk (petrol forecourt point of sale and parking ticket machines) to convert awareness to action. The campaign evaluation results are impressive. Agreement that "most vehicle crime is opportunistic" and "there are things I can do to reduce my own risks" increased by 19% and 24% respectively. Independent econometric analysis estimated that, after the changes in modelling crime were taken into account, thefts from vehicles fell by 14% over the period and theft of vehicles fell by 23%. They estimated that half of this decline was due to the campaign and that the campaign resulted in £110 million saving in vehicle crime.

Department of Health—Smoking Cessation

48. The Department of Health is adopting a strategic marketing approach based around audience insight and modelling to contribute towards the PSA target relating to smoking amongst routine and manual smokers, which is to reduce prevalence rates to 26% or less by 2010. The strategy is grounded in behaviour change theory and best practice social marketing principles. The marketing programme draws from a wide range of initiatives (including direct marketing, customer relationship marketing, face to face marketing, stakeholder engagement and partnerships), rather than just relying on mass market advertising-driven approaches, and plans are based on newly uncovered insights about routine and manual smokers. The advertising effect has been significant with 25% of smokers saying that advertising prompted their most recent quit (February 2008).

Department for Transport—THINK!

49. The Department for Transport's THINK! road safety campaign puts out important messages on drink driving, speed, seatbelt usage and motorcycle safety. The department is on course to meet the 10 year casualty reduction targets by 2010 (targets are 40% reduction in number of people killed and seriously injured, and 50% for children). The annual campaign spend for 2007–08 was £17 million. In 2002 when DfT was formed campaign spend was £11.7 million.

Communicating Directly to the Citizen

50. The drive behind the Engage programme is to focus on the needs of citizens in order to deliver policies and services that meet them more fully. Innovative tools such as insight generation and journey mapping are now being used widely to inform policy development and improve the total citizen experience.

51. Phillis was clear on the need for the government to embrace new ways to connect with the public, and recommended that the government explore the opportunities offered by the internet.

52. One of the suggestions was for a single point of access online for citizens. Launched in 2004, Directgov (direct.gov.uk) offers information and online transactions (such as renewing your car tax) from 18 departments in one accessible website. The website is designed from the user's perspective, rather than being set out departmentally, and is one of the best examples of a cross government service. As the site is structured from the point of reference of the user, people no longer need to know the structure of government to know how to find information that might have previously been found on several different government websites. For example, Directgov allows parents to find up-to-date information about having a baby, preschool, adoption and fostering, money and work—everything they need to know all in one place. In 2007, over 9 million people renewed their car tax online, one of the most successful online public services in the world.

53. The principle of focussing communications on the needs and behaviours of the audience is a key element of the government's online strategy. Ministers approved the principle of having only three main "public" websites—Directgov, Businesslink.gov.uk for businesses, and NHS.uk for access to NHS services. Only core Departments will retain a smaller, more focussed website for online interaction with their stakeholders.

54. This approach is now a fundamental principle for government online. COI is leading a cross government drive to reduce the overall number of government websites and to drive up the quality and consistency of information and services on government websites. A reduction of half of all central government websites, some 1500 at least, was made in 2007 and further progress will be announced this year.

55. Investment has been made in improving the skills and experience of the government e-communications community, who now offer highly specialised advice and support to their Departments in areas as diverse as consulting with the public and the reduction of infrastructure costs. It has been critical to ensure that the government does not lag behind the private sector by staying abreast of developments in web technology.

56. However, it is often more effective to communicate with our audiences in their own online communities. Department's campaigns now regularly use social networks to connect with audiences, especially the young. One example is the FRANK instant messenger service which allows young people to get instant online answers to questions about drugs, whenever they need them. The MSN bot has been downloaded 160,000 times since March 2007. As part of its life without limits recruitment campaign, the Royal Navy created a profile page of Lt Brendon Spoors, a pilot, on Bebo.com to engage 16–24 year olds by describe daily life in the Navy and answering their questions.

57. The No 10 e-petitions site has encouraged citizens to raise their concerns directly with Government. Over 29,000 petitions have been submitted with 5.8 million signatures in total.

58. Another method of involving the public more closely is through deliberative consultation. Departments have conducted several major deliberative consultations, where people have an opportunity to comment directly on future government policy. These have covered issues such as pensions and the future of the NHS. The Department of Health's "Your health, your care, your say" was the largest deliberative consultation of its kind, engaging over 100,000 people in future health policy.

Regional Communication

59. The Government News Network (GNN) which provided a regional press office service to government departments was moved to COI in 2005 to ensure regional activity was integrated into the broader communication mix and was not solely focusing on news. The service was significantly restructured within COI in the early part of 2008 to reduce financial losses and to provide a more integrated service with public relations to support Government campaigns, enabling COI to provide a full mix of marketing communications required by departments. This has also seen a move away from the "pay as you use" model towards a subscription model.

60. The regional network of COI offices is wholly financially dependent on commissions from individual government departments and that determines the nature and scope of the work undertaken. COI News regional offices have extensive networks with the regional media and stakeholders. This is utilised for cross-government working through the regional resilience.

61. In addition, the way that departments deal with the regional media is changing. Many departments now have dedicated regional press officers who work closely with regional media on issues of importance to the local area. They are responsible for working with national colleagues to deliver key information around rights and responsibilities. One example is at HMRC where a team of 45 members of staff volunteer to be Local Radio Broadcasters acting as spokespeople on local radio answering questions on all aspects of HMRC operations from filling in a self assessment to paying the national minimum wage. Last year they delivered over 1200 broadcasts on 200 different radio stations obtaining 300 hours of very valuable free airtime to huge audiences.

Briefing the Media

62. There is a twice daily lobby briefing hosted by Downing Street in the mornings and the lobby in the House of Commons each afternoon, apart from Fridays. In keeping with the Phillis report these No 10 hosted lobbies are open to any media and have been moved out of Downing Street to a neutral location. The Prime Minister's spokesman is a permanent civil servant.

63. All lobby briefings are off camera, but on the record, and a record of the briefings is published on the Prime Minister's website the same day. This includes briefings given on foreign visits.

64. The Prime Minister's monthly press conference in Downing Street is open to lobby and foreign correspondents. These are televised and last around one hour. Recently this has included joint briefings with Ministers including the Chancellor and Hilary Benn. A full transcript is published on the PM's website.

65. Digital communication direct to the public is constantly being strengthened. Recent innovations include: "Ask the PM" with Google, where members of the public are able to post films for PM to answer; Twitter (where we are the first Government to have a presence); over 30 webchats direct with Cabinet Ministers over the last two years and we are increasingly looking to use social networking sites too.

The Office for National Statistics and Official Statistics more Generally

66. Since the publication of the Phillis review significant improvements to the way statistics are released are now in the pipeline. The Government has introduced far-reaching statistical legislation in the form of the *Statistics and Registration Service Act 2007* which came into operation on 1 April 2008. The Act created the United Kingdom Statistics Authority (known, legally, as the Statistics Board) which is a non-ministerial department with responsibility for promoting and safeguarding the production and publication of official statistics that serve the public good, wherever produced. Under the Statistics Act, the Office for National Statistics has now become the Authority's executive office.

67. One of the Authority's main statutory duties is to publish a Code of Practice for Statistics; assess whether official statistics comply with this Code; and, if so, designate them as "National Statistics".

68. The UK Statistics Authority's new Code of Practice for Statistics—which is currently subject to pubic consultation—will reinforce the existing requirement that the release of all official statistics should be pre-announced one year ahead, with the exact date of release announced either six months ahead (in the case of market-sensitive statistics), or one month ahead (in the case of other official statistics). These requirements are already met through the "Pre-Release Calendar" which can be accessed via either the Authority's website, or the Office for National Statistics' website.

69. As part of its statistical reforms, the Government has now placed the *Pre-Release Access to Official Statistics Order 2008* before Parliament. Assuming parliamentary consent, this Order will introduce tighter rules governing pre-release access to statistics in their final form. One of the key reforms in this Order involves a reduction in the period of pre-release access given to UK Government Ministers from the current limits (40.5 hours for market sensitive statistics, or five days for non market-sensitive statistics) to a common maximum of 24 hours. (The Scottish Government, however, intends to implement a separate Order which is likely to retain the existing limits).

70. As with the primary legislation, both Orders will apply to all official statistics produced by each administration but the UK Statistics Authority will only assess compliance in relation to statistics which are either, already designated as "National Statistics", or which have been proposed by Ministers as candidates for such status.

71. Both Orders specifically prevent Ministers from disclosing statistics before they are published. If, however, Ministers need to employ the statistics in public before they are due to be published, Heads of Profession for Statistics have the option of bringing forward a pre-announced release date, but with the proviso that users are given sufficient notice of any change.

Special Advisers

72. At 17 September, there were 74 special advisers in post of whom 13 were employed primarily in the area of communications, including in No 10. Successive administrations have used special advisers to brief the media.

73. Special advisers are required to conduct themselves in accordance with the *Civil Service Code* except for those provisions relating to impartiality and objectivity.

74. The *Code of Conduct for Special Advisers* includes a section on contacts with the media. The *Code* makes clear that special advisers are able to represent Ministers' views on Government policy to the media with a degree of political commitment that would not be possible for the permanent civil service. The *Code* also makes clear that special advisers' contacts with the media should be conducted in accordance with the *Guidance on Government Communications*.

14 October 2008

Annex A

MINISTRY OF JUSTICE: FOIA EVIDENCE

This document gives an overview of the implementation of the Freedom of Information Act (FOIA) since it came into force in January 2005 and responds to the FOIA recommendations outlined in the Phillis Review of government communications 2004.

Introduction

The Freedom of Information Act is a landmark piece of legislation, which enshrines for the first time in law the right of access to official information.

The Act gives any person the legal right to ask a public authority subject to it for recorded information that they hold. Subject to the application of any of the appropriate exemptions, this information must be provided to the requester.

The Act applies to over 100,000 public authorities, including government departments and local assemblies; local authorities and councils; health trusts, hospitals, schools, colleges and universities; publicly funded museums, the police and many Non-Departmental Public Bodies, committees and advisory councils. The volume and diversity of the information requested from these public authorities reflects the issues that affect people's lives and is evidence that genuine access to information matters to those who use public services.

Since the Act came into force on 1 January 2005, central government monitored bodies have received more than 30,000 requests each year and requests to public authorities in the wider public sector exceed 87,000 per year.

The Act has provided unprecedented access to information held by government and a diverse array of information not previously disclosed has entered the public domain. This has included information on communications and campaign research, departmental board and senior management meeting minutes, some ministerial meetings, funding schemes and agreements, staff salaries and expenses, gifts and hospitality received by departments and procurement strategies. For monitored central government bodies, each year the percentage of resolvable requests in response to which the information sought is released in full has consistently remained around 60% and in a further 10–15% of cases, some of the information sought is released.

The Government shares the Phillis Review's view of the importance of FOI in making government at every level more accountable and supporting active citizenship. That is why in October 2007, the Prime Minister announced that the FOI fees regime would remain unchanged, citing "the risk that such proposals might have placed unacceptable barriers between the people and public information". At the same time, the Prime Minister announced that the government would consult on extending the Act to cover not just public authorities, but those organisations carrying out functions of a public nature too. The MoJ has also begun a programme of work, "Better FOI", to improve how FOI is delivered across central government.

Recommendation 8.1: Announce publicly that Ministers will not use the right of veto.

The government's own FOI White Paper stated that a governmental veto would undermine the authority of the Information Commissioner and erode public confidence in the Act.

Under section 53 of the Freedom of Information Act, in certain circumstances, a Cabinet Minister (or the Attorney General) can "veto" a Decision Notice or an Enforcement Notice issued by the Information Commissioner or the Information Tribunal, meaning that the notice ceases to have effect.

To use the section 53 veto, a Cabinet Minister (or the Attorney General) must issue a certificate to the Information Commissioner, certifying that on reasonable grounds he or she has formed the opinion that the balance of the public interest favours non-disclosure of the information covered by the notice, or part thereof. The Minister must then lay a copy of the certificate before each House of Parliament. By using the veto, the Minister effectively substitutes his view of the public interest for that of the Information Commissioner or Information Tribunal. Any use of the veto could be challenged by way of judicial review.

The veto power was introduced in the House of Commons during the passage of the Bill in 2000, and was a counterbalance to an amendment allowing the Information Commissioner to order—rather than recommend—the disclosure of information in the public interest.

At the time, the Government gave commitments that use of the veto would be exceptional and that any decision to exercise it would be taken with the benefit of a collective decision from Cabinet. Parliament judged it right to provide such a power in the Act, for use as a last resort. In doing so, Parliament acknowledged that there would be exceptional circumstances in which only a Cabinet minister, who is ultimately accountable to the public, should make the final decision on the balance of the public interest.

Recommendation 8.2: As far as possible replace the class exemptions, including the exemption which restricts disclosure of the analyses on which policy is built, with a harm test.

Actual policy advice, we accept, needs to remain confidential, at least for a time, to allow free debate within government. But the information and analysis on which policy is built should be in the public domain.

There are 23 exemptions in the Freedom of Information Act, under which public authorities can withhold information if they are deemed to apply. Information that could jeopardise, for example, the country's security interests, defence, commercial interests, law enforcement and health and safety, is exempt from release. In some cases such exemption is subject to a public interest test.

The exemptions perform the vital function of protecting legitimate interests and ensuring a proper balance is achieved between the right to know, the right to personal privacy and the delivery of effective government. It was never intended that the Freedom of Information Act would be a vehicle for unlimited access to information held by government. It is vitally important to enable the continued effectiveness of government that some information is protected.

Safeguards in the Act ensure that the class exemptions cannot be used to arbitrarily withhold information. Many of them—for example section 35 (formulation and development of government policy) and section 42 (information in respect of which a claim to legal professional privilege could be maintained) are subject to the public interest test. Accordingly, information covered by such class-based exemptions can, and has been, released where the public interest falls in favour of disclosure.

Those class-based exemptions which are absolute—ie not subject to a public interest test—represent types of information in respect of which Parliament has decided that there is an overriding interest in remaining confidential, such as information supplied by, or relating to, bodies dealing with security matters.

However, the Information Commissioner and the Information Tribunal have the power to rule on whether public authorities have applied exemptions correctly.

Experience has shown that the exemptions have not inhibited the effectiveness of the Act in enabling greater openness. In 2007, 63% of resolvable requests were granted in full, 13% were withheld in part and 20% withheld in full. This means that all the information requested was provided in response to more than three out of every five resolvable requests.

As was stated by the government during the passage of the Bill through Parliament, a general harm test would not work properly in relation to the entirety of the range of potentially exempt information. For example, its application was considered to be impractical in relation to some categories of information: the disclosure of personal information is governed by obligations to comply with European Community data protection Directive and the European Convention on Human Rights.

The Government is pleased that the Phillis Report accepts the case for actual policy advice normally needing to remain confidential, at least for a time, to allow free debate within government. For its part, the Government has sympathy with the report's contention that the information and analysis on which policy is built should be in the public domain. It believes that statistical and other factual information on which policy is based can generally be released in response to requests, although there may be certain cases in which exemptions do apply to this material.

Recommendation 8.3: In practice, apply the same level of harm test that features within the Scottish FOI Act and the Open Government Code of the Welsh Assembly.

This will permit disclosure of information to be withheld only when it is likely to cause "substantial harm".

Under the Freedom of Information Act, a number of the exemptions are subject to a "prejudice test". To establish whether these exemptions are engaged, a public authority must show that disclosure "would or would be likely to prejudice" the interests which the exemption is designed to protect. The first Information Tribunal case to consider the phrase "would or would be likely to prejudice" was *John Connor Press Associates Limited v Information Commissioner* (EA/2005/0005). The Tribunal held that: "We interpret the expression 'likely to prejudice' as meaning that the chance of prejudice being suffered should be more than a hypothetical or remote possibility; there must have been a real and significant risk". While this is a different test to a harm-based test, this interpretation sets the threshold quite high.

Furthermore, once it is established that an exemption is engaged, public authorities are then required to judge whether the public interest in all the circumstances of the case falls in favour of maintaining an exemption, or disclosing the information. At this point the degree of harm likely to be suffered will often be a highly relevant consideration, one which has to be balanced against the benefit to the public. Public authorities, the ICO and the Tribunal are all used to applying and interpreting this test, which allows for objective consideration of where the public interest lies. The Government sees no case for changing it and has no plans to do so.

Recommendation 8.4: Adopt an all-purpose limit that replies to requests for information under the Act should be met within 20 days.

Section 10 of the Freedom of Information Act requires public authorities to respond to requests for information promptly and in any event no later than the 20th working day following receipt of the request. Ministry of Justice guidance advises that responses should not be delayed until the end of this period if a response can be provided earlier.

The Act contains provisions to extend this deadline under certain, limited circumstances. Under section 10(3), where a public authority needs further time to consider the respective public interest arguments, it may extend its deadline for responding until such time as is reasonable in all the circumstances. However, it must tell the applicant within the initial 20-day period which exemption or exemptions it believes apply to the information requested, and give an estimate of the date by which the decision will have been made. This provision reflects the fact that Parliament recognised there would be exceptional circumstances in which public authorities would need extra time to reach a decision on the balance of the public interest. This might include cases in which a number of qualified exemptions are under consideration, or those involving complex public interest considerations.

In 2007, 84% of requests to all monitored bodies received a substantive response within the 20 working day limit, while 7% of requests were subject to a public interest test extension.

Ministry of Justice guidance to central government departments advises that public interest test time extensions should generally avoid exceeding 20 working days. In 2007, for those requests where a public interest test extension to the standard 20 working day response deadline was applied, 48% were extended for 20 working days or less, while 26% were extended for longer than 40 working days. As part of the Better FOI work programme, the Ministry of Justice is currently working to promote best practice in the use of public interest test time extensions across Whitehall.

Section 10(4) of the Act also provides for an extension to the 20 working days timescale, up to 60 working days, to be made by statutory instrument. This power has been used to address special cases, such as school holidays where schools will not be staffed at that time and when frontline units of the armed forces cannot be reached for operational reasons.

Recommendation 8.5: In complex cases involving significant issues of public interest, remove the £600 limit on the cost of providing information.

The Information Commissioner could act as the judge of whether an application involves a significant issue of public interest.

The cost limit—which establishes the limit of the work a public authority need do in order to satisfy a request—is an important part of maintaining the right balance between handling FOI properly, and carrying on the business of government. The system is in place to ensure that, while the right of access to information is maintained, public authorities are able to deal appropriately with those requests which would impose a disproportionate resource burden, potentially constituting a waste of officials' time and taxpayers' money. The cost limit is currently set at a level that achieves this, and accordingly, government sees no reason to change it.

In 2007, in just under 1,400 cases monitored bodies cited the cost limit as the reason for fully withholding information, this was just 5.6% of nearly 25,000 resolvable requests received.

Under the Act, public authorities also have a duty to provide "advice and assistance" to requesters. This can include assisting requesters to refine requests so that information can be provided under the cost limit. Furthermore, public authorities often provide information outside the framework of FOI where they believe this to be in the public interest.

Supplementary letter from the Cabinet Office

HOUSE OF LORDS SELECT COMMITTEE ON COMMUNICATIONS

Thank you for your letter of 16 October and I look forward to seeing you and your Committee colleagues tomorrow.

I will answer each of the questions in turn as best as I can. But one of the points I think that will come up tomorrow is the fact that Government communications should be an integral part of civil service work. It is therefore very difficult to specify, in the way the Committee has asked, what constitutes "communications" civil servants. It is just as difficult to do this as it would be were the Commons' Public Administration Committee to ask for the number of "policy" and "operational" civil servants, given our aim is to integrate those two functions as far as possible.

There is also the question of departmental autonomy: different departments will organise their business in different ways. Not all the communications functions in a department will be part of a single communications directorate with a single budget for communications. Howell James has already made these points in his earlier evidence to you.

Finally, very few of the figures were recorded in a similar format in 1988, which restricts our ability to compare over time. However, we have been able to give the relevant information for 1998 in most cases.

The attached tables set out the information in more detail in the best available format, with the information most relevant to the request.

21 October 2008

1. The Number of Communications Staff Employed by each Government Department

This is not collected centrally but one guide to the figures is the White Book of Contacts in Government Departments and Agencies, intended as a helpful guide for the press and other bodies. The table below contains the total number of communications staff by central Whitehall departments based on the number of entries in the December 1998 IPO directory and the September 2008 White Book. Figures are not available for 1988.

The White Book figures are only ever a snapshot in time and are not intended to be a comprehensive guide to "communication staff" in the Civil Service.

Department	*December 1998*	*September 2008*
Cabinet Office	23	38
Ministry of Justice	—	77
Lord Chancellor's Department	16	—
Department for Culture, Media and Sport	13	21

Department	*December 1998*	*September 2008*
HM Customs and Excise	10	—
HM Revenue and Customs	—	58
Board of Inland Revenue	17	—
Ministry of Defence	109	255
Department for Communities and Local Government	—	77
Department for Education & Employment	100	—
Department for Children, Schools and Families	—	68
Department for Innovation, Universities and Skills	—	42
Department for Environment, Food and Rural Affairs	—	106
Department of the Environment, Transport and the Regions (including agencies)	87	—
Ministry for Agriculture, Fisheries & Food	42	—
Foreign and Commonwealth Office	40	46
Department of Health	101	122*
Home Office	46	98
Department for International Development	17	24
Prime Minister's Office	14	31
Department of Trade and Industry	82	—
Department for Business, Enterprise and Regulatory Reform	—	London only: 67
Department for Transport (including agencies)	—	105
HM Treasury	18	28
Department for Social Security	60	—
Department for Work and Pensions	—	113
TOTAL	**795**	**1,376**
TOTAL ENTRIES	**1,628**	**3,158**

2. Press Officers

The table below contains the total number of press officers in central Whitehall departments based on the number of entries in the December 1998 IPO Directory and the September 2008 White Book.

The White Book figures are only ever a snapshot in time—thus numbers may differ to PQ answers provided by individual departments at various points in a given year. These figures do not include support staff, vacancies, or special advisers.

Department	*December 1998*	*September 2008*
Cabinet Office	14	11
Lord Chancellor's Department	3	—
Ministry of Justice	—	34
Department for Culture, Media and Sport	8	11
HM Customs and Excise	3	—
HM Revenue and Customs	—	34
Board of Inland Revenue	7	—
Ministry of Defence (Central press office staff only)	12	33
Department for Communities and Local Government	—	21
Department for Education and Employment	27	—
Department for Children, Schools and Families	—	20
Department for Innovation, Universities and Skills	—	13
Department for Environment, Food and Rural Affairs	—	19
Department of the Environment, Transport and the Regions (Central staff only)	32*	—
Ministry for Agriculture, Fisheries & Food	9	—
Foreign and Commonwealth Office (Not including overseas posts)	17	20

Department	*December 1998*	*September 2008*
Department of Health	13	26
Home Office	18	37
Department for International Development	6	8
Prime Minister's Office	8	9
Department of Trade and Industry	22	—
Department for Business, Enterprise and Regulatory Reform	—	16
Department for Transport (Central staff only)	—	13*
HM Treasury	7	8
Department for Social Security	10	—
Department for Work and Pensions	—	40
TOTAL	**216**	**373**

3. Spending on Government Advertising by the Central Office of Information

Information on individual spending by department on communications is not available for the reasons given by the former Permanent Secretary, Government Communications, and reiterated in the Cabinet Secretary's letter covering these tables.

However, spending over time on Government advertising provides some basis for historical comparison of this aspect of Government activity. This is compiled by the Central Office of Information (COI), and reflects only advertising spending on Government campaigns by the COI. The figures are given in cash prices on the right hand column, and adjusted for published prices for the main units for buying media outlets (abbreviated here as media inflation). The difference between this table and other information supplied to the Committee elsewhere is that the other information refers to the total spending by the COI on all its functions—digital communications investment, regional news offices, direct marketing, an increase in the publication of official inquiries for example—whereas this table compares like for like advertising on Government campaigns.

Year	*Spend Adjusted for Media Inflation £000s*	*Cash Spend £000s*
1986–87	183,361	95,800
1987–88	151,945	90,500
1988–89	136,353	86,200
1989–90	147,139	98,400
1990–91	146,592	98,800
1991–92	122,349	83,100
1992–93	67,638	47,000
1993–94	86,403	63,200
1994–95	71,387	55,200
1995–96	77,166	63,700
1996–97	78,599	69,400
1997–98	63,800	59,000
1998–99	108,563	105,500
1999–2000	112,559	113,500
2000–01	184,127	192,400
2001–02	148,187	150,200
2002–03	140,328	145,900
2003–04	173,134	178,200
2004–05	177,482	184,900
2005–06	164,547	167,900
2006–07	155,024	154,700
2007–08	167,600	167,600

4. Number of Special Advisers

Below are two tables:

— number of special advisers by department for as far back as available data allow;

— number of special advisers by Department.

Year	*Numbers*	*Total Paybill (£m)*
1995–96	38	1.5
1996–97	38	1.8
1997–98	70	2.6
1998–99	74	3.5
1999–2000	78	4.0
2000–01	79	4.4
2001–02	81	5.1
2002–03	73	5.4
2003–04	84	5.3
2004–05	77	5.5
2005–06	82	5.9
2006–07	68	5.9
2007–08	73	5.9

BREAKDOWN OF SPECIAL ADVISORS BY APPOINTMENT AS AT SEPTEMBER 2007

Department	*Number of Advisors*
10 Downing Street	24
Cabinet Office	3
Chief Whip (Commons)	2
Chief Whip (Lords)	1
BERR	2
DCSF	2
DCLG	3
DCMS	2
MoD	2
DEFRA	2
FCO	2
Health	2
Home Office	2
Leader of the House of Commons	2
Leader of the House of Lords	2
DIUS	2
DFID	1
Justice	2
Northern Ireland Office	2
Scotland	1
Transport	2
Work and Pensions	3
Wales	1
HM Treasury	4
Council of Economic Advisers	2
Total	**73**

Examination of Witnesses

Witnesses: SIR GUS O'DONNELL KCB, Cabinet Secretary and Head of the Home Civil Service, and MR MICHAEL ELLAM, Prime Minister's Spokesman, examined.

Q467 ***Chairman:*** Good morning, Sir Gus and Mr Ellam, thank you very much for coming. You will notice immediately that we have a substitute Chairman. Unfortunately, Lord Fowler is ill, so I am standing in for him this morning, but thank you very much indeed for coming and for helping, from your important position, to contribute to this inquiry we are doing into the quality of government communications. Can I get it out of the way at the start by making a pretty quick complaint about the quality of communications from the Cabinet Office. We asked three months ago for background information on this and the information, which we got last week which was over a month late, three months after it was asked for, did not include the statistics we required and we just received those last night. Those are certainly more helpful than we feared they would be, but, as I know you would want to set an example in the area of your own responsibility, you will, I know, take it in the spirit in which it is offered, that it is not a very happy start for you, my having to make this complaint at the start. I hope you would feel able to endorse, from your position, the message to all government departments that, in dealing with select committees, promptness and sticking to deadlines that have been agreed by departments for the provision of information is not something to be treated as a passing event where it does not matter if the dates are missed because it does actually undermine very much the effectiveness of the work that we can do.

Sir Gus O'Donnell: First of all, I would just like to put on record my wishes for a speedy recovery of your Chairman.

Q468 ***Chairman:*** I hope that is no criticism of his substitute!

Sir Gus O'Donnell: Not at all, no. I am very pleased to say I have worked with both of you and very successfully, I hope. Secondly, yes, regrets about not getting as much information as you would want to you as quickly as possible and, you are absolutely right, it is very important that we do try our very best. I have been, it is fair to say, concentrating on the economy and the banking system for the last few months, but we do need to get these statistics to you. The information that we have provided just this week, when I looked at it, I tried to fill in where I can the parts there are, but I would stress that there is a very strong health warning that comes with the sorts of numbers we have provided to you, and we may get into that, in terms of interpretation of these numbers, but I think that will come up hopefully in answer to your questions.

Q469 ***Chairman:*** Well, thank you very much because that is the next question and I hope it is not just a question of false interpretation. It would appear in the last ten years, in terms of the number of press officers in government, that they have gone up from 216 to 373, and then the more loosely described "communications staff", staff working in the communications field, would appear to have gone up from 1,628 to 3,158, the first one being an increase of about 70% and the next one an increase of 100%. Would you like to comment on that? Would you say we got value for money on that? What is the justification for that?

Sir Gus O'Donnell: This does get to the heart where, I would say, you know how, when you get those financial ads, at the bottom it says, "Be very, very careful about what these numbers mean", and there are many aspects to that. It is certainly true, the numbers that were provided have gone from 216 to 373, and there are White Book numbers. I just warn you about the White Book. When I looked at the White Book, it was very interesting, it talked about the Government and agencies and then you have the CBI in there, and I am not sure the BBC would quite like to be put within the range of the Government and agencies, but they are in there in the White Book. The numbers have gone up, no question about that. In terms of why the numbers have gone up, well, the demands placed upon press offices have gone up. If you look at that number of 373, just to give you, I think, the most telling statistic to my mind, there are more than 373 journalists newly accredited to these two Houses, so merely in the House of Lords and the House of Commons there are more than 373 journalists accredited. There are 3,000 journalists in the BBC alone and that is just one institution. If you look at TV broadcasters in terms of the licences over the last 10 years the number of licences for TV broadcasters has gone up by a factor of 15; the number of local radio stations has gone up during the same period by 220%. I do not actually have any data on what the number of political blogs was 10 years ago but there are now over 1,600. These are happening in real time—that is just political blogs and there are far more things going on in the blogosphere; there are thousands of new blogs every single day. So the demands for us to actually service that—have they gone up, has the number of press officers gone up by a factor of 15? No. You could easily turn it round and say, therefore, why have they gone up so little rather than so much, so in terms of the demands they have increased dramatically more than the number of press officers. Secondly I would say that in terms of advertising spend, those numbers I have given you, if you look at volume terms which are in the table I have given you it is actually lower

than it was in real terms in 1986/87. These things vary quite a lot but it is in fact the Major period when it goes down quite a lot. In terms of definitions you mentioned the broader definition of communications, and I think this is the point I would like to stress, that actually when you think about what we are doing the press office side of it is in some ways the constant—dealing with ministers, and a lot of the things that Michael does, press and media. Actually it has grown beyond that quite considerably; when I think of communications now I think of a much broader series of issues we are trying to do. Your Chairman, Lord Fowler, did something very memorable when he did his AIDS awareness campaign—it was one of the really successful campaigns. That is communications. It is interesting who works on that and how many of those people would have been classified as communicators or not. Michael and I both questioned whether we would actually be classified in any of these numbers you have got as communicators—probably when I was head of the press office—because we both come from the civil service end, we were not members of government information, probably not in those figures. In general I would say that when it comes to what are the big issues we are dealing with now in terms of communications, for me it is that area of customer insight. When I think about public services and getting public services that actually deliver things for the customer—I remember going back to Citizens' Charter days when we were trying to get the public to feed back, all of these things require interchange and communication with the public. Precisely how you classify the people involved in that is a really interesting question; different departments do it in different ways. When we are trying to get communications going with the public we now use the new media a lot, we have a two-way interchange, we use the internet. I do not know how those people are classified in different departments, again there are no constant rules, and as policy-makers when I think of all the really important policy things such as climate change, obesity and those sorts of areas, what we are trying to do is influence people's behaviour and in those cases the line between policy and communications is completely blurred. Like I say, I would not have much faith in any distinction which takes communicators as a separate role; virtually every policy person in the civil service now has a role in terms of thinking about communications in its broadest sense, in the sense of getting customer feedback, working on that, working on how to do those two-way feedbacks and how to work on the big new area of behaviour change and all of the behavioural economics which is now the big new area which I know to be an interest of all parties in terms of getting into that area of how do we influence people's behaviour, for example in terms of their attitudes to recycling, their attitudes to smoking, alcohol and obesity. That is where the really big issues are in terms of communications.

Q470 ***Chairman:*** Just as an aside, are you the first person who has ever been both press secretary and permanent secretary of the department? I cannot think of anybody else and you have done it twice; it is just a curiosity of your situation which, it seems to me, makes your contribution particularly valuable here today.

Sir Gus O'Donnell: My colleague Sir John Gieve was press secretary to Nigel Lawson and went on to become permanent secretary at the Home Office.

Q471 ***Chairman:*** The other issue we have touched on a bit is to what extent does this increase in numbers reflect the fact that you are really running two entirely different systems? One is what I call the modern way of internet communication; to what extent do you recognise that you cannot leave behind all that quite significant section of the population who have no access to that at all, no understanding of it?

Sir Gus O'Donnell: I absolutely agree. We are dealing with a world that is becoming an increasing user of the internet. There are something like 30 million broadband connections but indeed it is true that when we think about communications we have to think about multiple channels. It is as true when we are trying to communicate what the Government is trying to do as it is when we think of the services we provide. The flagship I would point to is if you think about renewing your car tax, you can do it incredibly quickly on the phone or on-line, completely automated, whereas if you are not doing that you have to actually—as we all did in the past—collect together your insurance, your MOT certificate, your registration document, a cheque, go to the post office, queue up and finally get your disc. So we are improving customer service but we all the time need to be aware that it is a question of some people have access and are comfortable with broadband, which is why the Government is really pushing very hard on getting the whole population as far as possible to have access to broadband and on-line services and there are some very innovative ways of getting relatively older groups involved in that.

Q472 ***Baroness Howe of Idlicote:*** Forgive me, I just wanted to go back to the numbers because you slightly puzzled me. I totally accept the case for the need for more communication in today's world, but if everybody in the civil service is involved in this area where do you draw the line of those who are doing their job? You have produced some figures so where did you put the cut-off point?

Sir Gus O'Donnell: What I am saying to you, and why I wanted to provide the health warning, is that those lines are relatively arbitrary. As Cabinet Secretary I spend a lot of my time thinking about public service reform and the delivery of new ways of getting customer services to people and getting more feedback from people, so I am spending a proportion of my time on that—do you count me in or not in? The people in the Department of Health who are working on obesity, it is a cross-departmental public service agreement, so it is not just health, it is education, it is all sorts of people working on the anti-obesity strategies. A lot of those involve communicating, educating—are they in or not?

Q473 ***Baroness Howe of Idlicote:*** If I may interrupt, that did not happen before at all you are saying; nobody gave thought to how these areas were going to be communicated. There was the press around, there was the media around.
Sir Gus O'Donnell: In the past I would say the main areas of implementing policies were legislation, regulation and tax subsidies, so those sorts of incentive effects. There was relatively little on behaviour change. If you look back there is a bit in our memorandum about the first sorts of campaigns. There were some about savings in the First World War for example but it has become something that is much more important as people wish for the state to get more involved in these sorts of issues. The obesity one is a classic where if you ask people who is to blame for obesity, they say either their parents or the food and drink manufacturers, the individual comes quite a long way down this. If you ask them who should have the responsibility for putting it right 69%say it is the Government's job, so there has been a big shift in terms of expectations of the public that this is something that the Government will get involved in, whether that is right or not.

Q474 ***Chairman:*** We will give you a break and get Mr Ellam to sing for his lunch or whatever. You have taken over this new responsibility or role which was previously done, as I understand it, by two different people, one who was a civil servant and the latter who was a political appointment, David Hill. These roles have now been combined. How do you handle the political impartiality aspects of your job?
Mr Ellam: Just to be clear, as well as being the Prime Minister's spokesman I am the Director of Communications in Downing Street and that means I have responsibility for managing the civil service staff in Downing Street who deal with communications. Previously, as you say, the Director of Communications was a political appointee and he had power to instruct and direct civil servants. That power was removed when Mr Brown became Prime Minister, so the power of special advisers to direct civil servants was taken away. He decided that he wanted to appoint a civil servant as Director of Communications as well as being his principal spokesman on Government business, and that is the job that I perform. That said, of course the Prime Minister does need somebody to speak on his behalf on political matters that I cannot deal with, so I have working alongside me special advisers who deal with party political matters that relate to the Prime Minister in his capacity as head of the Labour Party or any other party political matters that relate to the Government that I cannot deal with. The way in which I am able to do my job while not getting involved in party political matters is that I have working alongside me somebody who is able to deal with the party political matters that I cannot deal with. They do not instruct me—I do not report to them, I report to the permanent secretary at Number 10 who is Jeremy Haywood and through him to the Cabinet Secretary.

Q475 ***Chairman:*** Is he on the Cabinet Office books or is he on the Number 10 books or is he paid for by the Labour Party?
Mr Ellam: These are Number 10 special advisers who deal with political questions relating to the media, as has been the case for some time—there are lots of precedents for that—and they deal with party political matters that I cannot deal with.

Q476 ***Chairman:*** I thought David Hill was paid by the Labour Party?
Mr Ellam: No, he was paid for by the Government.

Q477 ***Chairman:*** I was misinformed on that. You are ultimately accountable to the permanent secretary of Number 10.
Mr Ellam: The permanent secretary at Number 10, who is the senior civil servant in Number 10, Jeremy Haywood. He is my boss and through Jeremy I am accountable and report to the Cabinet Secretary.

Q478 ***Chairman:*** So we have a permanent secretary at Number 10, a permanent secretary in the Cabinet Office and a Cabinet Secretary, is that right?
Sir Gus O'Donnell: No, I am the permanent secretary of the Cabinet Office. Remember, people distinguish between the Cabinet Office and Number 10 and it is worth remembering that Number 10 is a part of the Cabinet Office. When Michael gets his payslip it says it comes from the Cabinet Office, not Number 10. Jeremy is, as I say, a permanent secretary within Number 10 who reports to me. There are others, Jon Cunliffe for example who works on the international side, and they report to me. What Michael has been describing is very much a return to the way it was in my day when I was press spokesman. I would report to the Cabinet Secretary and I had charge of all of the

civil servants on the communications side when I was press secretary to the Prime Minister.

Q479 ***Chairman:*** How does that staff compare with your time?
Sir Gus O'Donnell: It is very similar in terms of the press office operation; what is new and additional is all of the communications side—for example, we did not have a Number 10 web presence in my day, none of those sorts of things were there.
Mr Ellam: As Gus was saying, one of the big areas where we have expanded in recent years has been what we call digital communications, so how we communicate with the public through the internet. That is not just one-way, that is two-way, so we have recently introduced a facility whereby the public can ask questions via a webcast direct to the Prime Minister—it is an on-line version of Prime Minister's Questions if you like.

Q480 ***Chairman:*** Who is answering them?
Mr Ellam: The Prime Minister.

Q481 ***Chairman:*** You are not seriously telling me he is answering every question that comes on his web?
Mr Ellam: What would happen is that we would ask for questions to come in via a YouTube format, so in a webcast format, by a particular date.

Q482 ***Chairman:*** On a particular subject do you mean?
Mr Ellam: They could be on a range of subjects. He would then answer a selection of those questions on a regular basis. This is something we started a couple of months ago.

Q483 ***Chairman:*** On film.
Mr Ellam: On film. That is just an example of the way we are communicating at Number 10.

Q484 ***Chairman:*** So you are having to get together—it is a completely new system—with people who are having to put it out to departments, what is the answer to this question, and then feed it back and the Prime Minister can read it out on a film.
Mr Ellam: Correct, and also to ensure that we have the technology and systems in place to enable us to broadcast the Prime Minister's response and the questions on the Number 10 website.

Q485 ***Chairman:*** Do you think that is worth doing? It obviously adds to his burden and adds to the cost.
Mr Ellam: If anything improves the direct communication between the Prime Minister, Ministers and the public it has to be a good thing. For example, we have hosted on the Number 10 website in the last two years about 30 web chats direct between Ministers and the public, again as a way of enhancing two-way communication via the internet direct between the public and Ministers.

Q486 ***Chairman:*** Do you have audience research figures on that?
Mr Ellam: I am sure we can get you the audience research figures on that.

Q487 ***Chairman:*** It would be quite interesting to see them.
Sir Gus O'Donnell: This is a general point that I am sure your Committee would be interested in, as to how you counter this. We have seen declining participation rates in elections and the like and it is one of those areas where it would be good for society as a whole if we could increase engagement in the political process, particularly amongst the young, and the form of communication that the young like to use is very much this form of communication. In terms of the burden on the Prime Minister, the Prime Minister is answering Prime Minister's Questions every week in which he needs to be briefed up for virtually everything, so I do not think it is a great burden in that sense, an extra burden that is imposed, it is just a question of the public being able to put their questions directly to the Prime Minister.

Q488 ***Lord Corbett of Castle Vale:*** Can you just make clear, who does the selection of the questions which are put to the Prime Minister? Mr Ellam cannot touch the political ones, should there be any, so is it the special advisers who do the political ones and, Mr Ellam, you do the non-political ones?
Mr Ellam: I am sure we can get you a note on the exact process but there is some external independent input into the selection of the questions. We are trying as much as possible to select a cross-section of the questions that we get in.
Chairman: Thank you; we will move on.

Q489 ***Baroness McIntosh of Hudnall:*** Can we move on to the question of how the relationship between Parliament, the Government and indeed the media is managed? We have heard evidence from directors of communication in various government departments and also from journalists about various aspects of briefing in advance of off-the-record attribution of information and so forth. Can you first of all tell us how common it is to brief in advance about ministerial statements, whether that be on or off-the-record, and if the content of a statement has been briefed in advance how do you see that affecting the accountability between government departments?
Sir Gus O'Donnell: I am very clear that Ministers should announce new policy announcements first of all to Parliament; that is very clear, that is the way it should be. Of course we live in an age where the media wants to look forward, they are not interested

in reporting what has been said, they want to report what is about to be said, so they are looking to write a report on something that is to come. It is not difficult if they know, as we will have put down on the Parliamentary paper that there is going to be a statement on X the next day, and it is very rare nowadays that it is not quite predictable in the sense of there has generally been some consultation, there has generally been some open discussion. We live in a much more open period where policies are debated at great length before Ministers come to final decisions, so we are in that world where, whilst I emphasise it is really important that Ministers go first to Parliament to make those decisions there, the media want to jump the gun as it were and be always one step ahead of the game. That is a challenge for all of us.

Q490 ***Baroness McIntosh of Hudnall:*** It is not just that the media want to be one step ahead of the game. We certainly have formed the impression from what has been said to us that Government would like to be one step ahead of the game on occasion as well and that the practice of briefing is not simply in order, as it were, to feed the media desire for information, it is to secure an advantage for the Government or a particular department. Since that seems to be the case what is the purpose of preserving this mantra of accountability to Parliament when it is clear that it does not really amount to more than a formality?
Sir Gus O'Donnell: I do not think that is true in the sense that at the end of the day ministers come to the House, they make their statements in both Houses and they are there to be questioned by Members of both Houses who can ask them any questions they want, including why is it we have heard about this in the media first? In that sense there is direct accountability and it is really important that that accountability exists and it is for MPs to ask whatever questions they like of a Minister appearing at the House, and indeed they have the opportunity to do that. That sense of accountability is very important and we need to keep that.

Q491 ***Baroness McIntosh of Hudnall:*** How can we square that with the question of off-the-record or unattributed briefing that has been a very constant theme through a lot of the evidence that we have heard, and the question of how information is managed—I am not going to use the word "spin" because it is over-used and redundant, but managing information so that it arrives in the right place at the right time and in the right form is a very sophisticated process.
Sir Gus O'Donnell: It is a very sophisticated process and it is a very important process in many ways—for example in the area of market-sensitive information it is actually crucial that information is provided in the right way at the right time and in accordance with the law. I am a strong believer in all of that, therefore, but on the other hand I noted the evidence that you had from people like Nick Robinson, Adam Boulton and Tom Bradby about briefings. Off-the-record briefings with journalists have been going on since time immemorial; this is not new, this is something that Ministers have been doing for a long while, that politicians both in government and out of government do a lot of the time.

Q492 ***Baroness McIntosh of Hudnall:*** I do not think anybody is under any illusion that it is new or even that it is significantly more in evidence now than it was, but what certainly I am struggling to understand is the relationship between the formal processes in which, for the purposes of the argument, we might include lobby briefings as a formal way of communicating and the informal ways in terms of how we interpret and understand the information that government wants us to get.
Sir Gus O'Donnell: What we are trying to do is actually give as many formal open possibilities as we can and indeed the balance, if anything, has shifted towards the formal open part. If you look back on it, when I was press secretary I was doing two lobbies a day; they were not on the record, they were in some sort of grey area and I became the first person to be happy to be quoted as Prime Minister's spokesman. The Prime Minister certainly did not do monthly press conferences; the Prime Minister did not appear before the Liaison Committee. The degree of openness has increased quite a lot and Michael might want to pass on what actually happens now—he probably knows more than I do.

Q493 ***Baroness McIntosh of Hudnall:*** Before he does that can I just add in one specific example which you will no doubt be aware we wanted to ask about which is the Prime Minister's visit to Basra last autumn, which was no doubt an important visit and had important announcements attaching to it, but the timing of it gave rise to a considerable amount of comment, shall we say, if not anger, and it did directly cut against the determination that that sort of information should be provided first to Parliament. Taking that as an example, can you explain how that works?
Sir Gus O'Donnell: Michael was there so it is probably best to get him to start.
Mr Ellam: The Prime Minister himself has answered questions on this particular issue. What he said when he was in Baghdad was that previously troop levels had been at around 5,500 and as soon as we moved to provisional Iraqi control of Basra province we would expect troop numbers to fall to around 4,500. That was something that was due to happen imminently at that time; in fact the Prime Minister of Iraq,

following a meeting with the Prime Minister, went out that day and gave a press conference saying that we anticipate provisional Iraqi control of Basra by the end of October, which was in just a few weeks time. If you look at what the Prime Minister then actually said in his statement to the House, it was a much, much more significant statement and a much more significant set of announcements, of which this was only a relatively small part talking about what was likely to happen in the very short term. What the Prime Minister said in the House was that he would expect troop numbers actually to fall to 4,000 within a few months and then fall to around 2,500 by the following spring. It was in that statement that he was setting out the Government's medium term strategy with regard to Iraq. The issue of what might happen over the next couple of weeks when we moved to provisional Iraqi control was a fairly small element.

Q494 ***Baroness Bonham Carter of Yarnbury:*** Going back to off-the-record briefing, you are Director of Communications, Mr Ellam, does this off-the-record briefing not get in the way of your ability to communicate in the way that you wish to communicate?

Mr Ellam: As Sir Gus was saying, this has been a feature of Westminster life for many years—it is not unheard of or particularly new for Ministers or others to have conversations with journalists; that happens all the time. What I would say though, just to reinforce what Sir Gus said, is that you can certainly make a credible argument that the balance of on-the-record to off-the-record briefing has shifted towards more on-the-record briefings and statements in recent years. For example, because of 24-hour news channels now quite often if there is a big story running Ministers are giving three interviews a day on the same subject because the story will move during the course of the day, and that certainly would not have been the case 10 years ago let alone 20 years ago. Lobby briefings are now fully on the record with transcripts on the Number 10 website. The Prime Minister gives monthly press conferences; in addition, in the last year he has given 18 press conferences with foreign leaders, and he has given 16 press conferences while overseas, so he has given about 46 press conferences—almost one a week—over the last year. There is plenty of opportunity, therefore, to ask the Prime Minister direct on the record about the issues of the day. He appears before the Liaison Committee twice a year; we have web chats, for example, 30 in the last two years, to ask the PM what he was talking about, and FOI. We have not looked at this in a scientific way but we could certainly mount quite a credible argument that the balance of on to off-the-record briefing has shifted, if anything, towards more on-the-record briefing and statements in recent years.

Q495 ***Baroness Bonham Carter of Yarnbury:*** In a sense it is not so much about the balance, it is about the effect. With the huge story of recent weeks there was certainly a feeling that Mr Robert Peston was getting information for others, and indeed one of the witnesses who appeared before us, Jackie Ashley, actually referred to him seeming to be the Government's spokesman of the moment. That cannot really be the right way to communicate.

Mr Ellam: As Sir Gus was saying, in a world where the Government is speaking regularly to people outside of government about what we intend to do and we are consulting with people, it is inevitable that information is going to get out and therefore, of course, that is going to affect how stories are reported. In relation specifically to the Robert Peston story that you refer to—I know this did come up in one of your previous evidence sessions—the story that was being referred to was a story that he reported on 7 October about a meeting between the Chancellor and the banks, and if you look for example at Robert Peston's blog he says explicitly this has come from the bankers. He says according to bankers these three were disappointed at a private meeting last night with Alistair Darling that he did not present them with a fully elaborated banking rescue plan. One banker told me that what he called the "Gang of Three" of Barclays, RBS and Lloyds told Darling to "pull his finger out", so I do not think we would accept in a sense the premise that for example in this case this story had come from the Government, because Robert Peston himself is saying explicitly that he is sourcing it from the bankers. Of course, in a world where the Government is out there speaking to people and those people are then communicating to the press, it is inevitable that some of this is going to get out into the public domain. You could conclude from that that the Government therefore should not speak to anybody before it makes any announcements, but we do not think that would be a particularly sensible way of conducting policy.

Baroness Bonham Carter of Yarnbury: The fact is that other journalists believe that he has some special link.

Lord Corbett of Castle Vale: Perhaps he is just a very good journalist.

Q496 ***Chairman:*** This is a slippery slope because you have rightly referred to the fact that ministers from time immemorial have spoken to journalists and cannot refuse to talk to them. There is some inspired guessing and sometimes in the interests of getting clear public information out there is a need for often not very well-informed journalists to be taken through the detail of a policy, sometimes in advance of Parliament, under a strict embargo so that when they actually do write about it, they get it right. In the present financial situation it is quite important that

statements that come out are right, I understand that. There is then a further slippery slope when advance briefing might appear more like a leak. Can I ask you, Sir Gus, how many leak inquiries have you conducted and have any of them actually produced any successful outcome?

Sir Gus O'Donnell: We certainly have a number of leak inquiries. It is rare that you will be able to, in a leak inquiry, actually finally pinpoint something to one individual because, for example, journalists will not disclose their sources so it is hard for us to get an answer to those. I do not have a figure for you for how many we have actually been able to take to a conclusion, but when we have found things we have certainly taken them forward as far as we can. There was a recent case where, in the end, it became an Official Secrets Act issue, where there had been a leak and those people—two individuals I think—were taken to court and there were successful prosecutions.

Q497 ***Baroness Howe of Idlicote:*** May I go back a bit to Phillis and ask Mr Ellam one or two questions there because of course the main thing in that report was the comment that "The lobby system was no longer working effectively for either the government or indeed the media" and that all media briefings should be on the record. You are the leading light in the lobby briefings; are you actually yourself held publicly accountable for what you say?

Mr Ellam: I am publicly accountable in the sense that what I say is on the record and therefore is immediately reported; therefore, if I say something that is incorrect or untrue then that becomes apparent very quickly. In that sense I am accountable because it is open—obviously I am also accountable to the Cabinet Secretary and ultimately Cabinet Ministers for ensuring that what I say is an accurate reflection of government policy at the time.

Q498 ***Baroness Howe of Idlicote:*** Returning to the two daily lobby briefings that go on, are they regarded as really putting a lot of pressure on Number 10 so that there is a feeling that you have to keep on making announcements to keep them having something to say? Does that come into it and really are two briefings necessary?

Mr Ellam: I do not think they put pressure on Number 10 to have something new to say, because the purpose of lobby briefings is not really to generate news stories—it is quite unusual, it might happen once a week or maybe once a fortnight, that something I say at lobby briefings becomes a news story in its own right. It is much more often the case that it becomes a line, a paragraph or two, in a broader news story, or it might move the story on a bit during the course of the day for the wires and for the 24-hour news channels, but by the time the papers get to the end of the day and summarise the day's events and look ahead to the next day, it is often that what I said at lobby does not necessarily feature at all or if it does it might just be a few lines. In that sense I do not think it does put any pressure on us to keep coming up with new announcements because we would not use lobby briefings necessarily to generate news or make an announcement. In terms of two lobbies a day, it probably does work, that probably is about right. There are always arguments for change that you can make—you clearly need a morning lobby briefing in order to mop up what is in the papers that morning and what has been running on the morning news programmes ahead of the lunchtime news, and quite often different things will happen during the course of the afternoon which require further comment from us during the course of the afternoon. Certainly before I started this job I consulted quite widely with members of the lobby and the general consensus was that it was probably best to stick to the arrangements as they then were.

Sir Gus O'Donnell: This is a longstanding arrangement and I would stress that when I was press secretary in 1990 it was two a day; it is exactly the same.

Q499 ***Baroness Howe of Idlicote:*** If I might take it a little further and refer to the comment you made, the number of journalists accredited to attend these briefings are equivalent to the number of those who are working on the subject inside government as it were. With that in mind and very much bearing in mind complaints we have had from regional representatives who regard themselves very much as second-class citizens in terms of briefing and not being brought up to date, would it not in fact be sensible to open to them as well the chance to attend these lobby briefings?

Mr Ellam: For the benefit of the Committee maybe I could just explain how the briefings are structured. There are nine briefings a week, two a day and one on Friday. Number 10 hosts three of those, which are Monday morning, Tuesday morning and Thursday morning, and the lobby host the rest. In terms of the briefings that we host any journalist can come to that, it does not make any difference to us who comes, so anybody can come. In terms of the briefings that the lobby hosts, my understanding is that the vast majority of regional newspapers are members of the lobby anyway so they also should be able to come.

Q500 ***Baroness Howe of Idlicote:*** You are saying that any of them could come, they could be accredited and come to any of those briefings.

Mr Ellam: Any journalist could come to the three lobby briefings a week that we host: we impose no restrictions on who can come. In terms of who can come to the briefings that take place here in the

Houses of Parliament, hosted by the lobby, they need to have a lobby pass. My understanding is that the vast majority of regional newspapers will have journalists in the lobby so they can come to the lobby briefings if they wish.

Q501 ***Baroness Howe of Idlicote:*** Thank you for that. I have one last point in this whole area: Phillis also recommended that "Ministers should deliver announcements and briefings relevant to their department at the daily lobby briefings" yet there has not been any increase in the numbers of those sorts of briefings. Can you give an explanation for that?
Mr Ellam: Of course if Ministers want to hold press conferences they can hold press conferences and if they want to hold their own press conferences they can invite whatever journalists they like to a press conference, including specialist journalists, so if the Treasury has an announcement to make they will want to invite economics correspondents as well as political correspondents, so it probably makes more sense for the departments themselves to organise their own press conferences. The second point is that one thing that is not entirely clear from the Phillis review is how would a Minister's attending a lobby briefing on the day they were making a big announcement relate to their relationship with Parliament? They could not attend the morning lobby briefing and brief the lobby because that would be before the announcement had been made to Parliament and if they attend the afternoon lobby briefing the announcement has already been made and they already will have taken up to an hour's worth of questions in Parliament anyway, so in a sense it is not clear what value would be added by having an additional lobby briefing after they had already made the announcement to Parliament and taken all the questions. If they want to have a press conference, they can do that anyway.

Q502 ***Baroness Howe of Idlicote:*** It is interesting that the numbers have not gone up; is there a need to encourage them to do it at a time more convenient to themselves?
Mr Ellam: As I say, if Ministers want to hold press conferences they can do that, they can invite just the lobby, they can invite specialist correspondents, they can invite whoever they like. If they are out giving interviews on news channels there are lots of ways in which Ministers are communicating with the media.
Sir Gus O'Donnell: I should stress that the numbers of press conferences Ministers are having have almost certainly gone up and not down. It is that the number of Ministers doing it via the lobby has gone down a lot, I think for the very sensible reasons that Michael has said. I actually think it is much better for Ministers to be delivering those statements to Parliament and then doing those statements and press conferences—for example, if it is on the criminal justice system—when the crime correspondents are there. The crime correspondents will not always be accredited to the lobby and therefore you need to do it not within the lobby, so it is a recommendation that was not quite right.
Chairman: That is a very good point, pretty well made there. Lady Eccles.

Q503 ***Baroness Eccles of Moulton:*** Could we please turn now to civil service impartiality which obviously will involve discussing the relationship between press officers and special advisers. Phillis said that the role for press officers is to talk about achievements and facts and declare policy but not to be involved in political advocacy—this will be absolutely crystal clear to you. A question that arises is how easy or difficult is it for a civil service press officer to remain impartial when one of their key roles is to promote government policy? When we have dealt with that, I would just like to move on to the current procedure for settling the inevitable disputes which must occasionally arise between civil servants and special advisers.
Sir Gus O'Donnell: On the question of impartiality, absolutely, civil servants have to be impartial. There are four key values that are in the civil service proposals that a joint committee of both Houses is currently considering: honesty, objectivity, integrity and impartiality. Impartiality is absolutely crucial: civil servants must have that. You have before you two people who have attempted to manage that line of being there and doing what government civil servants must do and, quoting from the civil service code, our job is to "support the government of the day in developing and implementing its policies", so it is for us to explain and part of that is very important. You will have to decide how well we do that, all I can say is that the evidence you had from the likes of Nick Robinson and Adam Boulton made references to the way Mr Ellam has managed that process and I wish I had had credits as positive as that in terms of the way I was managing the impartiality, but I think it is hugely important and it does require civil servants to understand those distinctions. It is enormously to Michael's credit that we have got to a situation that I very much wanted to achieve when I was press secretary, of understanding that we deal with the civil service side and that sometimes we will disappoint journalists who will want us to cover more than that. If we get journalists saying they would like to have got more from us because they are trying to push us into that party political domain which we will not go into, then that is a frustration that I think it is right for us to create if you like.
Chairman: Many of the comments were worryingly complimentary; I was trying to work out what Mr Ellam does.

Q504 ***Baroness Eccles of Moulton:*** The journalists then have the special advisers to fill that gap, presumably, so why are they so concerned when civil servants are not prepared to stray across the boundary?
Sir Gus O'Donnell: It is just simpler for them to have one person who can answer all the questions, that is all.

Q505 ***Baroness Eccles of Moulton:*** I see; easy life.
Sir Gus O'Donnell: An easy life.

Q506 ***Chairman:*** Do you want to deal with the issue of special advisers while we are talking about them? The thing that I recall about special advisers is that they used to be special advisers, a number of them, when they first came in, and then a bit more recently—it started I think with the Conservative Government—some of them became really PR officers for their Ministers. Would you like to comment on that trend?
Sir Gus O'Donnell: There has been, as I say, an enormous growth in the media, and there has been an enormous growth in the demands on Ministers to make statements, state their wishes—you know, the 24/7 media and the vast increase in the number of journalists. It has certainly been the case that special advisers have been asked for their views because a number of these issues that come up are of a party political nature which we, quite rightly, as civil servants will not get into. There are issues going on at the moment.

Q507 ***Chairman:*** Some of the special advisers, professors and other people were extremely knowledgeable in their subjects and were brought in by Ministers to bring an outside view to certain policy issues within their department. Then you moved on to the special adviser who was the guide to the civil servants on how Ministers might react to things from their party political background, but then there is another development it seems to me where these people have become individual, personal PR men for the Ministers themselves. Would you like to comment on that development?
Sir Gus O'Donnell: It is very interesting that there is that second tier. Yes, you have got the specialist special advisers if you like, and in my Treasury days I remember under all sorts of administrations people coming in with a strong economics background; then there were some other people who came in who were very political and indeed in many examples have gone on to be MPs. What has happened there is that set of people who are very political and want to go into the MP line, as the media have changed they have become more involved in the media side of things and that is an inevitable consequence—there is something in the Tony Blair speech about this, backbench MPs learning to give a press release before they learn about a Parliamentary statement nowadays, that actually modern politics is pushing people more to be in the stage of you have to be involved with the media much more. That is the trend that is happening.

Q508 ***Chairman:*** You are talking about being involved in it, I am talking about the sort of chap who you find briefing against some other Minister and saying my chap is doing a splendid job and he should move into the Cabinet or should get promoted, all that sort of stuff. Do you regard that as part of the special adviser's job?
Sir Gus O'Donnell: Absolutely not, and there is a special advisers code that would be very clear that that is not what they should be doing, briefing against other Ministers.

Q509 ***Chairman:*** Or promoting an individual.
Sir Gus O'Donnell: They are promoting government policies and if you are promoting, for example, the work that the Chancellor has just been doing on the banking policy and explaining how that has been leading the world, it is difficult in that not to be promoting the person that is fronting it up, i.e. the Chancellor. It is quite hard to disentangle those two things.

Q510 ***Chairman:*** He should not exaggerate the latter.
Sir Gus O'Donnell: He or she should be very clear about promoting the policies of the Government.

Q511 ***Baroness Eccles of Moulton:*** I just wanted to know whether there were ever disputes actually between civil servants and special advisers that have to be resolved, with some of them getting up to the highest level or whether this is something that does not exist any more.
Sir Gus O'Donnell: When you asked Howell that question he said during his four years he had not had any that had come up to that level. It is certainly clear again in the code for the civil service and in the code for special advisers precisely what they should do and should not do, and we are very clear about making those cases. Certainly, no, I have not had to deal with any cases of that kind—it is very important that we get the message through to Ministers because that is the responsibility line for special advisers and for civil servants to make available the possibility that if something is happening that they know they can put their hands up. In general the fact that we have not had those and the fact that we have strengthened the code which allows civil servants not just to go to line managers or permanent secretaries, they can actually now go to civil service commissioners, is a good sign.

Q512 ***Baroness Eccles of Moulton:*** There might be a few ructions within departments but they would not be serious enough to receive much attention.
Sir Gus O'Donnell: I have certainly not been made aware of any.
Chairman: Can we just have that question on regional media? Lord Corbett.

Q513 ***Lord Corbett of Castle Vale:*** Sir Gus, if you have not done so can I recommend that you read through the evidence we took from representatives of the regional press? Many of the comments were complimentary, two of them were not. They complained about being treated like second class citizens and having worked in both the regional press and dailies I understand that comment, but nonetheless it was said with some force and there were some good examples given about that. Phillis, by the way, you will recall, recommended a greater emphasis on regional communications and there was a review carried out by the Regional Co-ordination Unit of the Government Office Network; can you just say whether you are aware of these complaints? I put to one of the representatives, on the back of the complaints they were making that the Government never do this, that or the other, have you ever gone to them and asked why: have you put the proposition to them? He said no.
Sir Gus O'Donnell: To be honest this is familiar territory. When I became press secretary in 1990 I had requests to get briefings for the Prime Minister with regional editors, which we did, and I went out and visited different parts of the regions and talked to them. If anything people would say the Government—and this has been true throughout the last 20 years—would like to engage more with the regional media because they feel it is a more direct line of communication. We are certainly trying to establish that by getting the Government out of Westminster so much and we did have the first Cabinet outside London, we had it in Birmingham.

Q514 ***Lord Corbett of Castle Vale:*** Well picked.
Sir Gus O'Donnell: We will go outside London again, but it will not be Birmingham again I am afraid.

Q515 ***Lord Corbett of Castle Vale:*** You would be made very welcome.
Sir Gus O'Donnell: It will be somewhere else. This Government has appointed regional Ministers, and there is now a regional council, so there is a strong feeling that there does need to be greater engagement. Your question about the review, there has been work from the Government Office Network to renegotiate the service level agreements with COI in terms of how they interact with the regional media, and the COI has taken over some of these regional roles. I spend a lot of time in my head of civil service role going around the regions and I always look in at the Government Office Network and try and get involved in the regional media, in the sense of asking them how they are doing it with Ministers. I think it is a hugely important thing and I know the Prime Minister does as well. Do you want to add anything?
Mr Ellam: Whenever the Prime Minister goes on a regional visit he always makes a point of ensuring that he factors in time to speak to the regional media for the area that he is visiting, so it is something that he attaches personal importance to. As Sir Gus is saying, there is more that we could do and there is more that we would like to do in this area; certainly within Number 10 we would encourage departments always to think about the regional dimension of any particular announcement or news story that they have.

Q516 ***Baroness Bonham Carter of Yarnbury:*** One of the things that they mentioned was the concept of regional and local in that there is not a very good understanding of what a region is. I do not know if you have anything to say about that.
Mr Ellam: Not particularly.

Q517 ***Lord Corbett of Castle Vale:*** Forgive me it was the eastern region which is a very ugly beast. If you start in Hertfordshire and Essex and go into the depths of the wildernesses of Lincolnshire, Suffolk and Norfolk, they were feeling very much out on a limb there. It is not just distance, I think there is a state of mind there.
Sir Gus O'Donnell: I have been to visit them out there. There is a very active government office in the east of England so we will do our very best, we will redouble our efforts.

Q518 ***Chairman:*** Taking it even further down the line, our previous witnesses today were from Citizens Advice, which is a very good sounding board for how well your overall information systems work. The verdict was pretty mixed. They are of course the people who get all the people who cannot understand or find it difficult and Lady Howe drew attention to some of the very poor results coming out of some of the benefit side. We talked a bit about tax credits but we also talked about other benefits for which there is a very low take-up. Do you consult at all with people like Citizens Advice? They seemed to me to be an excellent sounding board for how well basic information for the citizen is actually conveyed and how well it is understood.
Sir Gus O'Donnell: This is a hugely important topic and I am very pleased that you are talking to people about it. The Government's job is to deliver for the citizens and it is really important that we get that feedback. We are trying to get it in all sorts of ways and certainly the Office of the Third Sector, which is

based within the Cabinet Office, is a relatively new creation working on these various groups to get their feedback as to how we can work with them. Sometimes it is about using the third sector groups to actually deliver the services directly, and there are lots of examples of that, other times it is about allowing them to give us feedback on what is working and what is not and the channels through which it is working. If you talk to the Citizens Advice Bureau they will say there is an enormous amount of information out there, we can now put a lot more on the internet, we have improved contact services, and it is a lot easier now than it was before. Certainly, part of that means that we try to do rather more complicated policies to actually get at specific groups, so we are trying to learn and get this feedback; it is a really important part of improving services to customers and a lot of the developments that there have been have been along those lines. If you wanted us to do more, this would involve us spending more, having more people involved in communications, not less.

Q519 ***Baroness Howe of Idlicote:*** If I might just follow up on that, they had a lot of good things to say about improvements but just taking some of your successful campaigns that you have referred to in this document, what they were drawing attention to is those who could well and truly have done with the money that has not been claimed. Something like only 20% of people who are entitled to housing benefit have actually got it and there they do feel that a rather closer analysis and working together with organisations like them and analysing why that particular campaign has not worked could produce better results.

Sir Gus O'Donnell: I am completely with you, and that is a session we had. I get together the top 200 civil servants now every six months and we had a session on precisely that issue about customer insight and understanding as we go through things that we are getting through to the relatively easy to reach groups. The example we were working on was smoking where you have managed to get to a large number of groups, you have managed to reduce smoking prevalence but you have actually got that really hardcore group left. You need quite a lot of insight into why is it that they are not deterred, for example by higher taxes or the advertising is not right. We have had a lot of feedback which has allowed us to change the nature of the advertising campaigns to get at the remaining group and I think that is at the heart of it, it is knowing who are the really hard to reach groups. Unfortunately, they are by definition hard to reach and you are going to have lower success rates as you get into that really difficult group.

Q520 ***Chairman:*** You have done us the courtesy of looking at some of the previous evidence that we had to this Committee and you may like, when it comes out, to just flick through the CAB evidence as well.
Sir Gus O'Donnell: Indeed—that was this morning.

Q521 ***Chairman:*** That was this morning. You are obviously very familiar with many of the arguments but it might be interesting just to flick through it. We have covered everything; Sir Gus and Mr Ellam, thank you very much indeed for coming and for answering our questions. If by the time we have had a chance to digest the further information you have just given us there are other points that emerge, maybe Lord Fowler, revived and restored, will write to you. Thank you very much indeed.
Sir Gus O'Donnell: Thank you very much.

Supplementary letter from the Cabinet Office

Thank you for your letter of 19 November in which you request information about the number of letters, emails and telephone calls received from the public in each year since 1998.

We have a complete record of written correspondence received since 2000:

2000	449,322
2001	409,920
2002	668,445
2003	445,855
2004	248,813
2005	1,818,410
2006	228,892
2007	509,652
2008 up to 25/11/08	425,387

The Prime Ministers office is currently redesigning its email system with a view to providing a more effective service, however, through the previous system we were receiving on average 5–7 thousand emails a week.

Unfortunately telephone calls from members of the public are not separately recorded.

As you may be aware, we have recently re-launched the 10 Downing Street website, and have integrated into it a range of communications measures, including more video content. You Tube videos, the Flickr and Twitter messaging service.

During the period April to September this year, there had been 18,197,000 page views of the website, approximately 800,000 film views on YouTube, 212,000 views of 600 photos placed on Flickr and we have over 4,700 followers on Twitter.

There have also been over 6,000 e-petitions processed containing 9,107,835 confirmed signatories.

I hope this information is useful.

3 December 2008

WEDNESDAY 5 NOVEMBER 2008

Present	Corbett of Castle Vale, L	Manchester, Bp
	Eccles of Moulton, B	Maxton, L
	Fowler, L (Chairman)	McIntosh of Hudnall, B
	Howe of Idlicote, B	Scott of Needham Market, B

Examination of Witnesses

Witnesses: Rt Hon Liam Byrne, a Member of the House of Commons, Minister for the Cabinet Office and Chancellor of the Duchy of Lancaster, and Mr Alan Bishop, Chief Executive, Central Office of Information (COI), examined.

Q522 ***Chairman:*** Welcome and thank you very much. I think, Minister, you want to make an initial statement.

Mr Byrne: With permission, Chairman, that is very kind. I am with Alan Bishop, who is Chief Executive of COI, in case your questions take me on to territory with which I am less familiar, but I did just want to say by way of introduction that I am very grateful to the Committee for focusing on this. As a new Minister at the Cabinet Office beginning to find my way around, it is enormously useful to have the Committee focusing on this at this time and I am very much looking forward to the recommendations, and I hope that you will see in my comments a sort of openness to what the Committee has to say this morning. I think I would just start really by sharing three initial observations which have struck me over the last month, my first month. The first is that it does appear that there has been a good degree of progress since Phillis and I look forward to the Committee's observations on that point. I think a number of your witnesses, Chairman, have talked about a very different atmosphere in government communications now, and I thought it was interesting that both the Cabinet Secretary and the former Permanent Secretary of COI observed that no real problems had crossed their desks. There have obviously been a number of other changes too. I think the changes that Howell James initiated around professionalising the government communication service were important, and obviously there has been a complete change in the way the government communicators use digital media, not just the Number 10 website, but Directgov itself now, I think, gets something like 10 million visitors a month, which is, I think, extraordinary progress. The second observation though is that it does strike me that there is still some unfinished business from Phillis and what Phillis highlighted in particular, the role of regional media, and I think that this is a terrifically important area where I am not completely convinced that the Government has made the progress that it might have, so one of the steps I have taken is to commission an audit of government communications activity in the regions just to see whether actually we are doing everything that we can to implement the agenda that Phillis, I think correctly, pointed out was pretty important now. Then, my final reflection really is that it is quite clear that the world that is coming is going to pose some substantial new challenges for government communicators. Gus, I know, underlined this point about the way in which government communicators can help, and should be thinking about how they help, to change behaviour. Now, that obviously is important for the future of public policy in a whole range of policy areas. Prevention is always cheaper than cure and, if there are behavioural changes that government communicators can help address, then I think that will be all to the good, not least because I think it will save taxpayers' money. The second thing that is obviously going to unfold in the future with greater pace and velocity is the proliferation of media channels, and again this is a big opportunity because it allows government communicators to begin addressing an audience of one, as it were, but we have obviously got to guard against the advent of new inequalities. We have obviously got to seize the new possibilities which are available, but actually all kinds of change like that create new risks of new inequalities, and that is why the Committee's focus on questions about the digital divide, which is amongst your questions, I think, is terrifically important, so, Chairman, for me, this is a very welcome opportunity to talk with you, but it is even more important for me to listen to what you have got to say when your Report is tabled in the not too distant future, I hope.

Q523 ***Chairman:*** Thank you very much indeed for that, and we will come to one or two of those points as we go through. I suppose politically we are in the morning after the night before, are we not, and I am tempted to ask you when you went to bed!

Mr Byrne: Five to 12.

Chairman: That is very good, very modest.

Lord Maxton: With the radio on, I bet!

Q524 ***Chairman:*** Just having started on this political theme, can I just stay on it for a moment. We now have all the excitement on the other side of the

Atlantic, but I guess we are now in the pre-election period here; the election must take place in the next, roughly, 18 months. The Government have a very substantial army of press officers. How do you ensure that they are not party-political?
Mr Byrne: Well, I think the Prime Minister started off on the right foot with regards to this question. It was obviously very significant that one of Gordon Brown's first acts as Prime Minister was to withdraw executive powers from Number 10 special advisers so that we restored the position of civil service communicators and reporting to civil servants. I think that was significant and I think it did set a tone. Obviously, what that now means is that civil service communicators, if they were in any doubt, have now had that doubt lifted and they are governed in their behaviour by the Civil Service Code, and that, I think, is pretty clear about the kind of behaviour that is expected of civil servants in their relationships with the media. I think possibly most important of all is the emphasis that the new Code, which I think was updated in 2006, now puts on a number of core values around integrity, honesty, objectivity and impartiality. My eye was drawn to one particular sentence in the 2006 edition of the Civil Service Code which says that civil servants must always act in a way that is professional and that deserves, and retains, the confidence of all those with whom they have dealings. I think that has helped underpin the observation that Howell James made to the Committee when he said that we have had calm for four years. I think he said that he was not aware of disputes that had crossed his desk, and I think that is a good reflection of the health we are in.

Q525 ***Chairman:*** So, going back to when the Government took power in 1997 when Alastair Campbell was head and he, talking to the Government Information Office, said, "We've had a very successful operation in opposition and we intend to use the same techniques to ensure we get good coverage for government events and the Government generally", that is not your stance at the moment?
Mr Byrne: I think towards the end of Tony Blair's administration, there were increasing debates about the communicators and I think that is always an unhealthy situation because it will always provoke questions about the objectivity of information which is disseminated and communicated to the public, so, if there are steps that the Government can take in order to underline the integrity and the objectivity of information that is disseminated to the public, then I think that is all to the good. I am not a great analyst of these matters, so I could not really speculate as to why we have ended up in that situation, but I would just observe that by the end of Tony Blair's administration, we were having, it felt to me at times, more and more debates about the communicators rather than what was being communicated, so over the last year to year and a half with the changes that Gordon Brown has put in place, I think in some of those debates, the volume level appears to be a little bit quieter. I merely observe rather than analyse.

Q526 ***Chairman:*** In other words, you have moved on?
Mr Byrne: Have we moved on? Well, I think the atmosphere does feel different now to me in that I do not think we are having great big debates about communicators rather than what is being communicated, and in the last month I think I have observed that people are comfortable with the new arrangements. I am not sort of massively well-qualified to comment on the arrangements that were in place before because I obviously was not at the Cabinet Office then, but I think the changes that Gordon Brown has made are for the good.

Q527 ***Chairman:*** You are happy, are you? In your memorandum to us, submitted by the Cabinet Office, you say that government communications should never have been misrepresented as being party-political, and you are happy with that?
Mr Byrne: I think that is absolutely right, yes.

Q528 ***Chairman:*** How do you distinguish between what is party-political and what is government?
Mr Byrne: Well, I think that party-political communications stress, and emphasise, the role of a particular political party, and government communications stress the role of Her Majesty's Government. I think that is an important division, so it is not, and would not be, appropriate ever to have government press releases or civil servants talking about Labour Ministers doing X, Y and Z. I think Her Majesty's Ministers doing X, Y and Z, is of course fine, but injecting into discussion and communication a sense of which political party is leading the charge on any one particular front, I think, would be unwise and completely inappropriate.

Q529 ***Chairman:*** It seems to me quite a difficult line.
Mr Byrne: I think it is a difficult line, but I think it is a line that the Civil Service has managed pretty successfully for several decades, and I do not see—

Q530 ***Chairman:*** Well, several decades initially. I think we have just established that Alastair Campbell had a very different view of things and it does not seem to me that it was very successfully handled then.
Mr Byrne: I am not sure I could comment on that because perhaps I was not close enough to the centre of government at the time, but I think that during Tony Blair's administration there were a number of government communicators at work; they performed

their job very successfully and I think they maintained their balance and objectivity very successfully, but, under the forensic gaze of a much bigger and more aggressive media, my observation is that we had an increasing number of debates about the communicators rather than the message, and I think that is not a healthy development.

Q531 ***Chairman:*** If a press officer or a chief press officer felt that he was being asked to put over a party message, to whom would he complain?
Mr Byrne: Well, I think there would be a couple of different routes. I think the first route would be up through the Permanent Secretary of that Department, and obviously the Permanent Secretary of the particular Department could refer it to Sir Gus O'Donnell, as Cabinet Secretary, but, as head of profession, the Permanent Secretary in charge of COI, I think, could also play a role and I think a complaint would be pretty straightforward. If a press officer felt that they were being asked to do something which appeared to be in contravention of the Civil Service Code and the core values set out in the Civil Service Code, then they would have good reason for complaint, I would have thought.

Q532 ***Chairman:*** Mr Bishop, do you have any observations on this?
Mr Bishop: As I think I said before when I appeared before you last time, I have been in post for six years and certainly when I started Alastair Campbell was still at Number 10 and I have not personally ever experienced any party-political pressure.

Q533 ***Chairman:*** You joined in 2002?
Mr Bishop: At the end of 2002, yes.

Q534 ***Chairman:*** Although you do not deny, do you, that in 1997, I think I am right in saying, 17 of the 19 directors of information, the top of the office, in a two-year period were moved out?
Mr Bishop: No, I do not. As you have pointed out, I was not there myself at that time, but I think part of the issue then was that there was a confusion of concerns about politicisation also with attempts to improve and professionalise government communications. Phillis was still emphasising that point when the Phillis Review was published and said that there was still a further need to increase that professionalisation, so, as I say, I do not know exactly what happened in 1997 to 1998, but what I have observed has been a constant attempt to improve, and upgrade, the professional standards of government communications, and I have tried my very best to play my part in that.

Q535 ***Chairman:*** How do you check? You obviously look at the press every day, but do you ever check whether government departments are putting over a party view and, if you do not, who would?
Mr Bishop: Yes, the simple division of responsibilities now is this: that the Permanent Secretary would take the overall view on the propriety of press messages and the Chief Executive of COI is responsible for the propriety of all messages in paid-for advertising, obviously ultimately doing that in conjunction with the Permanent Secretary.

Q536 ***Chairman:*** So the Permanent Secretary might see a story or see a release or something of that kind and say, "Hey, you shouldn't be doing that"?
Mr Bishop: That could happen. I do not actually know myself of instances of that. On the other side of the fence where, as I say, I have been responsible for propriety for paid-for communications of all sorts, not just advertising, I can say that there have been no instances of party-political pressure at all and actually no mistakes of any seriousness, I do not think.

Q537 ***Lord Maxton:*** I am slightly confused here, because it does seem to me that it puts the government party almost at a disadvantage in terms of the media, because obviously the Cabinet Ministers are the party spokesmen as well as being Cabinet Ministers. If they go and do a party piece, it cannot be different, or, without there being a major controversy, it cannot be different from what the Government is saying, can it?
Mr Byrne: You would hope not!

Q538 ***Lord Maxton:*** Exactly, whereas the Government and obviously the opposition parties are clearly there presenting their party point of view, and it is much more difficult for the government party, therefore, to differentiate between what the Government is doing and what the party is saying about something, is it not?
Mr Byrne: Possibly, but I do not think that is anything new; I think that is just part and parcel of our constitutional arrangements.

Q539 ***Lord Maxton:*** That leads to my next question and that is that, since 1997, has government not been opened up in a way that was not the case before? We have gone away from the culture of secrecy around government which was very much part of previous administrations of all sorts, and one of the great things about this Government is that it has opened up government to public scrutiny in a way that was not there before?
Mr Byrne: I think there is an enormous amount in what you say, and, if you look at a number of different examples, for example, freedom of

information requests now mean that there are a great number of enquiries from the media, much greater flexibility in the media to seek information on a very wide range of matters, and, even if we look at what is often at the heart of some of these debates, even if you look at the Lobby, you can see how great changes have been made. Those lobby briefings are now obviously not on camera, but I think it is a great step forward that the transcript of lobby briefings is put on the website on the same day and anybody can actually have a look at questions that were asked of the Prime Minister.

Q540 ***Lord Maxton:*** And the Prime Minister's monthly press conference.
Mr Byrne: The Prime Minister's monthly press conference again has a transcript of that press conference put on the website pretty much on the same day, I understand, so there is an expectation of course on behalf of taxpayers and the public, in today's media environment when media channels are proliferating and people just expect a far greater degree of transparency, that the Government joins in the act and becomes more transparent itself. New technology does give us enormous opportunities to make sure that that transparency is delivered, so, although these initiatives might be small about putting transcripts on websites and so on and monthly press conferences, actually they do contribute, I think, to a culture of openness.
Chairman: Let us come to the Lobby in a moment.

Q541 ***Baroness McIntosh of Hudnall:*** I was just listening to what you were saying and thinking that one of the difficulties here is that the use of the word "information" implies something which can be accurate or inaccurate, but it is fixed, it is factual, it is comprehensible, and part of the business of government communication is indeed to inform in that sense, but it is also part of government communication business to persuade, is it not? Part of the difficulty, I think, that we are struggling with, and I am looking at Mr Bishop here because I know he has a background in advertising, is that the business of persuasion is a very sophisticated one and it is the Government's business to persuade a public, for example, to change its behaviour. Now, that could be a relatively uncontentious area, like drinking less or not smoking, or it could be in a slightly more politicised area, and the question for me, therefore, which is emerging is: to what extent are civil servants in the business of persuading as opposed to informing?
Mr Byrne: A very interesting question. I think you are quite right to say that government communicators will have to think about this question harder in future. One of the key things which Sir Gus O'Donnell mentioned, I think, to this Committee, but he has talked about it quite widely, is the role of government communicators in helping redesign services in the future—the example that you give of smoking cessation, and actually you could go back also to earlier campaigns at the Home Office around anti-social behaviour, for example, where you are trying to deal with people's behaviour. Again, I think ultimately there is no better substitute for coming back to the Ministerial Code and to the Civil Service Code and the emphasis that it puts on the principles of participation in public life and the expectations that it puts on civil servants to behave in an objective manner with integrity and, yes, to do the work of the Government, but not for a single second to veer into the business of trying to deliver some kind of party advantage. I think it is an important area for the Committee to highlight, but ultimately it is going to be values that are the best way through this. There is that sort of traditional example of how you keep a nuclear power station safe. Do you sort of require people, looking at the nuclear power station on a day-to-day basis, to go through 50,000 different sort of checks every day or do you actually just embed in them a culture of safety in absolutely everything? Now, if truth be told, it is probably the cultural predisposition that is your best guarantor of a certain outcome rather than lots and lots of checks, and that is why the Civil Service Code is absolutely at the heart of this debate.

Q542 ***Chairman:*** Would it be fair to say, therefore, as we come to the election that the precautions, using your nuclear example, should be emphasised as far as all government information service departments are concerned?
Mr Byrne: Absolutely right. I think there probably is a need to emphasise it as you approach an election, whenever the Prime Minister chooses to hold it, but I think it is a message that bears repeating at times when there is not an election looming either. Frankly, it is something that you have got to endlessly repeat; it is extremely important.

Q543 ***Chairman:*** The number of civil service press officers has grown from 216 since 1998 to something like 373. That is quite a big increase. Why has that increase taken place?
Mr Byrne: I think there are a couple of reasons. There has obviously been a communication revolution over the last decade and that means that there are now many, many more channels and there are many, many more media organisations and they are pretty hungry organisations, and the Government, I do not think, could put itself in a position where it was having to say to such media organisations, "Well, it's all very well that you have these demands on us for information and news about what we're doing, but, I'm sorry, we're not resourced to provide that service

to you"; that would be an intolerable situation. I was looking at this last night and the number of press officers, as you point out, has grown by about 72% and the number of radio stations over the equivalent period has gone from 204 to 453, which is, by my maths, up by about 126%, and the number of broadcast stations licensed to broadcast TV has grown from 57 to 940, which is a 16-fold increase, and the result of those changes means that the Government now faces out on 3,000 journalists at the BBC alone—

Q544 ***Lord Maxton:*** They are all in America!
Mr Byrne: —and 374 people in the press gallery, 1,500 foreign journalists and nearly 3,500 consumer magazines. They all make demands on the Government, and that is absolutely right. In this new world, people's expectations are that the Government responds to those organisations because those are the channels that people use to access their news and information about what the Government is doing with their hard-earned taxes, so the public appetite for information is exploding. I do not think it is going to diminish any time soon, and I think it is quite right that the Government does gear up to make sure that information about what the Government is up to—

Q545 ***Chairman:*** As we showed in our last Report, the fact that there are quite a lot of new outlets does not necessarily mean to say that there are a lot of people banging at your door asking for more information, radio stations being a prime example where, if they are music stations, they are not liable to be asking you much about the intricacies of health policy or nuclear policy.
Mr Byrne: I think that is true to an extent, but, nonetheless, what I found, for example, as Minister for the West Midlands over the last year, was that I was talking to, for example, a huge number of radio stations on a day-to-day basis. Many of them were music stations. They were not looking for terribly long contributions from me; they were looking for short and punchy sentences, but nonetheless, the demand and appetite is there.

Q546 ***Chairman:*** How many short and punchy sentences did you have to reply?
Mr Byrne: Well, I rarely got the chance to actually listen to what they broadcast.

Q547 ***Chairman:*** So really what you are saying is that the increase in numbers is because of increase in demand?
Mr Byrne: Absolutely, and the change in public expectations.

Q548 ***Lord Maxton:*** Do 24-hour news services, of which we now have several, mean that basically, whereas in the past presumably press officers worked from nine to five or put out the press stuff and then went home, now, with 24-hour news services, they have to be manned 24 hours, there have to be people on duty 24 hours a day?
Mr Byrne: That is absolutely right.
Chairman: There was never this wonderful world that Lord Maxton talks about of press officers being there nine to five, even in my day! They were there up until midnight.
Lord Maxton: All right, they are now there from midnight until six.

Q549 ***Bishop of Manchester:*** I want to ask you a question about budgeting, but, before I get to that, can we just explore this issue of staffing a little bit further because I want to narrow it down now to the communications staff in the Cabinet Office itself. Again, there has been really quite a significant increase there in the last 10 years from 23 to 38, as I understand it. Taking on board the points that you have just been making more generally about the civil service press officers, I wonder if you can define for us the range of responsibilities for those who are employed in this way in the Cabinet Office and give rather more specific reasons, if you are able to, as to why there has been that increase within this particular area.
Mr Byrne: Well, about one-third, I think it is about 29%, of the Cabinet Office's communications budget is devoted to media-handling, and there are three general reasons and three specific reasons for the growth. The general reasons are not enormously different from the conversation that we have just had, but they would include the new needs to publish electronic media, both the websites and other electronic media channels. Secondly, those staff are now serving a 24/7 media environment, and of course it is not just stories that might emerge in our own media any time of day or night, but the global interconnectedness of today's media organisations means that stories can surface anywhere in the world at any point in a 24/7 news cycle, so that is sort of the second general reason. The third general reason goes back to the arrangements for increased transparency which are now placed, particularly, around freedom of information requests, and which lead to a much greater number of demands made by the media, rightly—and not just about business at the Cabinet Office, but also at Number 10 as well. Those are the three general reasons. The three specific reasons merely relate to the increased scope and responsibilities that the Cabinet Office has taken on over the last while. The creation of the Office of the Third Sector at the Cabinet Office brought with it new demands for communications with a very wide

variety of stakeholders. It is perfectly right that they expect news and information about what the Cabinet Office is doing in that field. The second is that the establishment of the Social Exclusion Task Force in June 2006 also led to an increase in the appetite amongst national news organisations and also specialist news organisations in what was going on. The third specific reason is the shift of cross-government media co-ordination of security intelligence and resilience into Cabinet Office communications as well. There is not one single thing that I could point to and say, "It's that reason", but I think that actually there are some general reasons and there are some quite specific reasons as well.

Q550 ***Bishop of Manchester:*** Obviously, there are some very cogent points about an increase in staff, but where does this end? What is your current mathematical projection for the number of increases in staff between now and, say, 18 months' time when there may be a general election, or have we come to a point where now there are no more staff increases imminent?
Mr Byrne: It is a great question and one that I am not ready to answer yet because we are going into the process of business planning for the year ahead now, which will probably take two or three months and, like every other part of government, I will be looking for efficiencies, so I have already commissioned advice on what efficiencies it is possible to deliver in the communications area.

Q551 ***Bishop of Manchester:*** So we could, I think, face a decrease in the number of staff?
Mr Byrne: It is perfectly possible. I would not want to prejudge the development of the business plan of course, but I think it is incumbent in current economic conditions on every part of government to make sure that value for money is really emphasised with some degree of force behind Prime Ministers.

Q552 ***Bishop of Manchester:*** Earlier on, you mentioned the percentage within the budget for media-handling, and I know that all of this is public information, but it would just help as a shortcut if you were able to tell us the figures which are available for the budget of the Communications Department of the Cabinet Office and, although you have given a percentage figure, what the actual figure within that is for the media-handling.
Mr Byrne: Sure. It is £1.176 million.

Q553 ***Bishop of Manchester:*** That is overall or for the media bit?
Mr Byrne: That is for the media-handling component, so that is 29% of the Cabinet Office's communications budget, which is £4.069 million.

Q554 ***Chairman:*** Every time we ask this question of a government department, we get a reply which tells us what the cost is, but yet there does not seem to be an overall cost that anyone can give.
Mr Byrne: An overall cost of?

Q555 ***Chairman:*** An overall cost from government generally of all the departments.
Mr Byrne: Let me ask that question and see what I can furnish the Committee with.

Q556 ***Lord Maxton:*** Could I just suggest one possible explanation to you and that is that there are of course some other things press officers do which relate across several departments. We got that from the Department of Health, in particular, where they will do, say, a campaign on obesity which of course covers the Education Department and in fact I think they said it was five different departments. Does that blur it, if you like?
Mr Byrne: It certainly does, and there are also centrally managed communications channels. Directgov is a good example: Directgov, I think, has something like 274 different services on it at the moment and there will be services that contribute to Directgov from all parts of government, so it will often be difficult in terms of slicing and dicing up the numbers.

Q557 ***Chairman:*** But it does seem odd, because we have had the Ministry of Defence come in and they have given us their budget and they have given us the number of people they employ in the communications area, and the Department of Health and the Foreign and Commonwealth Office have done the same, three of the biggest departments in government, and now you have done the same. It should be possible. One is not asking for it down to the nearest pound, but it should be possible to get some rough estimate of how much the Government is spending on communications.
Mr Byrne: Absolutely, it is an extremely reasonable question, so let me see what I can put together for you.

Q558 ***Baroness Howe of Idlicote:*** Again, I am finding this fascinating as the figures are coming out, but what does slightly concern me is how you decide what is an appropriate percentage of the entire budget for your Department for communications, because, let us face it, you have got a lot of competing issues there that need the resources, and we all know we are going into a pretty tight time for any extra resources the other way. Could you give a little more guidance on that?
Mr Byrne: As the Committee will know, I have not been in this business very long, my background is in business, and budget-setting for these kinds of

overhead costs is always difficult, and you have got to look at the demand out in front of you. It is important that the Government satisfies media organisations by making sure that information and news is available. because they too have customers and those customers happen to be the people who elect the Government and pay our wages, so those demands are not unreasonable, they do need to be met, but obviously Ministers have to balance budgets, so I do not think there is a science to it. I think it is ultimately a question of ministerial judgment, but you are absolutely right to emphasise that at the moment and for the year ahead there is a new importance attached to people like me looking very hard at these cost bases and asking searching questions about how efficiencies can be delivered, but it will always be a balance: what portion of the demand that is out there do we satisfy. We do not want to be a closed, insular government that just sort of says, "Well, we'd love to tell you, but actually we're sort of retrenching communications staff and we just haven't got the resources to tell you the answer".

Q559 ***Baroness Howe of Idlicote:*** You do not think it might be fair to think that a rather higher proportion for communications could be interpreted as a better way of getting the party message, not just the government message, over to the country?
Mr Byrne: I am sure it could be interpreted like that in some quarters, and this is why the argument that Sir Gus O'Donnell began to advance is enormously important to build on. This is a very new argument, but, if you talk to front-line professionals in health, education and in teaching, all will say that prevention is better than cure and that, if we are to drive, for example, the public health agenda that Alan Johnson has set out, we are just not going to deliver on that agenda successfully unless we change people's behaviour, so winning an argument that says, "Communications budgets are actually now part and parcel of service-delivery" is really important, but I do think that it is quite a new argument and it is going to take some development and articulation, if truth be told.

Q560 ***Baroness Howe of Idlicote:*** It is obviously interesting, the whole business of special advisers, which of course started under previous governments and so on, but they have grown quite considerably, I think, from 38 at a cost of £1.8 million to 73 at a cost of £5.9 million. Now, can you give any sort of indication as to why you think that side of it has happened?
Mr Byrne: I think this is extremely interesting and I think there are three points that are important for me when I was thinking about this over the last week. I think the first point is to reiterate that the presence of special advisers, as many of the Committee will have had personal experience of, actually makes the Civil Service's job of staying impartial and objective much easier, because, if questions from the news and media organisations do begin to veer into the political, actually they have got a pretty clear signpost that they can point to: "That's not my job, as a civil servant, to answer that question, that's the special adviser's job to answer". I think that point was underlined well by Michael Ellam in the evidence that he gave to the Committee. I think the second point is that a key factor in the growth in the number of civil servants, I would observe, is through the creation of a bigger special adviser team at Number 10. Both Tony Blair and Gordon Brown were absolutely clear that they wanted to ensure that there was a strong centre in government, that the centre of government was setting the agenda for the whole of government and public service change and delivery, and that has been a key factor in the rise of the number of civil servants. The third point though is that my own experience of working with special advisers, particularly the team of special advisers at Number 10 that have been put together over the years, is that many of these individuals are quite extraordinary people in that the depth of specialist knowledge that they bring to their work in many cases is internationally recognised. They are all people who treasure public service and who believe in the ideals of public service, but have managed to combine that with extraordinary intellectual depth and presence as well. They are an impressive bunch of people, and actually I think having a strong centre is quite important in 21st-Century government, so growth there has been, but I think the prize of a strong centre has been worth it.

Q561 ***Baroness Howe of Idlicote:*** You have moved on to my second question too, but, even looking at the increase generally, you have mentioned the point about the specialism, but what proportion of their time would be spent primarily on the media and communications work?
Mr Byrne: This is an important question as well. At Number 10, of the special advisers that are at Number 10, only two are employed to deal primarily with the media and, of the special advisers employed across government, only 13 are employed primarily to deal with the media, so very much the balance of special advisers in government is skewed towards the development and articulation of public policy which, to me, feels right. I can understand from civil servants the argument that the presence of a special adviser to deal with the media is very helpful because it helps protect the integrity and impartiality of the Civil Service, but, on closer inspection, it would appear that the lion's share of special advisers in government are working on policy questions rather than answering phone calls from the fourth estate.

Q562 ***Baroness Howe of Idlicote:*** Sorry, I need to follow this up a bit more because 24 out of the 73 special advisers today are in fact working at Number 10, working on policy at really quite considerable cost overall of everybody we have got of £1.8 million. How much of that really is justified rather than should be paid by the party itself if they are special advisers?
Mr Byrne: I think the costs are right, and, if you ask members of the media what fraction of Number 10 people they thought were devoted to the media, I doubt they would guess actually that only two of those 24 are employed primarily to deal with the media, but those are the facts. Again, I think a strong centre in government is a prize worth having and I think, if you can bring together the range of specialists that Gordon Brown has brought together, that is a prize worth having because I think public policy is better for it.

Q563 ***Baroness Howe of Idlicote:*** You are not concerned about the amount of public money as opposed to party money? Is all the work they are doing governmental as opposed to party? One is assuming that special advisers have got a rather different role.
Mr Byrne: No, I am pretty convinced that the prize of a strong centre is a prize worth having. Obviously, it is important not to go mad with the budgets, and the number of special advisers at Number 10 and indeed across government is now lower under Gordon Brown than it was under Tony Blair, so it is important that these costs are not allowed to run out of control, but I think the balances in the budgets that we have got at the moment are right.

Q564 ***Baroness Scott of Needham Market:*** One of the topics we have discussed at several sessions and taken evidence on is the question of selective briefings and particularly the sort of examples where the Minister has a chat with a journalist and trails some new policy, and a number of journalists from whom we have heard were quite sanguine about that. They said, "Well, it's inevitable, it's just part of the system", but we have also heard a less sanguine view which says, "Well, actually, how can you square this approach with the Phillis recommendations of openness?", so what are your thoughts on this question of selective trailing?
Mr Byrne: Three thoughts really. The first is that the number of journalists in the Lobby is high, so there are 374 members of the press gallery, for example, on top of foreign journalists, which number about 1,500, and that is quite a lot of people. If truth be told, not all of them are interested in everything and there will be specialists within their number, and you have heard from a few of them, so selective briefing, I think, is inevitable because some of them will just be more interested in certain subjects than others. Many of them have got extraordinary depths of knowledge, expertise and experience on some of the policy questions that they write about, so sometimes it will make sense for government communicators to spend a bit of time with a handful of people who actually know their subject inside out and are genuinely interested in it than banging out a press release for 374 people in a sort of blanket kind of fashion. Some of the questions that the Government needs to explain are complicated. If we want to avoid a situation where we are dumbing down explanations of government policy, then often it will make more sense for government communicators to spend a limited time with a select number of people who really know their stuff and, frankly, who are pretty-well-qualified to ask more searching and more demanding questions and who will hear messages and listen to them and have plenty of salt to pinch when they are listening to what they are being told.

Q565 ***Chairman:*** I think what we are trying to get at is trailing announcements. Obviously, we understand that the health correspondents might be more interested in health, but it is the trailing of announcements to one or two newspapers or to one newspaper or before it is made in Parliament, that is what we are trying to get to.
Mr Byrne: I think trailing is probably always going to go on, but I think concern about trailing sometimes can be a bit overdone. If truth be told, the way that policy is made now is pretty open and pretty collaborative. There are in this business very few bolts from the blue, and very often policy announcements, even when they are made to everybody, are not going to win prizes for originality because actually there would normally have been an open consultation process. It is typically in the Cabinet Office's guidelines that the Government has to publish a response to consultations, and actually that is a perfectly sensible way of making policy in the 21st Century, but it does diminish the originality of policy announcements when they are made. The question that you get stuck in is: when is a trail a trail? Is a trail when you launch a policy consultation? Is a trail when it closes? Is a trail when you publish the Government's response? Is a trail when you announce the direction of government policy? When is a trail a trail, because a lot of these things will be conducted in such an open way? Increasingly, we see different parts of government asking civil servants to speak about operational matters in the media, but also to a much wider range of stakeholders, and very often you will have media in those organisations. I remember having these kinds of conversations when I was at the UK Border Agency. The general culture of transparency now, I think, does sort of pose questions about when a trail is a trail. I know the

question that you are driving at, but I just think, having thought about it, that it is probably never really going to go away, because policy is just not made in dark rooms any more: policy is made in an open and collaborative way, and policy is stronger for that.

Q566 ***Baroness Scott of Needham Market:*** The journalists from whom we took evidence are very clear that trails, however defined, take place and that it is a perfectly accepted piece of practice that Ministers will talk to a journalist whom they regard as understanding or receptive.
Mr Byrne: Or both.

Q567 ***Baroness Scott of Needham Market:*** Or both, yes, and it may mean politically or it may mean technically, but the fact is that they accept that it goes on, so the question I am asking, and I think you have answered, is that actually it can be justified. I think that is what you have just said, so perhaps you could confirm that.
Mr Byrne: I think it can be justified. I think, to a degree, it is inevitable, and actually I do not think it is necessarily a bad thing. Just the sheer complexity of today's media environment poses new questions about how government communicators get their messages through to taxpayers. There are now significant groups of taxpayers who just do not buy national newspapers and who do just listen to the radio or who do just access information through websites, so sometimes government communicators have to make quite difficult judgments about how you best connect with the audience that you are trying to reach, so I suspect it is going to remain quite a complicated story.

Q568 ***Baroness Scott of Needham Market:*** Just to follow on then, if you have, I do not know, 20 health specialists on your books and your Health Minister decides to talk to one of them above the others, would a briefing to one health specialist only be appropriate from a special adviser or a Minister, or would it be appropriate for a civil servant to give that sort of briefing?
Mr Byrne: Interesting. I think that, if it is a substantial announcement, then it should not be selectively briefed at all, it should be brought to the House first and foremost. The number of oral statements is increasing now, and I think both the Prime Minister and the Speaker have been pretty clear about their expectation of Ministers, and they are absolutely right to set out that expectation, but, if an announcement is of less substance and less import, then sometimes there will be selective briefings, and actually I think sometimes it is justifiable for civil servants to undertake selective briefings, so, if you are dealing with a particularly complicated piece of policy or, for example, you are publishing an evidence paper, then sometimes the civil servants will be just best-qualified to provide members of the media with an explanation of what the Government is doing or what the Government is trying to get across.

Q569 ***Chairman:*** Should the same information not be available to everybody? That is really the point. Why should you actually choose one person? Should it not be a general principle that, when information is published, it should actually be published for everyone?
Mr Byrne: Absolutely, and I think that is the general principle that governments should operate by.

Q570 ***Bishop of Manchester:*** As we get nearer to an election, the trailing of information to particular newspapers, for example, begins to take on not merely government information aspects, but potentially party-political propaganda. Now, do you, at the Cabinet Office, keep a close eye on the balance between the particular newspapers or whatever in the way in which that information is delivered because, as we approach these 18 months, if certain newspapers are beginning to get more information trailed to them than others, that is actually rather a serious issue?
Mr Byrne: Interesting. That is something that I possibly do need to reflect on because I can see the argument that you are making and it is an important argument. Sometimes though, political selective briefing can be about ambitions for policy rather than the reality of policy, and that is why it is quite a difficult line to tread, is it not, because sometimes you will have Ministers who might want to take policy in a certain direction, but actually what they are doing is they are having a political argument, so, if you take, for example, an important part of my party's policy-making process, which reaches a sort of climax every couple of years with a conference at Warwick, very often you will see in the newspapers politicians, trade unions and party activists talking to the media about the debates that they are having. Now, very often people are having an argument about politics and our civic life is healthier for it, so sometimes it is just quite difficult to separate what is a policy and political ambition from, "This is what the Government is going to do next week".

Q571 ***Lord Maxton:*** But is not some of this selective trailing actually down to the journalists rather than to the civil servants or Ministers or press officers? In other words, if a journalist discovers or thinks that there is something about to happen, so he phones up the press office and says, "Is this about to happen?", what do they do? Do they say, "No", and then two hours later it is announced, or do they say, "Yes, this

is what's happening"? Why should that, if you like, better journalist be prejudiced against those if you then give it to everybody?
Mr Byrne: You draw attention to quite a point, which is that members of the media are very competitive individuals, and I have personally been on the receiving end of phone calls from journalists who have said, "Well, are you going to do this?" and actually the right position at that stage, because there might not be cross-government policy agreed, is that you might say, "Well, I'm not in a position to comment on that", so the story is then, "Minister refuses to deny", and that is then your headline. You would not call that media-fabricated news, would you, but it is certainly media-driven headlines.

Q572 ***Chairman:*** That is simply what actually happens in the relationship, and your response seems to me to be the correct response. Let me give you an example of October 24. There was a debate, which I think Lady Scott and others will remember, in the House of Lords about change of policy and allowing women to buy back contributions to get a full pension, and that was debated in the House of Lords at the committee stage and then, lo and behold, on October 24, although no amendment had gone down in the House of Lords, it was announced on the front page of the *Daily Mail* with the Secretary of State actually being quoted in some detail. Now, that is actually pre-announcing something, by definition. Do you defend that kind of thing as well?
Mr Byrne: I am not familiar with that story, although I will have a look at it now you have drawn it to my attention. I think I would just underline what I said a moment or two ago about the importance of significant policy announcements being made to the House first rather than to the media.
Chairman: Well, let us come on to that point in particular, the primacy of Parliament.

Q573 ***Baroness Eccles of Moulton:*** It has been very interesting to listen to the discussion so far, Minister, but it seems that the direction that it is going in means that transparency really makes confidentiality a very difficult principle to maintain. Quite often documents are embargoed, but, if, as you say, so much of the information that is in that document is already common knowledge because of the degree of consultation, transparency, openness, et cetera, it then brings us to the point of wondering really whether the primacy of Parliament can continue to be respected and what is a new policy announcement that has remained so confidential that it does not need an embargo and Parliament hears about it first? How can you construct a principle which actually preserves what, I suppose, is still considered in many people's eyes as a very important factor in the way the country is governed?
Mr Byrne: That is a fantastic question. I think it is always going to be a matter of judgment, but I have found, in my very short career as a Minister, that I do find myself thinking about accountability to Parliament every single day. It is something that infuses the way that you work. You are constantly asking yourself, "Am I being presented with something or am I making a decision that Parliament needs to know about and where Parliament needs to be informed?" I think what you have also seen good Ministers do over the years, and no one administration can take credit for this, but what good Ministers do is they use the House in order to debate questions that are not fully formed. An example from my own experience is with the big changes that we were making to the immigration system on which I asked for a topical debate in the House about the advent of the points system, and actually our policy was far more sophisticated and richer for the debate that we had in the House, so the House authorities making time for Members of the House to debate these things is very important and something that Ministers should exploit, I think, because I think policy is better for the experience that is brought to bear in both Houses. This question though of transparency is an interesting one because you suggested that a trend was in a certain direction and I was sort of fascinated by this question to do a little bit of research. This is not necessarily a sort of all-encompassing answer, but I do think that prime ministerial statements to the House do give us an indication of the direction of travel. I looked back over the last four Prime Ministers and just looked at the number of oral statements they made to the House. Lady Thatcher made one oral statement every 24 days on average, Sir John Major made one statement every 23 days on average, Tony Blair made one statement every 19 days on average and, in his short tenure as Prime Minister, Gordon Brown has made one statement, on average, every 11 days, so I think you can see that the trend is actually towards greater accountability towards Parliament and I think that is very welcome.

Q574 ***Chairman:*** You are just using the prime ministerial statements, are you not?
Mr Byrne: Absolutely, which, as I say, is but one base point.

Q575 ***Chairman:*** You are missing out every government department in the land.
Mr Byrne: Well, there have been 114 oral statements since the end of June 2007, so, if you count the total of oral statements, you can see that we are not, in the House, short of oral statements at the moment, but this question, I do think, requires constant invention on the part of the House authorities. I think the

advent of Westminster Hall debates has been an important contribution and I think the advent of topical debates and topical questions on the floor of the House is an important innovation, but this is not something that is going to stand still. I am constantly struck by my limited knowledge of policy questions in relation to Members of the House, and the more that Ministers can use the House in order to thrash through difficult questions, in my view, the better.

Q576 ***Baroness Eccles of Moulton:*** That does give rise to a question which is not actually part of what we have written down to talk about, but it is strictly relevant to what you have just said, using the House in order to help to form policy, and that is the fact that in the next session we are told that we are going to be sitting for fewer days than we have since the Second World War, apart from the years when there is a general election. Does that not rather run counter to having enough time to openly and productively discuss policy proposals in the House?
Mr Byrne: Not necessarily, because this is always a question of supply and demand. We have now been given our supply in terms of the number of days available, but what we have not yet been given is our demand in terms of the Government's legislative programme, so the Queen's Speech, I think, will be an important opportunity to answer that question in the round.

Q577 ***Lord Maxton:*** Is some of this whole question about Parliament and making statements to Parliament not in part due to the increase in the media? If we take the statement yesterday by the Health Secretary on the provision of drugs being paid for by individuals, that has been an ongoing debate for several weeks in the media and the public, and quite rightly so. It would have been absurd for Alan Johnson not to have said anything. I am sure journalists were pestering the Department of Health yesterday before the statement to find out what it was about. It obviously was going to be about that. What else was it going to be about? Do you see what I mean? It just opens up the whole area of thinking. At one level governments are accountable to the electorate as well as to Parliament.
Mr Byrne: Your point underlines the importance of making major policy amendments to the House first. In the spirit of the way in which policy should be made in the twenty-first century, I do think there are new ways in which you can pool expertise and analyse it, chew it over, think about it and reflect on it. Obviously the advent of digital media presents all sorts of new opportunities to do that. The House is a pretty good place to do that in as well in my experience.

Q578 ***Chairman:*** So you defend the traditional view that important announcements—and I agree that there is always some debate about what is important and what is not—should be made in the House first?
Mr Byrne: Yes. I did not expect to come to this Committee and admit I was a traditionalist, but you seem to have boxed me into that corner!

Q579 ***Baroness McIntosh of Hudnall:*** Minister, I am going to try and wrap up the last few questions into one portmanteau question which you can pick the bones out of as best you can. You spoke in your opening statement about the importance of what you called the digital divide and we have referred to it in that way too. I think you mentioned 10 million users of government information via websites. What proportion of the total amount of information that the Government is putting out is going through websites and is not available by any other means? What view do you take of the people who are not at the moment, for various reasons, able to access information in that way? You will have read the evidence that we had from the Citizens Advice Bureau on that subject. Are you monitoring whether or not your information is getting through by other means to people who do not have access to digital forms? The Citizens Advice Bureau is an example of a voluntary sector organisation that is extremely important in delivering information which, if not directly coming from Government, is connected to government services. They are very concerned that the relationship between government departments and them as providers of a service is not particularly well integrated. I wonder whether you have any reflections on how the third sector, which is now an important part of your brief, can be better integrated and involved in the business of delivering government information effectively. Finally, connected to that is the question of cross-departmental issues such as the availability of benefits. This is an issue which the Citizens Advice Bureau pointed out was very important, that people who are trying to access one kind of benefit or a tax credit are not necessarily being informed through another department that they might be eligible for something else. That is just an example of where government information may fall down into the cracks between different kinds of departmental communication.
Mr Byrne: This is an area where I personally would very much welcome the Committee's observations because, as I said in my opening statement, this is a question that is going to become more significant over the next 10 years rather than less significant. I spent most of my business career in the technology sector. The advent of new technology does allow us to create different kinds of packages of services and different kinds of packages of information that are

much better customised and tailored around the individual or indeed an individual community. If we are to do that as effectively as we might it will very often require working with third sector organisations who have just got a much better insight and a much better connection with the communities or individuals that we are trying to reach. My colleague Tom Watson has led what is an absolutely pioneering field of policy development at the Cabinet Office over the last year around the power of information, which is a demand on government really. It is about how the Government makes sure that it is releasing information that it might have in one form or another out there into the atmosphere so that intermediary organisations can package it, put it together with other things, bundle it with other services, in order to provide a certain kind of service to certain individuals. Netmums is a good example of an organisation that brings together a whole range of government information, with some government services, with a whole range of advice and information too into a service that is pretty well tailored to the audience that it is trying to serve. That is quite a complicated question, but if you have got people who are sitting outside those opportunities, for example, who do not have access to the internet or electronic media, then you are going to get a new inequality in service delivery. That is a very long way of saying that this is an important area on which I would welcome the Committee's observations. It is important not to lose sight of the fact that there are 32 million people online, that is 67% of the UK population and so the internet will remain an important service delivery channel for public services. If you are asking what monitoring we do of how government is delivering these services to different people in different ways, well, that is ultimately down to individual departments to answer because they have to be held accountable for whether their services are being delivered in the right way. In David Varney's proposals around modernising government that were published a while ago there were a set of principles in this field, the most important of which was that when you are thinking about service delivery mechanisms your key test is whether the people you are trying to serve can actually get access to it. Sometimes that will mean help-lines, sometimes it will mean the internet, sometimes it will mean physical service delivery channels, sometimes it will mean retaining the good old fashioned stuff called paper, and sometimes it will mean working with third sector organisations in a new way. For example, if you look at the way in which the Eaga Partnership worked on the Government's warm front programme, there is a third sector organisation which works in constituencies like mine which has much better marketing techniques than different parts of government. It can tell me on a day-to-day basis what warm front grants have been delivered in my constituency, and they are also now working with the fire and rescue service in installing fire alarms to prevent fires. There will be a whole range of ways in which these services can be put together in different channels. The key test for departments, Ministers and civil servants is who is it that you are trying to reach, tailor the way you are trying to deliver services to your audience—

Q580 ***Baroness McIntosh of Hudnall:*** The number that you gave, which is 67% of people have access to the internet, is pretty much exactly what the Citizens Advice Bureau told us in a different way, that is, they said 35% of people do not. They also confirmed that a very significant proportion of the people they deal with, that is to say, people who are generally speaking in need of help and support, fall within that 35%. In your view is it the business of government, because of the way internet and digital technology is developing, simply to press the remaining 35% of people who cannot at the moment access that kind of information to do so by some means or another? One mechanism for doing that would be to withdraw other forms of information so they have got to somehow. I am not suggesting that is what you do but that would be one way. Or do you take the view, for example, that there will always be a quantum of people for whom that kind of accessing of information is not going to be appropriate for one reason or another?

Mr Byrne: I take very much the latter view. Part of the answer obviously is increasing the penetration of internet services. That is why we have got three Ministers who are working on digital issues; Paul Murphy is the Minister for Digital Inclusion. There are important programmes, for example, the Home Access Programme that DCSF is running, which are driving up the penetration rates for internet services, but that is never going to be 100% of the answer. So in a constituency like mine, for example, which has the fourth highest unemployment in the country—two wards out of four are amongst the most deprived wards in the country—rates of internet penetration are very low. That means I might be able to deliver certain kinds of advice through liambyrne.co.uk, but it also means I need to do monthly surgeries, it means I need to do school gate surgeries once a week, it means I need to do resident meetings twice a month and, of course, I have to knock on doors and ring people up. There is a whole range of different ways in which modern service deliverers have to go to the people they are seeking to serve. For some services for sure the internet is a good way of doing it. Directgov provides 240 services from eight departments; it serves 11 million people and it is very good at providing a range of different services all in

one place. At your other extreme are initiatives like third sector organisations like Eaga Partnership, which are delivering information and guidance about warm fronts or fire alarms. What they do is go and knock on people's doors in target areas.

Q581 ***Baroness McIntosh of Hudnall:*** Are they able to access government information effectively to do what you need them to do, because that is part of the same issue?
Mr Byrne: There is always going to be enormous room for improvement in these areas, but they will be able to access services. One of the most exciting new areas where government and public sector reform will be able to support third sector organisations in helping deliver government services is by actually studying harder what tools third sector organisations would find useful in delivering those services. Sometimes those tools will be online. For example, if you are a travel agent you will have access to the Sabre booking system. That is a system that is provided by a consortium of airlines; it is on travel agents' desks. That is the sort of tool that they can then brand and customise and use how they see fit. In the future there will be electronic tools of that nature which will help third sector organisations or indeed other organisations deliver services more effectively. This is very much a spectrum. The overriding principle has got to be who is it you are trying to reach and how do you deliver services in an integrated way, which was another point you made.

Q582 ***Lord Maxton:*** There is a debate about top-slicing the BBC licence or whether when we get to digital switch-off there will be part of the licence there. I would argue that rather than using that to subsidise other broadcasters, it should be used to ensure the provision of broadband to every household in the country, which would then allow everybody to have internet access. Secondly, internet access is available in public libraries, in CAB rooms, but there is the question of personal security in all of those. Does not the Government's policy of providing ID cards come close to overcoming that particular problem?
Mr Byrne: I think it does. When I was the Minister with oversight strategically for ID cards one of the things that I was very anxious to do was make sure that the Government's policy for identity and identity management embraced online services like Directgov, the Government gateway, because it will be increasingly important that people have a secure way of locking down their identity, but the way that you want to use that proof of identity for government services needs to be as flexible as possible. If you have got the ability to interoperate ID cards and the Government gateway then you are providing a service to potentially 11 million people. That is quite a significant prize, particularly with the new security features that it is possible to bundle into that service.

Q583 ***Chairman:*** Would it be within the remit of the communications network to publish guidance on working with the voluntary sector to improve communication with the public and getting clear advice available to the public on government initiatives?
Mr Byrne: I think it would. I think this is something that I will ask the Office of the Third Sector in the Cabinet Office to work with COI in thinking through, because I think that suggestion from the Committee would be positive.

Q584 ***Chairman:*** I want to ask about the lobby system. You referred to the greater openness that there is now, but you did say that the lobby meeting, which is open virtually to everybody, is not televised. Why is it not televised?
Mr Byrne: I am not enormously well qualified to comment on this so I will defer to the professional judgement of others. I think that this is a conversation that the Prime Minister's Official Spokesman Michael Ellam has had with members of the lobby. I think the conclusion that they reached was that they would all feel more comfortable if they were able to conduct their business in a way that was transparent but not necessarily televised. On that question I would defer to their judgement. What is important is that you do not get yourself into a situation where you have got members of the lobby not feeling comfortable in their working environment and therefore not coming along to—

Q585 ***Chairman:*** These are journalists we are talking about, not old age pensioners!
Mr Byrne: You know, like me, they are pretty sensitive individuals.

Q586 ***Chairman:*** Mr Bishop, it is unfair to ask you, but you are not staying in the government service forever, are you?
Mr Bishop: No. I am moving on at the end of January. I have got the great honour of becoming Chief Executive of the Southbank Centre.

Q587 ***Chairman:*** So you can give a frank answer before you go.
Mr Bishop: I hope I have always been giving you frank answers.

Q588 ***Chairman:*** And what is it, about televising the lobby?
Mr Bishop: I must admit, you saw a smile on my face because the thought crossed my mind that these days

television channels, all of them, including the BBC, do chase ratings and I was wondering what sort of audience that might get.

Q589 ***Chairman:*** Assume you get extracts. You do not have to cover the whole thing. Even in Parliament you get extracts of it. I think I am getting the message that as the lobby does not really want it you are not really prepared to push it.

Mr Byrne: I do not think so. I would be extremely nervous about damaging the lobby's comfort level in their interactions with government.

Q590 ***Chairman:*** I think that is exactly what I just said. Thank you very much for coming. We have enjoyed our conversation with you. Perhaps if we have got any other questions we could come back to you.
Mr Byrne: Thank you very much.

Supplementary letter from the Cabinet Office

GOVERNMENT COMMUNICATIONS

At the committee hearing on Wednesday 5 November, I promised to look into giving you an overall figure on the cost of government communications.

As you know, individual departments are responsible for determining their own budgets, resourcing and structure. As such, the communications function in each department does not always fit into a single directorate with a single budget.

Comparing the cost of government communications across different departments is therefore complicated and likely to result in a distorted overall figure—what some departments include as communications activity, others do not.

For accurate information that highlights general trends in government communications spend, I kindly refer you to the information previously provided to the committee from the Central Office of Information.

I understand that you may find this response disappointing but I do hope that the data provided thus far will be sufficient for the committee to complete its much anticipated report.

26 November 2008

Written Evidence

Memorandum by the Chartered Institute of Public Relations

Introduction

1. The Chartered Institute of Public Relations (CIPR) is the UK's leading public relations industry professional body and offers international leadership on issues of best practice and ethics. Founded in February 1948, it today has over 9,000 members representing the public, private and voluntary sectors.

2. We are a member of the European PR federation CERP (Confédération Européenne des Relations Publiques) and a founding member of the Global Alliance for Public Relations and Communications Management, representing over 60 national public relations associations, of which our Director General Colin Farrington is currently Chairman.

3. The Institute represents and serves the interests of people working in public relations in the UK and abroad. We offer access to information, advice and support, and provide networking and training opportunities through a wide variety of events, conferences and workshops.

4. We are about developing skills, raising awareness, rewarding excellence, supporting our members and giving public relations a voice at the highest levels. Our staff is dedicated to providing support for our members and enhancing the professional reputation of the industry.

5. We frequently speak at national and international conferences, provide comments to the press and take an active part in influencing new regulation concerning the industry, both nationally and internationally.

6. We are specialists in PR training and experts on conference management and seminars. Each semester we offer an extensive programme of training and events covering the most relevant topics of the PR profession.

7. In addition we offer the post-graduate vocational CIPR Diploma and the Advanced Certificate courses in public relations, and approve PR courses at undergraduate and postgraduate level at universities throughout the UK.

8. Our aims are:

- to provide a professional structure for the practice of public relations;
- to enhance the ability and status of our members as professional practitioners;
- to represent and serve the professional interests of our members;
- to provide opportunities for members to meet and exchange views and ideas; and
- to raise standards within the profession through the promotion of best practice—including the production of best practice guides, case studies, training events and our continuous professional development scheme "Developing Excellence".

9. Our evidence is based on consultation and discussions with a wide range of our diverse membership, including serving members of the Government service, under the supervision of our Professional Practices Committee and carried out by our Policy department.

Our Main Findings are

10. The professionalism of communication within the Government service has improved since the Phillis report. There are some outstanding examples of excellent work. But performance is patchy, due largely to a de-centralised professional structure, disparities in budgets and the commitment of senior officials and Ministers. Training and professional development schemes are there in structure but not always implemented with vigour. Departments have also varied greatly in understanding and grasping the implications of social media. There remains an attachment to established ways of doing things, including the out-dated and unaccountable lobby system.

11. If necessary we would be happy to provide oral evidence to assist the inquiry. We hope however that the following responses to the specific questions are helpful.

A Redefinition of the Role and Scope of Government Communications

> *"Our central recommendation is that communications should be redefined across government to mean a continuous dialogue with all interested parties, encompassing a broader range of skills and techniques than those associated with media relations. The focus of attention should be the general public" (page 12).*

12. Our experience is that there has been a re-balancing of the communications portfolio within Government to a certain extent. Communicators are now using a broader raft of communications channels and techniques, including direct contact with the public. However the focus of some senior officials and Ministers still seems to be on "telling" the public and getting their name or policy in the media rather than engaging with them and using other channels to engage in debate.

13. It also needs to be understood more fully that public relations can be properly evaluated and should not be seen simply as an add-on to advertising, which can be wastefully expensive and ill-targeted. Government communications should strive always to be transparent, ethical and professional and much of it is. But there is still a long way to go before the notion of "spin" or "burying bad news" is forgotten. In the past the worst culprits were former journalists who were catapulted into public relations positions without a grounding in the profession; or special advisors with no communications background or skills. We feel that good training could go a long way towards addressing these shortcomings.

A Strong Central Communications Structure

> *"We have recommended, and the government has already accepted, a new structure, led by a new Permanent Secretary, Government Communications who will be Head of Profession, provide strategic leadership for communications across government and build a new and authoritative communications service within government. The Prime Minister's Senior Official Spokesperson will report to the Permanent Secretary, Government Communications, and will work alongside the Prime Minister's Director of Communication" (page 12).*

14. The appointment of a Permanent Secretary was certainly a positive and necessary step and has helped to assert the neutrality of the civil service role in communications. It has also ensured that communications has been recognised as a strategic asset and activity within government requiring representation at the highest level.

15. The formation of the Government Communications Network (GCN) has also enhanced the position of professional communicators in the civil service by providing leadership, access to training and support to departments which has improved capability. However there have been signs of departmental resistance and the protection of departmental 'fiefdoms'. Communicators need to have a professional status equivalent to accountants, statisticians, lawyers etc, including standard and compulsory training and education, recognition of professional structures etc, within the Government service. Unfortunately, despite the best efforts of Howell James, this has not to date been achieved.

Strong, Integrated Departmental Communications Structures

> *"We found inconsistencies between departments on the significance attached to the communications function. We recommend that, led by the Director of Communication, each department's communications activity must clearly contribute to the achievement of the department's overall policy aims and objectives" (page 15).*

16. There has been a significant improvement in the structure of communications within Departments; inconsistencies remain with some departments performing better than others.

17. In some, particularly the outward-facing and delivery departments, communications has been re-positioned and resourced as an important function with an increasing number of Communications Directors taking on more senior roles. However, there are still a number of departments that neither position and resource communications appropriately nor do they appreciate the contribution that communications can make. In this respect the civil service has fallen behind best practice in industry, where the director of communications almost invariably has a seat at the top table.

18. Likewise, there has been a notable improvement in communications practice across government departments: practitioners are more skilled and more responsive. However, the picture is not uniform. While there are many instances of departments displaying consistently good practice, there are still some departments that do not.

19. An example of successful co-ordination of communications between departments is the handling of the recent foot and mouth outbreak. In addition we have appended with their agreement two current government communications case studies taken from the CIPR Excellence Awards 2008—each of these has been short listed in an open competition and represents best practice in their field. They show what Government departments can achieve by winning awards in an open competition.

Greater Emphasis on Regional Communication

> *"Research told us the public want information that is more relevant to them and where they live. We recommend that more investment should be made in communicating at a local and regional level and more communication activity should be devolved into relevant regional government or public service units" (page 18).*

20. There is in the view of our advisors still work to be done to improve regional communications to connect local people to national agenda issues. Generally communications are initiated, driven and controlled by the centre. The Central Office of Information (COI), with its strong regional network, should play an enhanced role in devolving communication activity.

21. Equally there are some exceptions which deserve praise for the work they have done. There is evidence of best practice from the Environment Agency, which has been short listed in a number of categories and across a number of regions in the 2008 CIPR Pride Awards which recognise public relations success and achievement in the nations and regions.

Recruitment and Training to Raise Professional Standards and Maintain Civil Service Impartiality

> *"We found inconsistency in recruitment and inequality in training opportunities. We recommend that all communication specialists should be recruited to the same high standards. All those involved in communications should have training that allows them to perform in a professional and effective manner. Ministers should not be involved in the selection process for communications professionals during open, external competitions" (page 19).*

22. We regard this as a key issue. The GCN has approached the CIPR to explore the opportunity to offer government communicators membership of the CIPR as a way of encouraging them to engage with their professional body. This coincides with the launch of GCN Evolve, an online personal development framework that helps government communicators assess their PR and communications skills. Launched in July 2008, this initiative provides government communicators who have assessed their professional skills through completion of their Evolve profile, the opportunity to join the CIPR at an attractive rate, and take advantage of all the membership benefits afforded to its members.

23. Discussions are in hand with the CIPR's membership and education teams to explore how the CIPR's Continuous Professional Development (CPD) programme can be mapped directly with the Evolve framework. There are also joint initiatives to promote Evolve at workshops running throughout July, August and September 2008. This is a clear indication that GCN recognises the value of the CIPR, and we see it as the start of a much closer working relationship with Government communicators across a broad range of departments.

24. The CIPR welcomes the establishment of this initiative. Membership of the relevant professional bodies is a key element in raising professional standards. Although government communicators are members of GCN, being a member of a professional body provides many other training and development opportunities and also gives communicators the opportunity to meet and share best practice with practitioners from diverse sectors. They are learning about and from PR practice in other fields and in other contexts—which also provides opportunities to benchmark practice and experience with what's happening in the rest of the PR world. Otherwise it's easy for government communicators to live in a "gov comms bubble", with no outside references.

25. Membership of the CIPR means signing up to its Code of Conduct which is broadly consistent with the Civil Service Code. http://www.cipr.co.uk/Membership/conduct/index.htm. The Code emphasises that honest and proper regard for the public interest; reliable and accurate information; and never misleading clients, employers and other professionals about the nature of representation or what can be competently delivered or achieved, are vital components of robust professional practice.

26. There is now greater consistency in training with the GCN playing a key role here. This is an area that deserves positive recognition and indeed is being used internationally as a model of good practice.

27. The CIPR has worked with government departments to provide bespoke in-house training including:

- providing the Foreign Office with the "International Communications Skills Training" programme around nine times a year (six in the UK and three overseas). Each of these courses comprises five modules and lasts for a week. As well as FCO staff, these courses have also attracted candidates from the Home Office and Department for International Development;
- a bespoke course for the Office of Criminal Justice Reform on low budget PR;
- training for the Health and Safety Executive on Social Media and Evaluating PR; and
- a PR strategy workshop for the Home Office in 2007.

New Rules Governing the Conduct of Special Advisers and defining more clearly the Boundaries with the Civil Service

> *"We accept the role of special advisers but found a lack of clarity in their relationship with civil servants. We recommend that new propriety guidelines and induction training should be developed by the Permanent Secretary, Government Communications to cover all those involved in communication, including special advisers. The principle of Civil Service impartiality must underpin these guidelines" (page 21).*

28. In spite of attempts to categorise and regulate the roles of special advisers there is still confusion and friction about their relationship to the civil service. The notion that special advisers are civil servants (albeit temporary ones) should be scrapped, and it should be made clear to civil servants and the general public that their appointments are purely political. Their new status should be made transparent to the public, and to other stakeholders with whom they have regular dealings. They should never be given posts that enable them to direct civil servants nor should they supplant professionally qualified communication staff.

Effective Implementation of the Freedom of Information Act 2000

> *"We found a culture of secrecy and partial disclosure of information which is at the root of many of the problems we have examined. We recommend that, when implementing the main provisions of the Freedom of Information Act, the overriding presumption should be to disclose" (page 23).*

29. It is still not clear whether there is a consistent position on disclosing information so this needs to remain under close scrutiny.

Clearer Rules for the Release of Statistical Information

> *"We found cases of selective release of information and lack of clear timetables as to when information was to be released. We recommend that core central government statistical information should be automatically, routinely and systematically made available, with schedules published in advance and strictly observed. There should be a new statute to define a clear remit for the National Statistician and the Statistics Commission" (page 24).*

30. Improvements have been made with genuine attempts to regularise the situation; however again there is a need for ongoing monitoring to ensure these are sustained.

A New Approach to Briefing the Media

> *"We found that the lobby system is no longer working effectively for either the government or the media. We recommend that all major government media briefings should be on the record live on television and radio and with full transcripts available promptly online. Ministers should deliver announcements and briefings relevant to their department at the daily lobby briefings, which should also be televised, and respond to questions of the day on behalf of the government" (page 25).*

31. The original recommendations have not been implemented.

32. We believe that the current lobby system should be disbanded. Recent reforms to the lobby system have been useful, but have not addressed the central issue—which is the concept that there is some kind of "magic circle" of privileged journalists who are granted special access to the thinking of ministers. The current system encourages an unhealthy closeness between government and a small elite group of journalists, and the kind of anonymous briefing which exacerbates the cynicism with which the general public views the political system and politicians themselves. Briefings should be open and transmitted live along similar lines to White House

press conferences, where the spokesperson (a professional communicator) can choose to respond to questions. If individual ministers still wish to brief individual journalists off the record that is a matter for them—but the institutionalisation of mass anonymous briefings is anomalous.

Customer-driven Online Communication

> *"We found that, although significant resources are being devoted to government websites, the impact has been diluted by a lack of integration within departments and across government. We recommend that the central government website should be redesigned to meet the needs and perceptions of users, with individual departments only becoming "visible" when this makes sense to the users. Information on local public services should be prominent and easily found. There should be increased investment in websites to reflect the increasing importance of this method of communication" (page 26).*

33. Significant progress has been made and on the whole some government websites have become an effective tool to engage and inform stakeholders and the public. Directgov and Business Link are good examples of single points of access to government information and services for individuals and businesses.

A Reappraisal of the Relationship between Politicians and the Media

> *"We found a three-way breakdown of trust between politicians, the media and the general public. We recommend that politicians and the media should consider the extent to which their behaviour might support or undermine the objective of these recommendations—to help restore public trust in legitimate government communication" (page 26).*

34. Public relations should be interactive and not simply involve one-way communication. There is a need to establish a critical relationship of healthy scepticism between politicians and the media as well as between journalists and PR practitioners.

35. It may well be the case that public respect for politicians and journalists is at a low ebb. However, we are not convinced that it is permanently at an historically low ebb—such things tend to be cyclical as the public become disillusioned with governments over time. And the general public is more highly resistant to the urgings—and opinions—of newspapers than some journalists and editors would like to think. For hard news they rely on radio/TV (older generation) and online (younger generation). Scrapping closed lobby briefings might however go some way towards restoring public trust in politicians and the media, if the Committee believe that this is more than a cyclical and temporary issue.

18 September 2008

Memorandum by Professor Anne Gregory

Additional Information

I submitted evidence to the original Phillis Review in 2003.

I was seconded to and led the Cabinet Office Project Group which developed Evolve—the Government Communicator's Capability Framework in 2004–05.

I served on the Project Management Board, set up and Chaired by the Permanent Secretary Government Communications to oversee the development of Engage, the Government's Strategic Communications Planning methodology from 2005–08.

I now train Government Communicators in Strategic Communications Planning, Stakeholder Engagement and Leadership.

Evidence

As you can see from the above, I have been heavily involved in developing the framework for improving the capabilities of government communicators and in overseeing the development of the strategic communications planning approach for all Government Departments. I also train Government Communicators on a regular basis, so I have a deep insight into how communications in approached and implemented within Government.

IN MY JUDGEMENT

1. The appointment of a Permanent Secretary was a positive and necessary step and has helped to assert the neutrality of the Civil Servants role. It has also ensured that communications has been recognised as a strategic asset and activity within government requiring representation at the highest level. This appointment should be retained. The formation of the GCN has improved access to training and support for departments which has improved capability.

2. There has been a significant improvement in the structure of communications within Departments and it is clear that in a number (especially the outward-facing and delivery departments) it is being re-positioned and resourced as an important function with an increasing number of Communications Directors taking on more senior roles. However, the picture is patchy, there are still a number of departments that do not position and resource communications appropriately neither do they appreciate the contribution that communications can make.

3. Likewise, there has been a notable improvement in communications practice across Government Departments: practitioners are more skilled and more responsive. However, the picture in not uniform. While there are many instances of departments displaying consistently good practice, there are still some departments that do not.

4. There has been a re-balancing of the communications portfolio within government to a certain extent. Communicators are now using a broader raft of communications channels and techniques, including direct contact with the public. However, it is very clear to me that there is still a Ministerial obsession with the media and I have no doubt that this skews this balance. The focus is still "telling" the public rather than engaging with them.

5. From my observations I believe that pressure is still exerted on Civil Servant Communicators to "spin" stories and that comes from personal Ministerial agendas.

6. There is still much room for improving regional communications to connect local people to national agenda issues. Some regional consultations have been good (for example those on health and pensions), but these are the exceptions rather than the rule. Generally communications are initiated, driven and controlled by the Centre.

7. There is now greater consistency in training with the GCN playing a key role here. Indeed, this is an area than deserves positive recognition and indeed is being used internationally as a model of good practice.

8. I continue to have some concerns with some of the principles behind the Government's Strategic Communications Planning methodology which I have voiced from the beginning. It is based very much on a traditional marketing, customer exchange model aimed at "driving customer behaviours" to quote the oft used phrase. There are quite profound issues surrounding the notion of informed consent within a democracy here. The engagement with the public espoused in the model is to gain "customer insight" which is then used not only to inform policy (which Phillis proposed, but in reality appears to do only rarely) but to lever behaviour to gain public acceptance of policy. In other words, the model is instrumental—aimed traditionally at driving purchasing behaviour. While there is much to commend this model it has to be used with care and moderated for the democratic context. I have yet to hear a proper debate or recognition of this issue. Without a recognition of its importance, the principles of Phillis will not be achieved.

9. There appears to be closer co-operation and co ordination of communications between departments, for example the recent foot and mouth outbreak was handled well.

10. Overall I agree that the capability of communicators and the communications systems now in place have helped to move government communications towards the position recommended by Phillis. However, in summary I still have concerns about a number of areas:

- the philosophy underpinning the Government's preferred communications model;
- the persistent emphasis by Ministers on traditional media;
- the London-centric concentration of Communications expertise and resources;
- the fact that some departments appear not to position and resource communications at an appropriately high level; and
- the patchiness of good practice,

5 September 2008

Memorandum by Mr William Horsley

Journalist and broadcaster, Chairman of the Association of European Journalists (UK) since 2001 and former BBC News correspondent (to 2007). My comments draw on some 25 years' experience as a BBC foreign affairs correspondent, including 17 years of reporting closely from and about Europe, from 1991–2007. I worked for BBC TV and Radio as the BBC's Germany Correspondent from 1991–97, and then from 1997–2007 as BBC European Affairs correspondent working out of London, writing regularly for BBC News Online and presenting the World TV and News 24 magazine programme *Europe Direct*.

(NB The Association of European Journalists is an independent, non-partisan group of professional journalists and media practitioners concerned broadly with European affairs. It holds regular members meetings in London with public figures and promotes media freedom and standards. The AEJ has branches in more than 20 European countries, and was this year granted Observer status on media policy issues with the Council of Europe, the main watchdog for civil and media rights across Europe. I am also the AEJ's international Media Freedom Representative, and edited and co-wrote the two Surveys of Media Freedom in Europe published by the AEJ over the past year. They are available on www.aej-uk.org.)

1. This Submission

I am submitting these comments in response to your Call for Evidence, addressed to me by letter in July. It is an individual submission, but I include a few brief additional comments, with their permission, from two colleagues who have taken part in AEJ events.

2. Barriers to Openness: A Critical Assessment

I applaud the principles and main reforms proposed in the Phillis Report of 2004, but assess the implementation of the recommendations as inadequate in key respects. The government still tends to cling to a culture of secrecy, based on restricted and carefully rationed media access to information about policies. It is a self-defeating approach which also negates some good efforts to implement Phillis—for example by using government websites, e-mail shots and interactive services.

3. The "three-way breakdown of trust" among politicians, media and the public which Sir Robert Phillis and his team identified can not be said to have improved since 2004. On the contrary, a growing disconnect is apparent between the government's major declarations of purpose, and its assessments of life in Britain, and the realities and concerns in the mind of the British public. Entrenched, old-fashioned practices and attitudes of secrecy on the part of government ministers and officials represent a structural barrier to the dialogue the government says it wants. Importantly, the task of government communicators has been made harder, and sometimes perhaps impossible, by an obvious and much debated lack of political coherence in the government's presentation of its strategic priorities and policies, on issues ranging from taxation to energy policy. As a result the public largely feels excluded, not consulted, and has repeatedly shown in recent months that it feels baffled about the government's intentions and policies.

4. Public trust in the media has also declined further, from a rather low starting-point in 2004. The British public often sees the mainstream media as part of the same problem, of a privileged elite operating in a separate world, rubbing shoulders with those in power. Government and media are suspected of colluding in secret places and secret ways for their mutual advantage, despite the fierce attacks often traded between government and media (notably Tony Blair's "feral beasts" speech of 2007). A large part of the public is dissatisfied with the way the national media have reported and presented the changing picture of government activity. The remedy must lie in real government moves to ensure more openness and directness. One obvious step in that direction would be more live Internet broadcasts and transcripts of ministerial press conferences and other policy presentations.

5. The UK's mainstream media have themselves committed serious breaches of professional ethics, including phone-in scams, and they stand accused collectively of "dumbing-down" the coverage of serious issues in the nation's life in the pursuit of ratings, popularity and mindless glorifying of celebrity. Together, these failures on the part of government and media have led to popular disillusionment and alienation, which risks developing into a real sense of disenfranchisement among significant parts of the population.

6. How real is the government's commitment to more openness? Its recent policy decisions seem to cast doubt on it. The enactment of new anti-terrorism laws on pre-trial detention have disturbed much of public opinion as well as the media, and restrictions on court reporting of some security-related cases have placed extra barriers in the way of public understanding of matters of high public interest. Critics say the legislation not only only removes age-old freedoms but also hampers the media's freedom to inquire and report potential

abuses of executive power. Journalists including Shiv Malik have also faced new pressures, under threats of prosecution, to reveal their confidential sources. The Freedom of Information Act has proved to be a valuable tool for countering Whitehall's culture of secrecy. But the government has done its best to stop the Act from being used successfully in crucial cases, such as the request for disclosure of the early drafts of the intelligence dossier on Iraq's WMD capabilities.

7. The heart of the matter is that government ministers and officials too often persist in treating information about government policies and decisions as privileged information, instead of public property. The recent attempts to de-politicise the government's communications work does appear to have largely succeeded. But the system of government communications has often failed to deliver coherent messages in the face of contradictory policy formulations, U-turns and administrative failings, including the loss of sensitive data about sections of the population, among numerous other unsettling issues for the public.

8. Omissions and Weaknesses in Presentation of Foreign Policy

The Foreign Office has some great strengths in terms of press relations. In particular, the quality of briefings and policy presentations by senior officials compares well with other UK departments (as some of your other commentators have observed). Still, the intended messages of British diplomacy are not getting through to the UK media or to the general public, largely because the means of delivery are too narrow and old-fashioned.

9. I see particular difficulties in the government's presentation of its policies on foreign affairs in fast-changing times. In recent years the parameters of British interests internationally have shifted dramatically, for example in Iraq but also, I would argue, across the board. Yet the government has failed to explain the changing political winds of the world to the population at large. It sets the prevailing tone of public debate, in which big issues like Iran's nuclear programme or Russia's political and economic bullying of its western neighbours have remained the preserve of very small foreign policy elite. The roaring success of new initiatives such as the Intelligence Squared debates in London, which allow the public to debate big international issues with influential public figures directly, is evidence of the hunger for ways of opening up the debate and de-mystifying issues of foreign affairs.

10. One of the most serious failures of government communications is thus that the public has not been alerted to new threats to British security and interests such as the re-emergence of Russia as an aggressive power, nor to the sweeping change brought about by the UK's steady incorporation into a continent-wide system of governance through the European Union. One might surmise that the Foreign Office feels it has its hands full with communicating and seeking public support for controversial policies in Iraq and Afghanistan, and the emergency of combatting terrorist threats. But the failure to flag up and explain other drastic changes in the landscape has left the public bemused, fearful and reluctant to believe the government's appeals and explanations when crises erupt.

11. The point applies to issues as divergent as Russia's illegal invasion and occupation of much of Georgia and the need for the EU's Lisbon Treaty. In both cases the Foreign Office appears caught on the back foot in terms of public opinion. It now has an uphill struggle in the face of a suspicious public to prove what is self-evident and accepted by every reputable international body—that Russia has acted in flagrant violation of international norms and laws by its actions in Georgia and the crisis represents a grave test for the whole international community. As for the Lisbon Treaty, British diplomacy achieved many of its goals in the conduct of negotiations, but in the febrile climate of the UK the government made little effort to sell the merits of the package, or to explain how it might be good for Britain.

12. Indeed British officials sometimes appear to discourage discussion on that rather important point. As an example, when I asked a very senior official in a public forum to say how the UK would be approaching the formulation of a common foreign policy with other European states under the new rules foreseen in the Lisbon Treaty my question was dismissed without an answer on the spurious grounds that it must be motivated by "euro-scepticism". Answers must be given if the public is to have any confidence.

13. The need for more Openness on European Policy

The government has failed to make a cogent case either to the national media or to the general public for its approach towards the UK's part in the European Union. This represents an extraordinary failure, considering that the progressive steps towards political integration of the UK with its EU partners, through a series of binding treaties, represents a very profound change in the UK's actual system of government, affecting both domestic and foreign affairs in far-reaching ways. The British media are often blamed for hostile or inadequate coverage of Europe, and the BBC acknowledged in a recent review that it was not telling the story clearly

enough. But I judge that the government's failure to even try to explain the often complex workings of the EU is the root cause of this disconnect.

14. In opinion polls British people describe themselves as among the least informed as well as the most hostile to the doings of the European Union.

15. Britain's independent room for manoevre in foreign policy has become very obviously constrained by the need to act in concert with its main European partners in areas where key national interests are involved, including the Middle East and Russia. Events in Iran, Iraq, Georgia and Russia have highlighted that constraint, especially since other European states have shown that they hold very different priorities and goals. Britain's uncertain role within Europe appears to be undermining the government's overall sense of purpose in foreign policy. This, combined with popular dissent over some policy areas, has made the presentation of foreign policy appear less convincing in the eyes of the public.

16. The UK's relationship with Europe appears to be the government's biggest blind spot. Supporters and opponents of the EU integration process disagree fiercely about the merits of setting up a more formal, legally-grounded and elaborate EU structure of governmental power by means of a new treaty among all EU member states. But both sides are broadly agreed that the latest version, the Lisbon Treaty, (the successor to the failed "EU Constitution") means that the UK and other national governments would cede very significant powers over both home and foreign policy-making to a collective EU decision-making system through "shared sovereignty". Yet the government has held fast to the argument that the treaty will not affect the fundamental relationship between the UK government and the EU. Michael Connarty, the Labour chair of the European Scrutiny Committee, seemed to make a mockery of the government's stance by stating that the EU's Lisbon Treaty would involve a "massive" transfer of powers from Westminster to EU institutions. My own knowledge of the process over many years tells me that Mr Connarty's assessment is correct.

17. In my evidence below I draw special attention to the government's perceived failure to be truthful about the significance of the EU's Lisbon Treaty. The dominant focus on domestic policy of this House of Lords Inquiry should not, I submit, be at the expense of grasping the high risk of an explosion of public disquiet or dissatisfaction over this issue. The media barrage against the government policies on Europe, including the ratification of the Lisbon Treaty, is an omen of what may follow. British officials and ministers would be well advised to take in the lesson from Ireland, where an aggressive campaign to blacken the name of all opponents of the Lisbon Treaty as "extremists" before this year's referendum backfired spectacularly. The Irish voted No by a large margin and in unexpectedly large numbers.

18. Legacy of the Past

Although this Inquiry is looking into what changes have occurred in the past four years it is important to establish that the Hutton Inquiry into the death of David Kelly has left a toxic legacy in terms of the government's record for trustworthiness, as well as trust in the BBC. It is enough to note that in opinion polls the British public believed by a clear margin that the government was more at fault than the BBC in the affair. The government's own probity has come sharply into question again recently over the decision on national security grounds to halt a Serious Fraud Office investigation into BAe System's arms contracts with Saudi Arabia, described as the biggest arms deal in the UK's history. Without taking this point any further, I want to note that public doubts about the well-aired allegations of corruption are bound to colour the ongoing efforts to improve government communications and re-build the three-way trust with the media and public.

19. Media Access

The promises set out in the Phillis Report about open media access to press conferences and briefings have not been fulfilled. That failure continues to damage the relations between government and media and the public's right to know about a range of policies and decisions. In earlier hearings to this Inquiry senior government officials responsible for press relations stated that press conferences and briefings should be open to "everyone", adding that action should be taken to correct the mistake if they were not. But in practice the daily on-the-record briefing by the prime minister's spokesman inside the Commons is limited to those journalists with a parliamentary pass, while the one held inside the Treasury is also limited because of rules governing access to the building. Similar rules limiting journalistic access apply in other ministries, at Number Ten and at the Foreign Office.

20. The restrictive policy needs to be changed, both to avoid favouritism and to serve the much wider range of media outlets now working to provide information and articles to new outlets, new media and the Internet. If the government accepts the Phillis recommendations, ministers should take responsibility for ensuring that press officers allow open access to press conferences, and wherever possible to background briefings as well.

Press officers often assume the authority to be gatekeepers for their seniors and political masters. That discretion may sometimes be necessary but it is often misused and should be curtailed or stopped.

21. The privileged circle of political correspondents for leading media covering the Prime Minister naturally enjoy special access to top government figures and sensitive information. But this inner circle also displays some of the weaknesses of any "closed shop" group, and there is a serious down side to the creation of such an exclusive group: when foreign leaders attend press conferences in London with the British prime minister and the right to ask questions is (as usual) granted to members of that tiny group, important international issues often go unmentioned or unquestioned. There is no space to pursue such points here, although I believe they are important and the current arrangements sometimes act as a barrier to understanding—and therefore also to the government's own goals.

22. The system of employing a civil servant, Mr Ellam, to speak on the record but not on camera is another important failure to deliver on the pledges of Phillis in 2004. Jon Devitt, who was political correspondent for BBC World TV and BBC World Service radio until May this year comments as follows: "By devising this system the government has constructed a new bureaucratic skin to protect itself from difficult questions. Mr Ellam, as a civil servant, only gives a few lines of official comment which he often repeats in answer to every question. It would obviously be better, as Phillis suggested, if these briefings were televised."

23. Jon Devitt observes, in tune with Nick Robinson's observations to the Inquiry, that the best arrangement is for the prime minister to have a powerful, authoritative figure as his spokesman, such as Bernard Ingham for Mrs Thatcher or Alistair Campbell for Tony Blair, because they can be properly interrogated by journalists. I personally agree with that.

24. The UK's Image Damaged by Media Policy at Summits

In a rare display of media shyness, UK government ministers have for some years refused to give press conferences when attending the regular quarterly European Union summits, usually held in Brussels. For some years they were the only national delegation to act in that way. Tony Blair began the practice, instead, of making short "doorstep"-style appearances at the VIP entrance, where leading British media representatives would gather by arrangement in a small group, excluding most other journalists covering the summits. This custom seems to have begun in about 2001 as a way for the prime minister to avoid the risk of persistent questioning by British political correspondents on awkward domestic issues in a venue where the PM wanted to stick to current business, or at least to European issues.

25. This practice is much resented by journalists from other parts of Europe and it appears after some years to be damaging to the image of Britain in indirect but perhaps important ways. Another sign of the UK government's lack of proper concern for its wider press responsibilities is the troublesome and long-drawn-out system of handling the accreditation of foreign correspondents who settle in London. I have been told by individual correspondents, such as a national TV correspondent of a fellow-EU state, of his annoyance at being humiliated by the unnecessarily curt and thoughtless treatment of UK officials.

It goes without saying that British media workers would regard such behaviour as quite unacceptable if meted out to them in a foreign country. However, I welcome the commitment of the Foreign Office to revive and refurbish the Foreign Press Association as a worthy venue for a range of press events in London.

26. Conclusions

Government leaders and ministers need to take active responsibility for effecting a major opening up of government to achieve a more open provision of information to the media as a whole. Press conferences should be made open to all bona fide journalists, within the limits of space. They should be televised on the Internet and made available as recordings as a matter of course. The prime minister and cabinet themselves set the tone for government communication and relations with the media.

27. Martyn Bond, a member of the AEJ and deputy director of the London Press Club, adds this recommendation: "The Phillis Report stresses the need for two-way traffic between journalists and the government's press operations to overcome the assumptions of "them and us". I would urge the adoption of the Phillis recommendation of short-term contracts for professionals who could work in government communications for a time as part of a career which would continue outside the civil service. This could involve an extensive scheme of internships at an early stage of journalists' and civil servants' careers.

28. "Further, formal training courses for civil servants and media employees should include comprehensive information about the other, including emphasis on the importance of mutual understanding, both for efficient government and for the media to fulfill its role of accurately informing the public. In particular, more training would be helpful to ensure journalists' clear knowledge of relevant parts of the law."

29. Britain is fortunate in having robust and diverse national media. The open questioning of those in power, especially as carried out among others by respected national institutions like the BBC and leading newspapers, is essential to Britain's democratic life. But the country's laws governing the media have grown unreasonably restrictive and should be reviewed in order for a more open regime of government communications to work. A cultural revolution in favour of openness is overdue.

15 September 2008

Memorandum by Mr Nicholas Jones

Written evidence from Nicholas Jones, political journalist and author. Council member of the Campaign for Press and Broadcasting Freedom. Contributor to www.spinwatch.org.uk Archive of articles and speeches: www.nicholasjones.org.uk (In 2003 Jones gave evidence to the Phillis Review team and participated in its seminars)

There could hardly be a more opportune moment to consider an overhaul of the government communications system and to chart a new sense of direction for civil servants working in the information service. The forthcoming general election and the installation of a new administration will provide an ideal opportunity for a fresh start. What is needed is a change of culture and a new presumption that the flow of information from the state to the media should be de-politicised and that all news providers outlets should have equal access.

The practice of trailing government announcements in advance—almost invariably on an off-the-record basis—has now become institutionalised within Whitehall departments. To all intents and purposes it has become the state-sanctioned leaking of official information and it is the widespread distribution of confidential data on an un-attributable basis which has done so much to weaken the neutrality of civil service information officers and undermine the credibility of what is being said by the government of the day.

As a first step Downing Street lobby briefings should be given in public by an upfront spokesperson and the proceedings should be available for live broadcast on television, radio and via the internet. A lead has to be given from the top: if daily briefings on behalf of the Prime Minister were given on the record, by a publicly-identified spokesperson, it would set a new standard for attribution for the rest of the government.

The Phillis review recommended that lobby briefings should be "on the record, live on television and radio and with full transcripts available promptly on line." (Phillis Review 2004). Despite its acceptance of the Phillis recommendations, the government made only a half-hearted attempt to persuade lobby correspondents to accept on-camera briefings and it was no surprise that the lobby voted to maintain the *status quo*, anxious to defend at all cost the un-attributable and anonymous briefings which have become the lifeblood of modern political journalism.

Nonetheless if the leading Downing Street spokesperson had the necessary confidence and authority to speak publicly, that individual would inevitably be accountable for what was being said on behalf of the government and if there was a greater degree of accountability it would help curb the uncontrolled activities of the much-enlarged cadre of special advisers. It is these political aides who are responsible for many of the anonymous briefings which in recent years have caused so much mischief for ministers and civil servants and undermined the credibility of official information.

On-camera briefings would introduce a sense of discipline and reinforce the repeated recommendations by the Civil Service Commissioners that special advisers should be required to speak on the record. Greater certainty about the government line would also assist departments and agencies. Senior civil servants in the UK, like their counterparts in the USA, would then come to realise that if needs be, the practice of speaking on the record does have many advantages.

Political correspondents prefer to be briefed un-attributably because it gives them a greater degree of journalistic licence. They maintain that being able to get information from politicians and officials on an off-the-record basis results in more exposure and serves the public interest. But the growth in the number of anonymous sources in Whitehall and Westminster—and the freedom this has given journalists to embellish and even fabricate stories—has become a cancer, eating away at the authority of the government of the day and eroding trust in the political system.

The rapid expansion in online journalism and the growing impact of alternative news providers has opened up an opportunity for the Whitehall machine to re-think its strategy. Significant political stories are now being researched and delivered by journalists outside the Westminster lobby system. Websites, bloggers and reporters using the Freedom of Information Act are increasingly challenging—and beating—the established political correspondents and the government of should encourage this trend, not least because of the greater openness of on-line journalism.

The aim of the state should be to be even handed in the supply of information and in view of the immediacy and commendable transparency of most on-line journalism, there is nothing to be gained by perpetuating the divisive practice of continuing to give exclusive access and information to favoured political journalists.

Trading exclusive stories with selected national newspapers, television and radio programmes is seen by the administration as the only way to influence the news agenda and gain favourable publicity. But this practice has always been divisive and the House of Lords Communications Committee could give a lead by reviewing the evidence since the Phillis Review and by recognising that a new approach is needed.

Perhaps the clearest exposition of the mentality which persists across Whitehall was given by Tony Blair's former director of communications, Alastair Campbell. In his diaries, *The Blair Years* (2007), Campbell said that his policy when it came to the news media was to "divide and rule". (see 31 January, 200, page 441).

Campbell's first act on becoming Blair's Downing Street press secretary was to rewrite the rule book for government press officers to ensure that the Whitehall publicity machine raised "its game". (See report of Mountfield working group, November 1997). *Press Office Best Practice* was revised and civil servants were instructed to "grab the agenda" by promoting government announcements by means of a selective "ring round" of newsrooms in order to start "trailing the announcement during the previous weekend".

Campbell's edict of "divide and rule" became the norm and is deeply ingrained in civil service psyche as illustrated by the text of confidential government media plans. (See *Trading Information: Leaks, Lies and Tip-Offs* by Nicholas Jones, Politico's 2006)

For example, the lead up to the announcement that the government had purchased the London Heart Hospital for £27.5 million in 2001 was a textbook example from the pages of *Press Office Best Practice*. A leaked copy of the Department of Health's media plan indicated the importance of advance, off-the-record briefings when implementing a media policy of "divide and rule":

"We are trailing the story with David Charter at *The Times*. In addition we will brief the *Today* programme . . . Once the story breaks in *The Times* this evening, the duty press officer will ring round all broadcasters and picture desks to let them know of the morning photo call . . . A press notice will be issued at 9.30 am (Department of Health media plan, 8 August, 2001)

The unedifying spectacle of the state competing in the media market place—rather than serving the public interest by supplying all media outlets with information at the same time—reached its nadir in April 2007 when two members of a Royal Navy crew captured by the Iranians were allowed (encouraged?) to sell their stories exclusively to the national press (Faye Turney was paid £100,000 by the *Sun* and Arthur Batchelor received £20,000 from the *Daily Mirror*).

There was a public outcry over what happened and considerable criticism of the failure of the Ministry of Defence to deal fairly with the news media as a whole by failing to present the released crew members at a press conference open to all news outlets.

Tony Hall, who conducted an inquiry for the government, found there had been a "collective failure of judgement" over the affair and officials within the department "simply didn't understand how it had been allowed to happen".

Perhaps Hall should have done more to acquaint himself with media practice within Whitehall and he would have understood that the strategy of supplying exclusives to two of the biggest-selling popular newspapers—*Sun* and *Daily Mirror*—is precisely the kind of strategy which has become the norm within the civil service.

Sir Richard Dannatt, Chief of the General Staff, was so appalled by what had happened that he made sure that all media outlets were dealt with even handedly when Prince Harry served in Afghanistan. A news black was arranged with the Society of Editors and equal access for newspapers, television and radio was assured when the story finally broke in February 2008.

Another illustration of what can be achieved is the success of the Crown Prosecution Service in providing a legal spokesperson to give on camera reaction at the end of controversial court cases. Sir Ken MacDonald, the DPP, deserves credit for this initiative. At the conclusion of trials which have a significant public interest, the Crown Prosecution Service provides a spokesperson outside the court. Here we have a demonstration of the openness which can be achieved.

I have long argued that journalists are unlikely to put their own house in order and it is the state which should make the first move. I do hope Lord Fowler, chairman of the Lords Communication Committee, will look at the transcripts of the Westminster Media Forum which he chaired earlier this summer (1 July 2008).

One of the contributors to the discussion was David Hill, who succeeded Alastair Campbell as Blair's director of communications. Hill told the forum he believed the twice-daily Downing Street briefings should be televised. This would open up the lobby system to wider scrutiny and force political correspondents to ask their questions in public. Hill believed the lobby briefings as presently constituted were counter productive and if they were on camera he hoped that whenever possible a senior minister would attend to answer questions.

In conclusion I would argue televised briefings would not be a mere cosmetic but could become an important constitutional safeguard. American news services keep their recordings of White House briefings and if a story suddenly changes, or there are suggestions subsequently of a cover-up, radio and television stations can replay the original answers and draw attention to any alterations or discrepancies in the official guidance.

Televised extracts from White House briefings during the lengthy proceedings involving President Clinton and Monica Lewinsky became part of the montage of material which was shown as pressure mounted for impeachment. Mike McCurry, Clinton's press secretary, resigned in October 1998 in protest at the way he felt he had been used unfairly to perpetuate a deception about Clinton's sexual relations.

My point is that televised briefings would not only help the government of the day by allowing ministers to get off the back foot and explain their policies but would also herald a new era in openness which might help restore trust in the process of government and also make life harder for the journalists who make it up. There are far fewer hiding places for on-line journalists. They can get challenged within an instant and do have to adjust and correct their reports. Not only might there be more transparency in government, but also a greater level of attribution by reporters and less reliance on the use of anonymous sources.

18 August 2008

Letter from the Rt Hon Francis Maude, MP

Inquiry into Government Communications

I am responding to your invitation to submit evidence to the Select Committee's inquiry into Government Communications on behalf of the Conservative Party. We very much welcome the recommendations of the Philips Review. Rather than repeating its content, I have sought to focus on additional points of note.

Reversing the Politicisation of the Civil Service

1. Any review of government communications needs to be taken in the broader context of the need to undo the politicisation of the Civil Service that has occurred under the current administration.

2. Under Labour, the number and cost of special advisers has trebled from the 38 that existed in 1996–97.[1] This uplift has come about through an increase in special advisers who have a communications/press role, rather than policy/research advice. A series of controversial incidents involving special advisers (eg Jo Moore, Charlie Whelan, Dan Corry, Alastair Campbell) has exposed how the changes in their number and role has had a seriously adverse influence on the workings of government, especially in the context of communications.

3. We believe there should be a statutory cap on the number of special advisers, as part of a wider Civil Service Act to strengthen the independence of the Civil Service. Special advisers have a key role to play as advisers to Ministers, but their role should be more tightly defined.

4. We should recognise the role that political party headquarters have to play in enabling Ministers to make partisan responses to political events. Rather than undermining the Civil Service machine, it helps protect its impartiality.

[1] *Hansard*, 25 November 1997, col 472W.

Greater discipline in use of government advertising

5. Central Office of Information spending on public relations, marketing and advertising now costs £391 million a year, more than three times the rate that Labour inherited.[2]

COI Spending	*£*
1997–98	£111 million
1998–99	£173 million
1999–2000	£200 million
2000–01	£295 million
2001–02	£273 million
2002–03	£267 million
2003–04	£317 million
2004–05	£343 million
2005–06	£322 million
2006–07	£338 million
2007–08	£391 million

6. Despite the Government supposedly having to make "Gershon" efficiency savings, the first year of the current Prime Minister has coincided with a 16% rise in the cost of Government advertising, marketing and publicity.

7. Government advertising has also attracted particular controversy this year, when the Home Office abused the marketing funds by funding newspapers advertisements on police during the local elections "purdah" period, mirroring the Labour Party's own campaigning. There has also been an historic trend of COI advertising strangely rising just before an expected general election.

8. At a time when the public finances are under so much pressure, it is clear that greater discipline is needed in the use of government advertising. Advertising should focus on areas when there is a clear public benefit (such as safety or public health campaigns), and the letter and spirit of purdah guidance should be more strictly adhered to.

Opinion polling is no substitute for democratic accountability

9. The latest COI annual report justifies the growing expenditure as necessary to engage the public: "Consulting the public has always been key to intelligent government, and the Prime Minister is hugely in favour of engaging with the citizen".[3]

10. Yet the Department for Communities and Local Government's latest citizenship survey has found that only 38% of people in England agreed that they could influence decisions affecting their local area, and just 20% on decisions affecting Great Britain. This is down from 44% and 25% respectively in 2001.[4] The increase in government advertising spend has coincided with greater political disillusionment, not greater engagement.

11. In this context, the Government's planned expansion in the use of citizens' juries—glorified focus groups and opinion polling—should be questioned. For example, in the last 24 months, £33 million of taxpayers' money has been spent on Ipsos-MORI polling alone by central government.[5] The Government's plans for new local government Place Surveys will entail a further £55 million spend on opinion polling.[6]

12. Throwing millions at such pollsters will do nothing to address political detachment by the electorate. Public engagement is better promoted through responsive local government, a vibrant Parliamentary democracy, greater use of direct democracy and improved Ministerial accountability.

More efficient Whitehall press operation

13. Twice a year, the Central Office of Information publishes an internal directory listing information and press officers in government departments and public bodies (called the "White Book", previously the "Information and Press Office directory"). I would recommend that the Select Committee may wish to examine this publication to get a detailed picture of the Whitehall press operation.

[2] Central Office of Information, assorted Annual Report and Accounts.
[3] COI, *Annual Report and Accounts for 2007–08*, July 2008, p 14.
[4] DCLG, *Citizenship Survey 2007–08*, 26 June 2008.
[5] Answers to a series of Parliamentary Questions, March—May 2008.
[6] DCLG, *The New Place Survey: Consultation*, December 2007.

14. Analysis of the July 2006 and September 2007 editions of the White Book illustrates the scope and size of the Whitehall communications operation under both the current and previous Prime Ministers.[7]

15. Despite the Gershon plans to reduce the administration costs and the head count of Whitehall, the total number of press and communications staff has not fallen. Comparing like with like, there were 3,252 in 2007 compared to 3,238 staff in 2006.

Communications staff in Whitehall and quangos, according to directory	*2006*	*2007*
Total	3,238	3,252
Communications staff in central Whitehall departments	*2006*	*2007*
Central Office of Information (including Media Monitoring Unit)	249	243
Ministry of Defence	229	229
Department for Work and Pensions	181	180
Home Office	145	157
Department of Health	117	102
Department for Transport (including certain agencies)	103	95
Department for Communities and Local Government (including 13 staff from Government Offices for Regions)	82	90
Department for Environment, Food and Rural Affairs	107	87
Northern Ireland Executive, NI Assembly and NI Information Service	67	85
Scottish Executive and Scottish Parliament	72	77
Department for Education and Skills	75	–
Department for Children, Schools and Families	–	71
Department for Business, Enterprise and Regulatory Reform	–	70
Ministry of Justice	–	62
Department of Trade and Industry	62	–
Foreign and Commonwealth Office	42	53
Department for Constitutional Affairs	51	–
Cabinet Office (including "Government Communication" group)	54	52
Department for International Development	27	48
Welsh Assembly Government	80	42
HM Treasury	29	34
Communications staff in central Whitehall departments	*2006*	*2007*
Department for Culture, Media and Sport	27	26
Prime Minister's Press Office	24	23
Department for Innovation, Universities and Skills	–	9
Attorney General's Office	3	3
Wales Office	3	3
Office of the Deputy Prime Minister	3	–
Scotland Office	2	2
Total	1,834	1,843

16. I can provide a similar chart for Whitehall quangos on request, although the White Book understates the total number, as for many quangos only the most senior staff are listed.

17. There has clearly been a significant increase in communications staffing under the Labour administration, which cannot be explained away purely due to the "demands of the 24/7 media". As an illustration, the Home Office—always a busy brief—had 19 press officers in 1996–97.[8] Today, it has a total of 157 communications staff, despite the transfer of responsibilities to the Ministry of Justice (who have a further 62). The Home Office includes 50 in the press office, a director of communications, 23 staff in marketing communications, five in communication strategy, 49 in corporate communications, three PR staff in science posts, and a further 26 communications staff in the Border and Immigration Agency division.

18. The sheer number of staff in some departments raises questions over their efficiency and purpose. The Government has given communications staff a myriad of different titles, such as "strategic media planner", "strategic communication team leader", "communications manager: change agenda", "communications development manager", "integrated communications officer", "face to face communications", "internal

[7] Obtained via *Hansard*, 17 October 2007, col 1133W and *Hansard*, 6 July 2006, col 1359W.
[8] Select Committee on Public Administration, *The Government Information and Communication Service*, HC 770, July 1998, Appendix 11.

strategy communications adviser", "regional image PR specialist adviser", "communications standards senior executive officer" and "marcomms team leader".

19. As an example, the Department of Work and Pensions has in its 180-strong communications department: a Director of Communications, a Head of Strategy & Planning, a Head of Strategic Communications, a Head of Communication Operations, a Head of Internal Communications, a Head of Network Services, a Head of Communications (Child Support Agency), a Head of Marketing (Job Centre Plus), a Head of Communications (Job Centre Plus), a Head of Customer Relations, and even a "Head of Customer Acquisition" for its benefits team.

20. The following conclusions can be drawn:

(a) Some government departments have an excessive number of communications staff that bears no relation to their effectiveness. The smaller government department press offices tend to be more effective, by avoiding duplication of functions, discouraging the creation of work for its own sake and ensuring a tighter co-ordination of media response.

(b) The number of quangos with their own communications staff is wasteful. In particular, more executive agencies could have their communications handled in-house by their parent department; this is already a practice of the Department for Transport, for example.

(c) The White Book should list the communications staff in full across all non-departmental public bodies, to allow greater scrutiny of the true number across Whitehall.

(d) There is significant Whitehall expenditure on external public relations agencies.[9] Whilst there may be cases for out-sourcing, such expenditure cannot be justified in addition to having massive in-house communications operations.

Changing the communication of information in a digital age

21. The internet is changing traditional business models, boundaries of authority and concepts of government control. In a digital age, access to information and the ability to communicate it should no longer be controlled by a few. Central to any strategy of government communications should be the changing the relationship between citizen and state in access to information.

22. Shadow Chancellor, George Osborne, has outlined proposals to allow the public to see how and where their money is being spent, by placing financial details of government expenditure online. Such an approach is already being implemented by the US federal government, in a programme informally termed "googling your tax dollars".

23. More local government information should be made available to the public, in formats that allow innovative and creative uses. We have proposed that there should be a standardised formats[10] for local authorities to publish information online, which can then be collected and "mashed up" by the public.

24. Uses could include creating the town hall equivalent of "theyworkforyou", Bebo widgets for information on youth services, Google Maps telling you what day your rubbish is collected or what planning applications are being submitted, or allowing a common recruitment website for local government jobs. This would be accompanied by relaxing controls which force councils to pay to publish little-read statutory notices in local papers. The net result will be to reduce local government costs, by allowing them to spend less money on advertising, while increasing accessibility, communication and accountability.

Broadcasting the decision-making process

25. Rather than paying for advertising to communicate "policies", greater efforts should be made to give the public direct access to politicians and the decision-making process. This does not have to incur great expense.

26. The frequency of televised debates in US politics helps engage the public and hold politicians to account. There should be an annual set-piece televised debate between the Prime Minister and the Leader of the Opposition, and individually, between the Home Secretary, Foreign Secretary and Chancellor and their opposite numbers.

[9] This is an area that my Shadow team is currently investigating in more detail, but I note, as examples, the DCLG spending £1.2 million in external public relations in the last 24 months (*Hansard*, 19 October 2007, col 1326W), the DfT and agencies has spent £5.5 million in the last 72 months (*Hansard*, 24 April 2008, col 2210W).

[10] The technical term is XML Schema—common standards to share information in XML formats, which can then be syndicated, and the data incorporated into third-party applications.

27. The infrequent televised questioning of the Prime Minister by the core Select Committee chairmen should be extended. The frequency should be increased, and new formats introduced—such as the questioning of the Prime Minister by opposition leaders in a Committee format.

28. More and more key decisions about public policy are taken by those who are appointed by Ministers without reference to Parliament. These quango chiefs are "operationally independent" and absent from proper political accountability. Select Committees should have the right to approve or reject major public appointments (and re-appointments), including the chairmen of executive agencies and non-departmental public bodies. Televised confirmation hearings should hold to account the heads of quangos who make decisions that affect our lives.

Conclusion

Any changes to government communications must be in the context of giving people more power and making politics more accountable. The current top-down approach involving a massive expansion of communication by the state, which has not succeeded in influencing public opinion, is no longer sustainable.

I am happy to provide more detailed information on any issue on request.

15 September 2008

Letter and memorandum by Sir Christopher Meyer

Thank you for your letter of 15 July, inviting me to give evidence to the Lords Select Committee on Communications.

I previously sent a written submission to the Commons Select Committee on Public Administration on 25 March 2004, in which I raised a number of objections to the Phillis Review's recommendations. I see no reason to change my views and I am therefore re-submitting my brief paper. I am sure, given his ability and energy, Mr Howell James, as Permanent Secretary for Government Communications has made significant improvements to the government communications machinery. But, seen from the outside, there are no discernible changes for the better in the quality or flow of public information.

The views expressed are personal and individual.

1. I disagree with most of the recommendations in this report.

2. It begins with some large assumptions about an alleged three-way breakdown in trust between politicians, media and the public; and the consequences of this for public interest and engagement in the political process.

3. These assumptions are open to challenge. Even if true, the remedies proposed in the report—to the "conduct, process and style" of government communications—are not the answer.

4. The report's recommendations are based on several misconceptions.

Briefing the Media

5. The report calls for the replacement of the lobby system by on-the-record briefings, broadcast live on TV and radio and often given by Ministers.

6. It is unlikely that these briefings will normally be interesting enough to justify the cost to television and radio networks or live or recorded broadcasting. In the United States, television cameras are present at the daily White House, State and Defence Department briefings. But very little, if any, footage survives to the main news bulletins.

7. On-the-record briefings, either by ministers or civil servants, are imperfect vehicles for communicating with the public. Precisely because they are on-the-record, spokesmen will tend to put caution before candour. "Lines to take" and blandness will likely predominate. Government spokesmen will not wish to go into all the background and details of a policy, unless they can do a large part of this on an unattributable basis.

8. The USA is again instructive. A vast panoply of televised, broadcast, and on-the-record briefings has done nothing to eliminate an equally vast market in unattributable briefings. (There is a major controversy in the US today whether, in return for access to senior members of the Administration, speaking unattributably, US media reflected too uncritically the views of the Administration on Iraq.)

9. In other words, call it "lobby" or what you like, there will always be a market in the worlds of policy and politics for information conveyed in ways other than on-the-record. Indeed, without this market the public will never be fully informed. The Phillis Report does not demonstrate why its recommendation for a "new

approach to briefing the media" will be an improvement on the current system: a robust combination of press conferences, ministerial speeches, parliamentary debates, lobby briefings and interrogation on the *Today* programme.

Government Communications

10. The report unrealistically tries to dissolve the sharp distinction between media handling and government communications more widely. "Integrated communications" has a nice ring to it, but it will not work. The requirements of media handling, and the skills needed to meet those requirements, are highly specialised. They are quite different from those needed to maintain a "continuous dialogue with all interested parties", with the focus of attention on the general public.

11. Indeed, in its emphasis on "unmediated" government communication with the public, the report underlines by default the gulf between press handling and other forms of communication. This undermines the credibility of the report's major recommendation: "Strong Central Communications Structure".

A Central Communications Structure

12. This is a flawed recommendation. The best that can be said about it is that, as immediate concerns about the relationship between press, politics and the public fade, as they will, the Permanent Secretary, Government Communications, will be left running a souped-up version of the GICS, and not much more.

13. The main flaws are:

(i) As mentioned above, the subsuming of media-handling skills into a "wider definition of communications professionals". This is to mix chalk and cheese.

(ii) The unleashing of a permanent turf war between the new Permanent Secretary and Whitehall Departments, including No. 10, who will consider that they know better then he/she.

(iii) The tension between a "strong central communications structure" and the need to ensure that Departments closely integrate "policy development, service delivery and communications."

Centre versus Departments

14. The report rightly argues that presentation issues should be taken into account at an early stage of policy development. The new Permanent Secretary, Government Communications, may be able to help this process at the margins in individual departments; but it will not happen effectively unless generated from within departments, with leadership coming from the departmental ministers and permanent secretary.

15. It will not happen either unless those who are responsible for media and communications are drawn from within the department's mainstream. The creation of a separate cadre—"a new and authoritative communications service"—members of which are parachuted into individual departments, will militate precisely against the formation of expertise within the department and the acceptance that working with the press and on communications is part of a civil servant's normal career structure.

16. The emphasis should, therefore, be on decentralisation as far as the inculcation of the right culture and expertise around Whitehall is concerned. It will always be those closest to the Prime Minister, whether civil servant or political appointee, who play the dominant role in ensuring coordination across Whitehall. That is how it should be.

Policy and Politics

17. This is the great intractable. The report makes a good stab at clarifying the dividing line between civil servant and political appointee. There is no ideal formula and much depends on personalities. I left the No. 10 press office in 1996 firmly of the view that, so as to give the whole picture, the Prime Minister's spokesman must be able to brief on policy and politics; and the job could no longer be done by a civil servant.

18. For what its worth, Americans are amazed that this is a job given to civil servants.

Conlusion

19. The worry about this report—and the remit given the Review—is that it has mistaken a bad patch in government relations with the media and public opinion for a structural breakdown, which threatens the democratic process and calls for a "radical" remedy. I believe this to be false. This is not to say that government and media should not raise their standards; nor that there is no room for improvement in the way departments integrate issues of public presentation into policy making. But a new Permanent Secretary, Government Communications, and the structure he/she is to supervise, will prove cumbersome and ineffectual.

22 July 2008

Memorandum by the Newspaper Society

1. Thank you for inviting the Newspaper Society to submit evidence to the Committee.

2. The industry delivers trusted and relevant news, information and advertising to over 40 million people a week across its print, online and broadcast channels. These now include around 1,300 daily and weekly newspapers, 1,100 websites, 750 magazines, 36 radio stations and two TV stations. Regional newspaper companies have evolved into regional media companies developing powerful combinations of print and digital services to "layer" their local markets, extend their audience reach and deliver ever greater advertiser response.

3. The Prime Minister wrote this summer that: "Local newspapers are right at the heart of Britain's local communities, examining the issues which matter, seeking out local people's views, and representing their interests. That is why the readers of local newspapers see them as such honest, responsible and accurate sources of news."

4. Rob Haslam, the outgoing GNN board director, COI, stated last year: "I seem to have spent half my working life persuading my Whitehall colleagues about the importance of working with the regional media, which researchers have regularly found to be more trusted, valued and widely read than the nationals.

The regionals have raised their game with the incorporation of ever more blogs, audio and video feeds and citizen journalism on their websites. During the recent flooding in Gloucestershire, local papers *The Citizen* and *Gloucester Echo* provided constant updates on their joint website with advice on things like where to buy supplies, get access to clean water and which streets were closed. Relevance and immediacy have never been more important factors to public sector communicators, and it is here where local media hold the trump card."

5. It is important that the Government Communications Service continues to appreciate the strengths of the regional media and values the contribution that it can make in communicating and engaging with the public at local and regional level. One of the main recommendations of the Phillis Review was greater emphasis on regional communications.

6. The NS briefs the COI and Government departments on the hard evidence, statistics and abundant research which support the Prime Minister's statement. The NS's oral and written evidence to the Committee's previous inquiries has summarized some of those findings. We would be happy to provide more detailed information if the Committee would find it helpful for the purposes of this enquiry.

7. Nonetheless, we have found it increasingly necessary to remind politicians, government departments and their communications services of the importance and effectiveness of the independent local and regional media's editorial and advertising content. Various policy papers suggest that government and public bodies should develop and rely upon their own communications channels rather than the independent media. There is seldom any evidence to support this assertion, other than a suggestion of possible costs savings. Little consideration is given to the consequences for democratic debate—and that "regional newspapers are the backbone of democracy" as the Lord Chancellor recently stated in Parliament.

8. The websites, broadband services and in-house publications produced by central government, local government and other public bodies are not as effective as the local media in attracting, communicating and engaging with the public for advertising or editorial purposes.

9. Governments should not forget the reason why Parliament so often specified publication in the local press—this was and is the most effective way of alerting the local people concerned. Regional newspapers are considered by British people to be the most trusted and reliable of all media.

10. If a public notice has to be published in the independent local newspaper, then the public authority cannot try to avoid public debate of controversial proposals by tucking it away in a seldom consulted, poorly signposted obscure corner of its own website.

11. If wider discretion is given as to how information should be publicized to those most likely to be affected by it, then the public authority should be guided to the local newspaper companies as the foremost providers of multi-media means of communicating with the local community and its individual members. They can

provide any level of coverage or communication—from regional coverage of their daily newspapers, their comprehensive websites and associated services, broadcast and broadband services, communities whether interest based or geographic to the postcode coverage or direct individual communication through the audience for their hyper local newspapers and websites or individual person reached by mobile services. Regional and local media companies are happy to work with public bodies to help them improve their engagement with their local communities.

12. It is also important that any encouragement of the development of "Customer-driven online communication" does not mean that central or local government bodies' websites should become the sole repositories of information about themselves and their activities. This would only reduce public information and public oversight.

13. Public bodies' perceived attitude towards implementation of freedom of information legislation, predicating on finding an exception and withholding information, rather than a presumption of disclosure, as originally intended, illustrates only too well why central and local government's own publications cannot be allowed to become the carefully controlled, sole source of information about their activities.

14. The NS has raised elsewhere the wider dangers of policy makers' assumptions that local and regional news and information should become increasingly the preserve of state funded, state owned media.

15. The Phillis Review stressed the importance of regional and local communication. The role of the independent local media, and its editorial and advertising strengths, and the assistance which it could give must not be overlooked by Government when considering how it intends to implement its policies of "engaging local communities" (DCLG White papers and proposals to review planning system local government publicity codes), or involving the local community (eg criminal justice system Home Office, Ministry of Justice) or improving the health of the nation (eg Department of Health, DCMS), or informing the public (Cabinet Office schemes), or fostering local news and plurality (DCMS, Ofcom, BBC Trust).

16. Regional press editors, political editors and lobby correspondents continue to note the "never-ending problem of recognition of the regional press" within government press offices whose focus tends to be on achieving broadcast media coverage.

17. The government communication service should consider the needs of the regional media sector as a whole: both those regional daily newspapers with dedicated parliamentary lobby correspondents and also the vast majority of regional and local newspapers who do not have such a London presence.

18. Regional newspapers need a clear, consistent, reliable and responsive government information service. Response to regional press enquiries still varies across different government departments. Direct access to officials or ministers is often difficult. There is a need for greater co-ordination and the introduction of a core best practice across departments.

19. The availability of up-to-date, internet-based background information is of particular importance for non-lobby journalists, and would reduce the time spent by government press officers handling basic enquiries. More thought should be given to the relevant local angle on government announcements.

20. Press releases and articles from ministers aimed at regional newspapers should relate to genuine news stories rather than government advertising messages. These should always provide a contact who understands the policy issues and can respond swiftly to journalist enquiries.

21. We would be happy to provide any further information.

15 September 2008

Memorandum by the PPA

Has the implementation of the reforms of government communications since the Phillis Review resulted in a more effective system of communication and underpinned the principles set out in the report?

PPA

PPA is the association for publishers and providers of consumer, customer and business media in the UK and in this role welcomes the opportunity to respond to the House of Lords Select Committee on Communications inquiry into the Phillis Review of Government communications.

The association's membership consists of some 500 members who publish or organise over 4,400 products or services. These include over 2,500 consumer, business and professional magazines and nearly 1,000 online products. Many PPA members offer online services, including websites, online versions of print publications and publications only available online, or through electronic transmission.

1. Introduction

1.1 The PPA response will focus on areas of direct interest to our members, namely: effective implementation of the Freedom of Information Act 2000 and clearer rules for the release of statistical data.

1.2 Magazines are not mentioned in the 2004 Phillis Review, but they were and are an important part of the British media landscape and democratic process. Since 2004, traditional magazine publishers have increased their online presence and remain a trusted source of information—both in print and online.

Magazines

1.3 It was disappointing that magazines were not mentioned in the Phillis Review as they have a unique ability to connect with special interest groups, for example:

1.3.1 locally, through regional magazines;

1.3.2 to mothers, via one of the many parenting magazines;

1.3.3 with young people, using teenage, popular culture or sporting magazines;

1.3.4 to different ethnic groups through specialist community magazines.

1.4 And we should not forget mass market weekly and monthly magazines—which are read by millions of people each issue.[11]

1.5 A wide range of consumer needs are met by magazines because there is such a variety of them. And it is a growing variety. The increasing number of consumer magazines and websites not only demonstrates a very healthy market but is also a visible sign of increasing specialisation.

1.6 Magazines and websites focusing on more and more specialist areas strike an increasingly personal link with readers who are especially interested in a given subsector.

1.7 Magazines deliver engagement. A study in 2004 by the Henley Centre, *Planning For Consumer Change*[12]—summarised in PPA's report *Delivering Engagement*[13] highlighted how people have become so overloaded with media exposure and information bombardment that it is no longer sufficient for a medium or an advertisement to win consumers' attention: it is necessary to win their active involvement and truly engage them. The Henley Centre concluded that magazines have the characteristics to achieve this engagement in four ways: trust, support, status and participation.

1.8 The Government and the Central Office of Information should recognise the important role of magazines in society.

2. Freedom of Information Act 2000

2.1 "Openness, not secrecy" is the first principle of the Phillis Review—and with regard to Freedom of Information (FoI), this has simply not been the case since 2004. PPA agrees that the Phillis recommendations, "if implemented with vigour and commitment", will help to rebuild trust in Government communications.

2.2 However, after only two years in force, ministers tried to restrict the effectiveness of the Freedom of Information Act 2000 ("the 2000 Act"), designed to give individuals a "right to know".

Draft Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations

2.3 The proposed Draft Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations ("the Draft Regulations"), consulted on twice in 2007, would have made it easier for public authorities to refuse FoI requests on cost grounds. PPA responded to both Department for Constitutional Affairs consultations.[14]

2.4 PPA stated at the time the Draft Regulations were being consulted upon, that it was difficult to see the proposed changes as anything other than a deliberate attempt by the Government to avoid difficult or embarrassing FoI requests.

[11] For example, *Take a Break* is read by three million people per week (National Readership Survey, June 2007 June 2008.)
[12] *Planning for Consumer Change*, Henley Centre, 2004. This is partly based on a re-interview survey among BMRB's TGI informants.
[13] *Delivering Engagement: fresh perspectives on getting closer to readers*, PPA Research Report 76, 2004. The brochure may be downloaded from www.hmaw.net
[14] PPA submissions available at: http://www.ppa.co.uk/cgi-bin/go.pl/legal/article.html?uid=11530&topic_uid=79 (March 2007); and http://www.ppa.co.uk/cgi-bin/go.pl/legal/article.html?uid=11866&topic_uid=79 (June 2007).

2.5 The Government stated in the second 2007 consultation that it was not their intention to hinder legitimate requests or reduce the effectiveness of the 2000 Act. This may not have been the intention, but it would undoubtedly have been the result. Information that ought to be disclosed in the public interest could have been kept confidential—due to it being embarrassing or inconvenient for Government or local authorities—using the new "consideration time and consultation time".

2.6 There was no assessment of the type of request that could have been refused—the whole rationale was based on economics. However, the cost of administering FoI requests is relatively modest for visibility and accountability across Government and public authorities; especially when considered in relation to other Government expenditure.

2.7 According to Frontier Economics, which undertook the Government commissioned report, the estimated annual cost of the 2000 Act is £35.5 million. The maximum likely savings that the proposed changes would have made is £10 million across the whole public sector. This pales into insignificance when compared with the £300 million plus that was being spent on PR and marketing around the time of the consultation on the Draft Regulations, with over 3,200 press officers employed in Whitehall.

2.8 The Government report did not consider the disproportionate effect that the proposals would have on the media and genuine investigative journalism.

2.9 The proposed aggregating of requests would clearly have disadvantaged the media, including magazine publishers, who may follow an issue (in the public interest) over a period of time and need to make numerous requests in order to investigate a story properly and professionally.

2.10 Comments from PPA members:

2.10.1 "11 years on, seven years after introducing an information bill and after just two years of, on the whole, successful implementation of the Freedom of Information Act, the government wants to rein in its wild child." *New Statesman*

2.10.2 "There are better targets for penny-pinching than the cheap and effective Freedom of Information Act, but watering it down might make official lives a bit easier." *Economist*

2.11 PPA welcomed the decision of the Government to drop the proposed restrictions to the 2000 Act.

Other attempts to water down the Freedom of Information Act 2000

2.12 The Private Members Bill introduced by David Maclean, "A bill to amend the Freedom of Information Act 2000 to exempt from its provisions the House of Commons and House of Lords and correspondence between Members of Parliament and public authorities", was apparently aimed at protecting correspondence between MPs and their constituents.

2.13 However, confidential information about private individuals is already exempt from disclosure under section 40 of the 2000 Act.

2.14 The Maclean Bill would have effectively exempted the House of Commons and the House of Lords from having to disclose information under the 2000 Act. With hindsight, this would have importantly excluded MPs expenses.

2.15 Unexpectedly, nearly 100 MPs—including around 20 Ministers—voted in favour of the Bill in May 2007. Described by Lord McNally as a "squalid little Bill", it gained no support amongst the Lords.

Positive steps

2.16 There have been instances of openness since 2004; and a couple are worth raising. But it is important that the Government is not able to overturn decisions to disclose information where there is a legitimate case for disclosure.

2.17 The Information Tribunal's recent decisions on access to policy advice—showing that the Tribunal has required disclosure not long after the relevant Government decision was taken. The Government has, however, challenged the Tribunal's approach.

2.18 The Information Commissioner's decision that memos relating to the Iraq war dossier sent by political figures ought to be disclosed. The Government has fought for three years against disclosure on the grounds of national security.

3. Clearer Rules for the Release of Statistical Data

3.1 PPA continues to maintain an interest in ensuring that Government has clear and concise rules for providing public sector information (PSI) as easily and conveniently as possible.

3.2 PPA members rely on access to many kinds of PSI in order to deliver relevant and timely information—but often find themselves competing in the market place with Government, or relying on Government as a source of information for which they have to pay.

3.3 PSI is particularly important for business media, which makes up a large part of PPA's membership.

3.4 "Public information does not belong to government; it belongs to the public on whose behalf government is conducted". Prime Minister Tony Blair.

3.5 In the digital age, information is a massively valuable resource—and this applies for Government as well as business. The Government has an unbelievable amount of information about a whole range of things—from the natural environment to personal habits—collected by millions of public servants. And from this information, the Government runs businesses in the knowledge economy—making profit.

3.6 If the information is commercially valuable to Government, it is commercially valuable to business too—but the current situation tends to squeeze out the private sector.

3.7 The Technology Guardian's Free Our Data campaign has argued that the wider economy—as well as democracy—would be better served by making nearly all government data available for free. PPA supports the Technology Guardian's campaign.

3.8 "The Re-Use of Public Sector Information Regulations 2005" ("the PSI Regulations") implement Directive 2003/98/EC on the re-use of public sector information. PPA strongly supports the aims of the Directive and the PSI Regulations on the re-use of public sector information, but despite some positive steps, believes that there is still work to be done.

3.9 PPA welcomes the Governments' recent commitment to make PSI free, or not charge more than the marginal cost of maintaining and distributing the extra copy, by signing the Seoul declaration for the future of the internet economy.

3.10 The declaration recognises that "Public organisations are a major source of information, an increasing amount of which is digitised or produced in digital form and can be re-used in innovative ways for significant economic and social benefit." And calling for the removal of "unnecessary restrictions on the ways in which it [PSI] can be accessed, used, re-used, combined or shared".

3.11 Although not binding on UK public bodies, the declaration is welcome news and PPA hopes that the system for re-use of PSI becomes more open and with fewer obstacles.

4. Conclusion

4.1 Progress has been made since the 2004 Phillis Review, but the areas highlighted above remain an issue for PPA members.

4.2 Magazines and their associated websites play a vital role in UK society and have unique qualities. The Government and the Central Office of Information should ensure that they utilise these qualities of trust, support, status and participation.

4.3 PPA would welcome giving oral evidence to the committee.

September 2008

Memorandum by Prospect

Introduction

1. Prospect is a TUC affiliated union representing the majority of staff employed in the Government Communications Network (GCN). Our members employed in this community are highly professional specialists, often working under pressure in an ever changing environment. Prospect has a strong commitment to enhancing skills and career development opportunities for GCN members, and continues to be involved in ongoing discussions regarding the GCN People Strategy, and with the Cabinet Office on a coherent pay and reward strategy for this group of specialists.

What's Happened?

2. Prospect welcomed the Phillis Review, and the inclusion of a number of the recommendations made by Prospect in the report to the Prime Minister. In particular the recommendations relating to integrated departmental communications structures, led by a new Permanent Secretary, and consistency in recruitment, training and development opportunities for communications specialists. Our recommendations to the Phillis Review included:

- induction and ongoing training and development are fundamental to the effective functioning of Government communications;
- adequate funding is essential to ensure sustained and increased confidence in the information provided by government;
- pooling of good practice, ensuring this is actively shared across departments and agencies;
- clear guidance and procedures are put in place to enable communications specialists to seek assistance and advice with regards to professional issues and issues of propriety;
- the Civil Service "fast stream" needs direct experience of the nature of communications work; and
- the need for communications specialists to be able to move easily between departments/agencies to enhance skills, and also to encourage cross fertilisation of knowledge and to encourage best practice.

3. Following the Phillis Review, GICS was disbanded and the Government Communications Network launched. A number of processes were put in place to address the recommendations of the report, including the setting up of GovGap, Directgov and the Engage programme. GovGap, launched out of the Central Office of Information (COI), is a resourcing service assisting government/agency communications teams with shortfalls in staffing, and variable workload issues. It also includes processes allowing permanent staff to move around government departments/agencies through secondments and temporary assignments. Direcgov, also launched out of COI, provides information on government services online aimed at the general public, available through the internet, phone and satellite/cable television. The Engage programme promotes best practice strategic communications skills across government. Additionally, GCN recently introduced a professional competency framework, and have created a network of Development Advisers.

Progress

4. Progress on implementing the recommendations of the Phillis Review has been extremely slow. However there is no doubt that the processes outlined above go some way to addressing the recommendations in the Review.

5. The GCN has provided a central communications structure putting in place processes which ensure strategic leadership for communications across government. However, concerns remain that there are areas within Government that remain outside GCN influence. For example Prospect GCN members in the Ministry of Defence continue to be concerned at the management capability of military personnel who enter into management roles from unrelated specialisms. There are no full-time specialists in the Armed Forces. Training appears to be minimal and has an adverse impact on how communications specialists are managed, particularly with regards to their performance management and continuing professional development. Military personnel are also subject to be moved after two or three years, with the result that communications specialists have no consistency in how they are managed.

6. Govgap was set up as a resource service to assist with shortfalls in staffing, for instance to cover maternity leave, and to provide a range of options linked to the specific needs of departments/agencies, providing extra resource for project work for instance. It is also aimed at giving staff the opportunity to enhance skills and gain experience through secondment opportunities and temporary assignments across the GCN. Although there has been some success with GovGap in helping with the skills mix available in the GCN, the lack of a coherent pay strategy presents a barrier to the movement of professional staff. Market pay issues also impact on the availability of freelancers, leading to an increase in the use of more expensive contractors. Staffing pressures in most areas also prevent existing permanent staff from taking part in secondment opportunities. Concerns remain that the movement of staff from administrative/policy areas into the GCN dilutes the expertise of the network, whilst the movement of media specialists into other areas of the Civil Service remains virtually non-existent, preventing the facilitation of a healthy cross-pollination across the GCN network.

7. The launch of Directgov has been a positive development in disseminating information and improving communications with the public. The movement of what was the Government News Network, sitting alongside Government Offices in the Regions, into the COI, has also had a positive impact on regional communications.

8. The introduction of the GCN Competency Framework has resulted in more consistency in recruitment to the GCN with regards to professional skills and standards. The Competency Framework also links to performance management, training and continuing professional development. However, with devolved performance management systems inconsistencies remain across departments/agencies as to how performance of communications specialists is managed and rewarded, impacting negatively on professional standards. There are also inconsistencies in the provision of training and development, apart from the training provided through the GCN programmes there is no coherence apparent in terms of efficiency, intelligence and evaluation of training programmes across departments/agencies.

9. The Engage programme, set up to assist communicators understand and apply a range of advanced strategic communication techniques and skills needs to underpin further work to identify the existing knowledge and skills available within the communications community. An area where further work is necessary in the GCN is within the Civil Service "fast stream" which still has no communications specialism. This continues to present barriers into how future Senior Civil Servants understand the fundamental role that GCN has in the policy process, as well as preventing the opportunity to develop professional communicators from the graduate pool.

10. Prospect remains frustrated at Civil Service rules that inhibit and prevent communications specialists from progressing within their specialisms. It seems to us that there is a real issue that staff in senior grades with in depth specialist expertise lose out on performance assessments undertaken through the PSG framework, as the "generic" skills of PSG will effectively take precedence over job related professional expertise. There is the potential for this to result in communications specialists giving up their specialism to enter into management grades.

11. By far the biggest barrier to members of GCN being able to move easily between departments and agencies, to enable them to enhance their knowledge and skills is the disparities and unfairness inherent in devolved terms, conditions and pay and reward in government departments/agencies. Different pay rates and structures lead to inequality amongst staff, as well as preventing barriers to movement around the communications network. There are huge disparities in pay, for example, SIOs in Government Offices have a pay scale maximum of £47,472, whereas in DfT the comparable figure is £44,108, and in CLG the figure is £39,227. The main employer of communications professionals, COI pays £43,273 at the maxima (all rates 2007). These disparities impact, not only on staff wishing to develop their skills/experience through secondment opportunities, as they could be working alongside staff, doing the same type of job, but for significantly less pay, but also creates the situation where staff apply for posts in departments/agencies based on the salary payable, rather than logically planning career development, as well as creating competition between departments/agencies.

12. In a recent Prospect pay survey, communications specialists responded that low pay is a great concern. Out of 200 responses 63% indicated that they were more dissatisfied in their workplace than a year ago; 74% are angry at the lack of pay progression; 49% say poor pay and career opportunities have driven them to look for a job outside the civil service; 85% are poorly informed about the Professional Skills for Government programme; and 77% indicated that they work longer than their contractual hours, including 85% of managers. Clearly there are problems with pay and structures within the GCN which need addressing.

13. Further analysis also needs to be undertaken with regards to the external pay market. Higher pay in the private sector, apart from creating problems with "leap frogging" whereby external appointments are paid higher salaries than existing staff, if the GCN wants to attract highly qualified and experienced professionals, it needs to ensure pay and reward is competitive.

14. Many of the issues around terms and conditions, and internal reward would disappear if a single pay and grading system was developed and applied across the GCN. Prospect continues to be involved in a Reward Working Party through the Cabinet Office, set up to look at certain groups of specialist pay and reward across the Civil Service, however, to date there has been no positive movement in the communications specialist area.

15. In conclusion, we believe that although clearly, there has been progress and processes have been put in place to address the recommendations of the Phillis Review, certainly in areas dealing with training and development, performance, and pay and reward, further work and analysis needs to be undertaken in creating a coherent approach to remove inconsistencies and barriers to staff movement.

September 2008

Memorandum by the Public Relations Consultants Association

1. Background to the PRCA

The Public Relations Consultants Association (PRCA) welcomes the opportunity to respond to the call for written evidence issued by the House of Lords Select Committee on Communications on 17 July 2008, as part of the Committee's Inquiry into Government Communications.

By way of background, the PRCA was established in 1969, and is the representative body for public relations (PR) consultancies in the UK.

The Association provides support to PR consultancies to enable them to become better businesses, and helps to demonstrate the value of public relations consultancy to clients. It also works to deliver and enforce accountability and high standards. PRCA members must pass the Consultancy Management Standard—an independently assessed audit of their business operation—and must adhere to rigorous ethical codes of conduct.

It has over 160 members across the UK, and represents consultancies which cumulatively account for well over half of the consultancy fee income generated in the country. These consultancies are of all sizes, working for clients in all business, public sector and not-for-profit sectors. Together, they employ around 5,000 people and generate more than £400 million each year in fees from clients.

2. Summary

The PRCA believes that despite the great talent which exists within the civil service press operation, it continues to fall short of rising public expectations.

It also believes that while improvements have been made (most notably since 2004 under the leadership of Howell James), much remains to be done. In particular, problems of perception remain large—and most likely considerably exceed the real issues that exist.

At a macro-level, the Government has taken welcome steps in recent years to diminish the public perception of "spin" and political interference. However, that perception remains considerable. There is a clear public distrust of the impartiality of Government announcements, and a suspicion that much of what is released is partisan rather than impartial.

The UK has developed a hybrid of the old-style impartial civil service, and the US-style of highly-politicised senior-level administration operators. It is our view that this hybrid is unsatisfactory, and that either turning back to a fully traditional British model—or else explicitly embracing an American model—would be highly attractive as it would ensure clarity of purpose and responsibility.

At a public-facing level, too little is invested in easing citizens' access to information. Public sector websites continue to be among the worst organisational ones. They all too often contain redundant pages and non-operational links; their search engines are unwieldy, slow and uninformative. Despite improvements, this remains true of Parliament itself and of central Government Departments.

Taken broadly, Parliament itself needs to examine the activities of its members, and to ask whether those activities increase or reduce public confidence in Government communications. There remains a clear need for Parliament to create its own, entirely non-partisan, identity and brand.

3. Proposals

SPADs renamed and more visible

Special Advisers play a valuable and necessary role in the governing and political processes. They (rightly) serve to deflect political questions away from impartial civil servants. And it would be fair to say that their role has matured over time.

However, while Westminster insiders appreciate that role, to those outside of the golden circle of privileged access—politicians, high-level civil servants, and political journalists—it remains ill-defined and much misunderstood.

Their title is also something of a misnomer. They would be better described as Political Advisers, not least to distance themselves from the "Specialist Advisers" who also work in the public sphere.

It would be better for the perceived impartiality of the civil service press operation, and for the clear functioning of Government, if SPADs were to be more visible, acting as quoted and named spokesmen for their Ministers. In that way, they could speak as clear political voices, leaving the everyday business of Government (as opposed to political) communications to civil servants.

Binding and enforced remit for civil servants

Civil servants need to be given more support in defending their legitimate impartiality against attempts to put the governing party's flavour on Government statements. In saying this, we recognise that the vast majority of statements are factual in nature—but a minority of politically-slanted releases still exists, and serves to colour perceptions.

The Civil Service Code should therefore be enhanced to provide civil servants with a much-needed definitive statement of their role. It should include robust measures for ensuring that the *de jure* prohibition on SPADs attempting to "lean" on civil servants is universally transformed into a *de facto* prohibition too.

In order to deal with extreme cases of undue pressure, thought might usefully be given to an explicit civil servant whistleblowers' charter for dealing with illegitimate political pressure.

Decision re US-style administration

As suggested above, the UK system has moved from a very traditional split in responsibility to one that broadly resembles its traditional style, but now also contains significant elements of a political-appointments arrangement as seen most notably in the United States.

The current Government's decision in 1997 to replace a large number of departmental communications heads continues to colour the views of civil service communications professionals about expectations; and has a long tail on media and public perceptions.

Both the openly political model of senior administrative posts, and the entirely non-partisan model have attractions. What is not attractive however is the current halfway house. In our view, it would be better to move to one system clearly, thereby making responsibilities more obvious.

New Civil Service Act defining impartiality

Overlapping all of the points above is the need for a comprehensive and robust Civil Service Act that addresses these problems in the round.

There is an obvious temptation for political parties to make political capital out of this breakdown in trust between the Government, the governed and the media. But the slow erosion of public faith did not begin under the current administration, and threatens to taint the work of subsequent administrations of whatever political hue.

Such a Civil Service Act should therefore be approached in a non-partisan way, with the support of all parties represented in Parliament. Otherwise, it will clearly lack credibility.

Corporate identity for Parliament

One of the striking omissions in public sector communications is the lack of a corporate voice and brand for Parliament as an institution. All too frequently, issues affecting Parliament as a whole are addressed by politicians themselves, inevitably introducing a party political element.

While it is inevitable that certain issues will be party political in nature, there is a significant number of cases where this is not so, and where an apolitical voice would serve Parliament better.

We recognise of course the argument that the Speaker fulfils this function. However, he represents only the Lower House, and Speakerships are not always entirely free from controversy themselves.

At a minimum, Parliament should develop an accessible and fully searchable website. While the current version is doubtless an improvement on what existed before, it still leaves a lot to be desired.

More fundamentally, Parliament should give proper thought to the establishment of a robust and modern corporate identity, expressed, for example, through a properly-resourced and absolutely non-partisan press office. We recognise that this might itself be the subject of some unfavourable coverage, but such a consideration does not detract from the need for action.

Clarity on MPs' communications allowances

One controversial area that impacts upon the public opinion of Government communications remains the activities of MPs themselves.

While there is broad agreement that MPs need to be able to communicate with their constituents, the use by certain MPs of their communications allowance for what might be seen as party political campaigning is injurious to the image of Parliament and of the public sector communications effort more broadly. It might be better if these communications allowances were pooled and administered centrally by Parliament as a corporate body, making constituents aware of relevant information on their MPs' activities.

4. Conclusion

The PRCA would argue that there is a clear need for Government communications to be improved, and that this need should be addressed comprehensively, encompassing not just central Government Departments, but also the broader public sector and Parliament itself.

Having said that, we would not wish to obscure the fact that the current position is a significant improvement on that which existed just a few years ago. Our central concern with regards to central Government communications is that public perception continues to be considerably worse than reality—and that serious measures are therefore needed to shift this perception.

We should recognize that at a time of pressure on the public finances, and the reasonably close proximity of a general election, enhancing the way that Government communicates with the public might not appear to be a top priority. We are also aware that there will be inherent tensions in a system which seeks impartially but deals with politically contentious issues.

However, the public deserve top-quality communication from those who spend their taxes and act in their name. And while it is tempting for political parties to make capital out of such issues, they should bear in mind that such pressures affect all governing parties.

We would, of course, be delighted to expand upon these brief observations.

29 September 2008

Letter from the Society of Editors

Inquiry into the Implementation of the Phillis Review

Please extend our apologies to the chairman and committee for the delay in this response.

We welcomed the setting out of the seven key principles for government communications in the Phillis review. There has been progress towards achieving them but the pace of change has been variable. Perhaps the measure of success of the implementation of the Phillis recommendations is that we still have to campaign vociferously to encourage the adoption of the principles.

The first and most important of these principles is "Openness, not secrecy". There has certainly been some progress in what is a cultural change that must be carried down to all layers of government. Organisations have begun to realise that releasing information without waiting for requests or pressure is not only helpful in itself but can reduce work pressures, for instance in responding to Freedom of Information requests.

We have made these points forcibly in the Ministry of Justice Information Users' Group, particularly when there were concerns that proposals in the review of the working of the FoI Act might be regressive. Fortunately the government thought twice and did not proceed with those proposals. That helped to maintain the tone of cultural change, as have more recent announcements from the Secretary of State for Justice regarding openness in the courts.

There have been more direct, unmediated communications with the public but changes in this regard are not always the most valuable. The public benefit from communication through the media. Reports are generally based on professional questioning about the information released.

Progress in these and other areas needs be stepped up or sustained over a long period and should not merely be related to the issues that led to the establishment of the Phillis inquiry. Many of the problems that were examined were symptoms of deeper concerns and that is why cultural change at all levels of government needs to be promoted continually.

Concerns remain about the role of special advisers and it is not clear that changes following the Phillis report have been totally beneficial. We had a close and valuable working relationship with the head of GICS that was mutually beneficial. It provided for ways of discussing problems and promoted better understanding and led, for instance, to the creation of the Media Emergencies Forum and its regional equivalents. Sadly that relationship has not continued with similar strength or purpose and the MEF and other less formal joint forums have suffered as a result.

The society particularly welcomes the chairman's comments regarding regional communications. The regional media offer huge opportunities for improving communications between government and the public which have never been fully exploited. We have long argued that government in Whitehall and in the regions could achieve far more through closer relationships with regional media.

I hope these brief points are of some value. We would of course be happy to expand on them if required. Our current president has a national broadcasting background and he will be succeeded by an editor from a regional daily newspaper in November. I represent the society in meetings with government departments and in bodies such as the MEF and the Information Users's Group. We would all be pleased to help the committee further.

23 September 2008

Printed in the United Kingdom by The Stationery Office Limited
1/2009 411538 19585

It's our health!

Realising the potential of effective social marketing

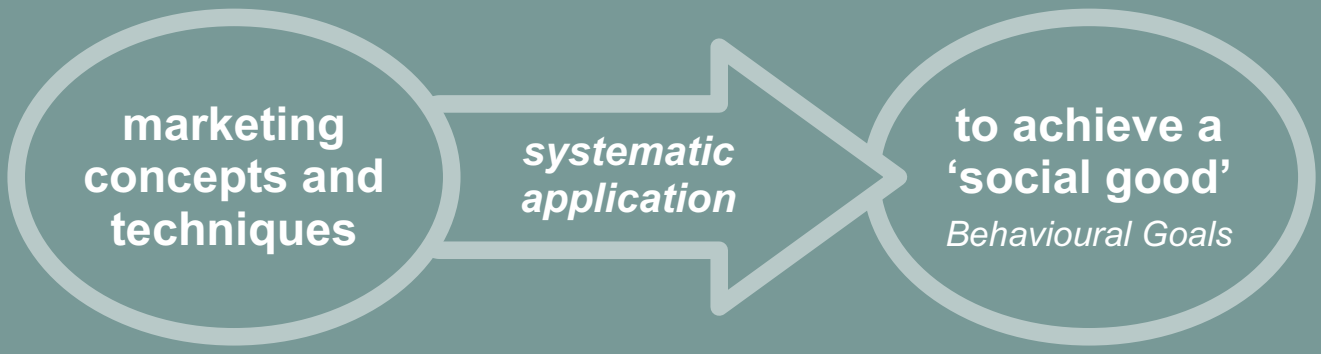
Summary



Independent review, findings and recommendations

NCC National Consumer Council
Making all consumers matter

Social marketing



Social marketing is:
"the systematic application of marketing concepts and techniques to achieve specific behavioural goals, for a social or public good"

Health-related social marketing is:
"the systematic application of marketing concepts and techniques, to achieve specific behavioural goals to improve heath and reduce health inequalities"

French, Blair-Stevens 2006

Further details on social marketing are included in Appendix A and available on our website **www.nsms.org.uk**

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Acknowledgements

Working together to bring energy and excitement into our collective efforts



Ed Mayo
Chief Executive
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Jeff French
Director
National Social Marketing Centre

We owe thanks to many people across the fields of government, voluntary sector and business for their insight and support in helping us to produce *It's our health!*

We would like to thank the Public Health Minister Caroline Flint and the Department of Health (DH) for their lead in agreeing to commission the review as a white paper commitment in *Choosing health*. We would particularly like to acknowledge the support and encouragement we received from Fiona Adshead, Deputy Chief Medical Officer, and Siân Jarvis, DH Director of Communications and Matt Tee, along with John Bromley, Wyn Roberts, Mark Sudbury, Fiona Samson and Julie Alexander, and everyone who has actively contributed to the steering groups.

We have valued the expertise, energy and hard work of Clive Blair-Stevens, Sarah Hardcastle, Dominic McVey, Catherine Slater, Lucy Yates, Siân Evans and Fiona Nicol, our colleagues at the NCC National Social Marketing Centre. We would also like to thank Centre associates Ben O'Brien, Emma Heesom, Clive Needle, Kaye Wellings, Tim Jennings, Adam Crosier, Karen Bulsara, Kristina Staley, Roslyn Kane, and Jane Lethbridge for their contribution to the review.

Finally, we are grateful to the many hundreds of people that we have met and who have shared their views and ideas with us. We would like to thank everyone who has provided evidence and information, helped us to examine and question the issues, and ultimately who have informed the findings and recommendations contained in *It's our health!*.

This report is a summary of a fuller report that is available on the website **www.nsms.org.uk**, together with the 12 supporting papers and reports that have informed it. The full report includes further information and detail on the work of the review and its findings, along with illustrative case examples.

"The importance of applying social marketing principles to the development of social policy and strategy cannot be overstated especially in the area of health."

Alan Andreasen – Professor of Marketing Georgetown University

The case for social marketing

It's our health

Health is something to enjoy – not a cross to bear. But, the nature of public health and the challenge of promoting it, is changing. Today our attention is focused as much on chronic disease as on infectious disease. The rise in obesity, the problems of alcohol and drug misuse, sexual health, smoking and mental health are all key concerns.

People must be placed at the heart of the new public health challenge. After all, it is their health. It is ordinary people who provide most of our health care, who disseminate health information and influence our behaviour. It is people who not only pay for the NHS, but spend over £30 billion each year on promoting their own health and wellbeing.

The challenge that we explore in *It's our health!* is how to put people at the centre of a public health strategy. We have done this by examining the potential of social marketing to help promote health in England. This is a direct response to the government's *Choosing health* white paper, which recognises that more of the same would not deliver the health improvements that people need.

The review sets out how we can improve prevention and promote healthier ways of living by using what we know works. What is clear is that any attempt to improve people's health must include concerted and sustained action to help people change their behaviour.

It's our health! concludes that the DH should deliver a *National Social Marketing Strategy for Health*. Such a strategy, based on the recommendations that we make, would significantly help to improve the impact of our efforts to improve people's health.

Prevention saves money

At a time when efficiency and cost savings are high on the agenda of politicians and government, the single most important opportunity that has yet to be grasped is the economic benefit of preventing chronic ill health. Prevention is not straightforward for government. It's long term and not highly visible. But, the success or failure of prevention touches everyone's lives. Four out of five deaths in the UK of people under 75 could probably have been prevented. Existing public health campaigns are not currently reaching those who continue to smoke, take little exercise, eat poorly and drink too much. The financial cost of preventable ill health ranks alongside our economic stability and international security. Our economic analysis estimates that the total annual cost to the country of preventable illness amounts to a minimum of £187 billion. In comparative terms this equates to 19% of total GDP (gross domestic product) for England.

Effective prevention is a win-win solution for people and the economy. We calculate that every single 1% improvement in health outcomes that result from prevention and social marketing could reduce public expenditure by £190 million. Not only that, it could save families £700 million, reduce employer costs by £110 million and generate considerable social value by reducing the level of premature death and disability.

Although there are signs of welcome progress in the treatment and care of disease in the UK, there has been less impact in the area of primary prevention of disease and support for positive health. If we are to achieve what Derek Wanless describes as the 'necessary maximum attainable shift in population health' in his review of NHS funding, we must reinvigorate our efforts to promote public health.

Putting people at the heart of public health

The starting point for a fresh approach to prevention is the recognition that simply giving people information and urging them to be healthy does not work. Rather than attempting to sell health, we need to understand why people act as they do and therefore how best to support them. So, alongside providing effective health information and supporting communities and individuals to improve their own health, we need to encourage and release the energy, skills and desire for good health that they already have.

This core idea, of starting from where people are and focusing on what support they need to make changes in behaviour, explains the shift that we recommend from an awareness approach to a social marketing strategy.

A micro history of public health campaigns

England has a long history of organised health improvement. This has included phases focusing on sanitation, hygiene and propaganda. Since the 1950s health education, community development and the application of broader health promotion techniques have all been used. The approach of social marketing, developed in the 1970s while different, builds on a long and positive tradition of reaching out to the public to promote good health.

The Health Education Council (HEC) was a non-governmental organisation that led work on health-related campaigns for many years until 1986. In 1987 it became the Health Education Authority (HEA), and a formal part of the NHS tasked with undertaking national health-related campaigns.

In 2000 the HEA closed down and the Health Development Agency (HDA) was established to focus on public health evidence and development. Direct responsibility for national campaigns was brought into the Department of Health. In 2004 the HDA was merged with the National Institute for Health and Clinical Excellence (NICE) as the Centre for Public Health Excellence.

Building on what we know works

Marketing is very powerful approach to changing behaviour. Of course, health is not a commercial product. This is why a significant international body of experience, including our review, has focused on adapting marketing methods to the specific and distinctive context of public health. The result is social marketing.

Social marketing is not designed to replace other aspects of the public health. It is part of the toolkit that can be used in a strategic way, to inform the mix of interventions such as regulatory action, or practical, hands-on methods to support specific behaviour change.

Actions that focus on individuals and wider society factors need to go together. For example, this review revealed startling evidence on the effectiveness of social marketing in relation to smoking, comparing the UK to Australia. Back in the 1970s, both countries had comparable smoking rates. Even accounting for the boost to non-smoking that will occur thanks to the new restrictions on smoking in public places, England is unlikely to reach the point at which no more than 5% of the adult population is smoking until around the year 2060. Australia is set to reach this goal 40 years earlier, in 2020. Moreover, in contrast to the UK, Australia does not have universal smoking bans, few smoking cessation clinics and no national nicotine replacement service. What Australia, Canada and other more successful countries have done is to focus a sustained effort on helping people change behaviour and not take up smoking in the first place by applying many social marketing principles.

Social marketing in practice

This review sets out strategic and operational recommendations for how the Department of Health can develop and implement a *National Social Marketing Strategy for Health*, as part of its *Choosing health* and *Our health, our care, our say* policy. The review also makes recommendations about how to mobilise the contribution of all sectors to achieve a wider social movement for better health.

‘VERB, it’s what you do’

US Department of Health and Human Services Centres for Disease Control and Prevention, 2002 to present

Social marketing campaign to increase physical activity among tweens aged 9 to 13 years, after one year:

- 32% decline in the number of sedentary 9 to ten-year-olds
- girls demonstrated a 37% decline in sedentary activity
- lower middle households showed 25% more physical activity
- 38% decline in sedentary children from low-income homes.

www.cdc.gov/youthcampaign



It recommends that social marketing should be used in the development and implementation of all government-led attempts to promote positive health-related behaviour. The approach builds on three themes:

- Put people at the centre of policy thinking and build services around their needs
- Apply what works and stop what does not
- Build partnerships and joint commitment for improving the health of the nation between the government and individuals, and with the private and the NGO sectors.

These themes present a challenge to look again at existing skills and methods and to build on the best of current experience while making some hard decisions to adapt or cease action in other areas.

Addressing some of the myths or confusions about social marketing will be important if we are to effectively mobilise its potential. This review has shown that when people have an opportunity to examine and understand its core principles and approaches, they increasingly see ways that it can enhance and assist their practice.

What won’t work is a superficial adoption of social marketing. Any attempt to just ‘bolt’ social marketing principles on to existing programmes, or to use its language without applying its disciplines, will have little impact. If social marketing principles are only used to run ‘smarter campaigns’, we will fail to deliver a consumer-focused strategy. If only a few specialist workers take up social marketing, it will have minimum impact. The challenge is to move beyond merely bolting on social marketing to existing approaches and integrate its principles to guide all efforts to help improve people’s health.

Getting the most out of what we have

A key finding in *It’s our health!* has been that there are many assets that can be better used to provide support for behaviour change. There is also great potential to increase investment by developing active partnerships with the NGO and private sectors, and not-for-profit organisations, many of whom share the same goals of promoting health and wellbeing. Our public services and the skill of staff that work in them represent a fantastic intelligence gathering network, and a social marketing asset capable of helping every person in the country.

It is common sense that prevention is better and cheaper than cure, but such common sense needs to be backed up by research and economic evaluation. There is growing evidence that well executed and sustained social marketing programmes work, and are cost effective when delivered as part of a comprehensive strategy. The announcement to review public health funding set out in *Our health, our care, our say* will help determine the level of investment that is required.

Shaping our future health policy

Social marketing can help build a deeper understanding of what health and risk mean to people. It can also help to recognise the constraints and enabling factors that shape people’s everyday decisions and actions. Social marketing includes concepts that can shape policy and its implementation to promote positive behaviour and influence the provision of services. The nature of social marketing, with its focus on establishing unambiguous behavioural goals, can also facilitate a better approach to measuring effectiveness and accounting for the use of public funds. A *National Social Marketing Strategy for Health* will, we believe, allow more people to enjoy the health that shapes their lives.

Recommendation

We recommend that the government, and Department of Health in particular, demonstrate their commitment to develop a genuine consumer-focused social marketing approach and respond to the findings of this review by establishing its first National Social Marketing Strategy for Health.

Specifically, we recommend that the strategy is based on the aims and objectives set out in this review.

The following *Starter for 10* has been developed to explain what social marketing involves. A further description of social marketing is included in Appendix A, and other material can be accessed via the website **www.nsms.org.uk**.

Social marketing

A starter for 10

1. **Starts and ends with a focus on the person and what's important to them**
   Whether as consumer, citizen, client, customer, patient, service user etc, social marketing does not approach people in isolation, but considers them in their wider social context.

2. **Has roots in both best public and commercial sector practice**
   It is not just concerned with commercial marketing approaches, but draws on many years of social cause and social reform work across different sectors.

3. **Is an adaptable approach that can be used with small and large budgets**
   It can be used strategically and operationally, supporting development work whether there's a £200 budget or £20 million!

4. **Does not compete, but integrates with best public health, health promotion and health communications' practice**
   Its value is that it has demonstrable potential to enhance responsiveness and improve impact and effectiveness of different interventions.

5. **Uses whole-systems, holistic and wider determinants thinking**
   It integrates a clear focus on the individual with the need to address wider influences and inequalities.

6. **Has a broad inclusive theoretical framework**
   It draws on, and helps to integrate: biology; psychology; sociology; and environment or ecology theory.

7. **Actively considers and is concerned with ethical issues and values**
   Its systematic approach means that ethical issues and values are examined. It recognises that anything that seeks to influence or promote particular behaviour presents a range of ethical issues that need to be addressed.

8. **Is a great deal more than advertising and communications**
   It uses a broad marketing mix of methods. In some cases a message-based communication approach or advertising may not be used at all.

9. **Challenges top-down paternalistic 'we know what you need' approaches**
   It starts where the person is at now, not where someone might think they are, or should be. Understanding what is important to the person is a crucial focus.

10. **It works!**
    There is a growing evidence-base to show that social marketing can significantly improve impact and effectiveness.

1. The national review

Why the review was undertaken, how it was done, and what it involved.

Why the review was undertaken

This independent national review was commissioned by the Department of Health as a commitment from the cross-government public health white paper *Choosing health.*

The discussion and consultation that fed into the development of the white paper highlighted a number of concerns:

- a growing realisation that continuing with existing methods and approaches was not going to deliver the type of impact on key health-related behaviour that was needed
- other comparable countries appeared to be achieving more positive impacts on behaviour by using and integrating a more dynamic consumer-focused social marketing approach into their methods
- current understanding and skills in social marketing appeared limited, and it was not immediately evident in either professional or academic training and development programmes.

As a result it was agreed that a national review should be undertaken to examine ways to improve the impact and effectiveness of health promotion, and in particular to consider the potential contribution of social marketing at national and local levels. The need to examine current understanding and skills among key professional and practitioner groups was also part of the review.

As a principal advocate for a more consumer-focused approach, the National Consumer Council (NCC) was asked to lead this work. This recognised that an independent review would draw up recommendations to address existing practice across the DH that could be considered and developed outside of current DH responsibilities.

How it was done

The work was progressed as a joint initiative between the DH and NCC under the initial banner of the *National Social Marketing Strategy for Health*. A core strategy team was established and based at NCC, and joint accountability mechanisms put in place via a DH/NCC steering group.

The original remit included an examination of the options to meet the white paper commitment to establish 'an independent body' to progress health-related social marketing work. However, in October 2005 the DH decided that this commitment could be met by asking the NCC to act as the independent body, and to develop the strategy team further into a new National Social Marketing Centre. The governance arrangements and the aims and objectives for the NSM Centre are included in Appendix B.



"The beauty of social marketing is that it doesn't try to point the finger and tell people things, but starts from where they are now. So we can build programmes that people really want and will respond to."

Emma Heesom – Corporate, Communications Manager, Heart of Mersey

Summary of projects that have helped to inform the national review and contributed to the final recommendations:

1. Effectiveness review: physical activity and social marketing
2. Effectiveness review: nutrition and social marketing
3. Effectiveness review: alcohol, tobacco and drug misuse and social marketing
4. Social marketing capacity in the UK: academic sector – initial selective review
5. Social marketing capacity in the UK: commercial sector – initial selective review
6. Social marketing for health in the European Union – initial selective review
7. National health-related campaigns review – selective review of eleven campaigns
8. National stakeholder research findings – current understanding and views
9. Summary review of current use of social marketing across government
10. Health economic analysis: initial look at the societal costs of preventable ill-health
11. Social marketing research – compendium of social and market research sources
12. Overview of key behavioural trends and targets related to *Choosing health* priorities

Further details and related papers are available on our website www.nsms.org.uk

What it involved

Gaining a broad view – using a mix of methods and approaches

The findings and recommendations in this review have been compiled using a mix of methods and approaches. This has included discussions with a wide range of policy-makers, field practitioners and academics across different sectors at national, regional, and local levels and a research programme of 12 individual reviews (see above). A summary of the organisations that have informed the review is included in Appendix C. Further information is available in the full report via the website **www.nsms.org.uk**

Network of field contacts interested in social marketing issues

In addition to the many one-to-one interviews conducted by the NSM Centre team, and the formal research projects, the team gave 148 workshops and seminar sessions across the country during 2005 to 2006 that reached over 5,000 people. At all events people were encouraged to give their views about how our individual and collective work to promote health could be enhanced, and the potential of social marketing to support them. Reaction to the events was positive. It is clear that many people are concerned about how their efforts could be enhanced to achieve greater impact and effectiveness. During the course of producing this report the NSM Centre team developed a growing network of national and international social marketing contacts and advisers.

2. The findings

Summary of the five key findings

Overall the review confirmed that the Government was right to commission an independent national review. While there are positive aspects to previous work and a range of skills and assets it can draw on, it is increasingly clear that important changes need to be made by Government and the Department of Health in particular, if it is to improve its ability to achieve the challenging health goals it has set itself.

The findings of this review have been grouped into five key areas. It demonstrates that adopting a strategic social marketing approach has real potential to improve the impact and effectiveness of health improvement efforts at all levels.

The next section expands on each of these five key findings. Each finding has an 'In short we found' section for those wanting to rapidly scan content and an 'In more detail' section providing further detail.

The subsequent recommendations section then picks up on each of these areas, with a specific set of recommendations for strategic and operational objectives.

Summary of the five key findings

1. **Social marketing can significantly improve impact and effectiveness when applied systematically**
2. **There is potential to use available resources and mobilise assets more effectively**
3. **Current approaches are unlikely to deliver the required policy goals, leadership and effective co-ordination are key to success**
4. **Social marketing capacity and capability across the wider public health system is currently under-developed**
5. **The importance of integrating effective research and evaluation into the development of programmes and campaigns to maximise its value.**



The findings
Finding 1

We considered the extent to which:

- evidence is available to confirm the potential benefit of using social marketing
- social marketing was understood and being integrated into the methods and approaches being used and applied at national and local levels.

Finding 1: Social marketing can significantly improve impact and effectiveness when applied effectively

In short we found:

- there is enough evidence to demonstrate that using social marketing systematically can significantly enhance and improve the impact and effectiveness of health promotion
- understanding of social marketing at national and local levels in the UK is still relatively limited. As a result we are not as yet benefiting fully from its potential to enhance and improve the impact and effectiveness of health promotion interventions to achieve behavioural goals
- many aspects of established and traditional approaches have clear value, and therefore efforts to improve the overall impact and effectiveness of work need to build on and respect this rather than replace it
- a combined approach using social marketing strategically to inform intervention selection and operationally to target particular behaviour has the potential to achieve the greatest benefit.

Food Dudes

Bangor Food Research Unit at the School of Psychology, University of Wales Bangor, 1992 to present

Initiative to promote healthy eating in children



Greatly increased and sustained the quantity and range of fruit and vegetables consumed by children, especially those who ate least at the outset. Two projects found:
- children in a school in Brixton more than doubled their lunchtime consumption of fruit
- children in a school in Salford tripled their lunchtime consumption of vegetables.

www.fooddudes.co.uk

"It's simple, social marketing works if you put the time and effort into doing it properly. It helps you get the best value from the resources you have."

Ray Lowry – Newcastle PCT

In more detail:

- when the core concepts and principles of social marketing are applied systematically they can significantly improve the impact and effectiveness of work, whether at local, national or international level
- social marketing has potential to support achievement of specific behavioural goals across a diverse range of issues and topics. While social marketing has a developing history in the health sector, it is also increasingly being used in other areas such as sustainability and community safety
- social marketing can help to achieve behavioural goals and directly support service development and redesign by ensuring that they respond to, and meet the needs of, their intended audiences or consumers
- understanding of social marketing can vary between and within different professional and other stakeholder groups. In some instances there are clear misunderstandings and confusions about what the theoretical and practical base of social marketing involves. This could lead to possible resistance
- once social marketing is properly understood, there is wide ranging interest in learning about it, and finding ways to use and apply it across different issues and topics
- the eight key features identified in the *social marketing benchmark criteria*, developed as part of the review, appear to be the most critical aspects of social marketing (see page 42)
- as yet there are no common and consistently used core standards for social marketing. Understanding and use of the *social marketing benchmark criteria* is only at a very early stage
- social marketing can support efforts to achieve an appropriate and effective balance between the role of individuals, and the role of the state and relevant bodies
- the drive to identify and capture what constitutes best evidence-based practice remains key, and it is clear that much useful experience and learning has yet to reach formal literature. Active review, evaluation and capturing of learning is central to expanding the evidence-base, improving impact and effectiveness, and cost-effectiveness
- use of social marketing is limited in the UK and has yet to be integrated properly into academic and professional training and practice. Therefore, current capacity in this area is under developed
- national media campaigns can be a valuable component of a wider social marketing programme approach. However, if they are undertaken in isolation evidence indicates that they have little impact on people's behaviour other than in very limited context. A greater impact is possible when new information can be identified as the central or key influencing factor for a behaviour
- the review identified a widely held view among policy-makers and communications practitioners, supported by growing evidence-based literature, that for national media campaigns to achieve specific aims using paid media there is a threshold, or critical mass that needs to be addressed in terms of resourcing
- the review identified that many comparable countries such as Canada, US, Australia and New Zealand, are ahead of England in using social marketing and in developing practitioner skills and experience. However, no country had a clear strategic social marketing approach to inform and steer their overall health strategy. This means that there is real potential for the UK to lead and pioneer such an approach.

The findings
Finding 2

We considered the extent to which:

- a social marketing approach could increase the effective use and mobilisation of resources and assets.

Finding 2: There is potential to use available resources and mobilise assets more effectively

In short we found:

- overall, England has many resources and assets that provide a very positive context for the promotion of health
- there are real pressures on public health and health improvement-related funding at national and local levels that appear to be impacting on the intervention options and approaches considered
- social marketing's concern with achieving tangible and measurable behavioural goals, alongside its active consideration of intervention and marketing mix issues, provides a valuable framework to ensure available resources and assets are used to greatest effect
- the issues of threshold and critical mass appear to be important when considering the resource levels allocated to different intervention methods. Valuable resources can be wasted if they are below the level where impact is possible or likely.



Giving up smoking

University of Newcastle, April 2002 to present

Social marketing stop smoking programme aimed at pregnant women in Sunderland:

- 10-fold increase increase in the uptake of stop smoking services by pregnant and non-pregnant smokers*
- setting a quit date and quitting while pregnant was high when compared with PCTs without a stop smoking programme*.

*between April and June 2002

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In more detail:

- the value of social marketing is not dependent on the level of available resources

- there is significant potential to use existing resources more effectively. Key to this is:

  – greater prioritisation and focus on a limited number of core priorities
  – adopting active disinvestment strategies, and stopping doing what does not work or cannot achieve the required impact
  – applying social marketing principles more systematically across all work programmes and campaigns to build greater consistency.

- developing a clear and sustainable investment strategy for health promotion based on social marketing principles could enhance impact and effectiveness

- developing a standardised system for budgets informed by what is known about the scale of the core challenges, and the evidence of the effectiveness or experience about the delivery of health programmes nationally and internationally. Budget allocation for specific programmes such as tobacco and sexual health have been informed by evidence and international comparison

- many budgets for health promotion programmes are allocated on a fixed amount and fixed-time basis. It is probable that many current budgets are insufficient to demonstrate a health impact

- the review could not identify a standardised accounting mechanism to track the impact and return on investment of health promotion budgets across the DH or the NHS

- the systematic evaluation of practices and the initial economic modelling carried out in this review indicate that it is probable the scale of health promotion resourcing in many key priority areas needs to be increased to achieve agreed PSA (public service agreements) and *Choosing health* targets. This evidence also indicates that health promotion programmes could be more effective if further restrictions were applied to the promotion of unhealthy products through agreement and or legislation

- many countries have developed substantial health promotion budgets with the introduction of levies or specific taxes on products such as tobacco, insurance schemes, co-funding arrangements with the private sector and philanthropic foundations, or per capita funding formulas. There is potential to develop similar schemes in England. However, this will first require a thorough examination of such schemes, which was outside of the remit of this review.

The findings
Finding 3

We considered the extent to which:

- there was recognition and appreciation of the limitations of existing public health and health communications approaches, and commitment to making changes
- issues affecting the current approaches, systems and structures, and how these might be built on and enhanced.

Finding 3: Current approaches are unlikely to deliver the required policy goals, leadership and effective co-ordination are key to success

In short we found:

- there is valuable high level understanding and ownership among ministers and senior civil servants of the importance of social marketing, and its potential to drive improvements in health promotion. This provides a confidence that if key recommendations are adopted and acted on, significant improvements can be achieved in England
- there is wide ranging support for the view that to continue to use existing methods and approaches would be unlikely to achieve the changes in people's behaviour required by relevant policy and related targets
- a key problem identified by DH is that it is still trying to deliver the full programme of work set in motion prior to the reduction in civil service staffing. DH has not achieved a move towards a strategic and expert commissioning role, and the associated reduction in direct in-house delivery
- DH staff across policy, programmes, communications and research have a wide range of skills and experience. However, even highly skilled staff are struggling to deliver the type of impacts on key behaviour that the policy aims and targets require
- co-ordination within DH, and between government departments, presents real challenges. While there are indications that linking up consumer research between departments, for example, could improve cost-effective use of resources, in practice co-ordination is an issue that is not yet resolved
- the commissioning process of health-related programmes and campaigns should be clarified and streamlined. This includes the role and services available to DH from the COI (Central Office of Information)
- across the wider public health system from local to district levels, there are clear pockets of enthusiastic leadership and willingness to integrate learning from social marketing.

SunSmart

New Zealand government. Run by the Health Sponsorship Council and the Cancer Society of NZ, 1993 to present

Programme to increase the use of sun protection among children under 12 years old and their care-givers

Achieved increased uptake of sun protective behaviours:

- in 1994, 32% of respondents reported use of sunscreen in the weekend prior to interview – in 2005/6 this had risen to 49%
- in 1994, 49% of respondents reported that they had never been burnt – in 2005/6 this figure was 61%



www.sunsmart.org.nz

In more detail:

- there is national high level appreciation of the need to review and adjust methods and approaches in order to achieve improved impact and effectiveness of health promotion campaigns

- there is recognition that the Health Secretary and the Minister for Public Health have key championing roles, in ensuring the effective development and delivery of health-related programmes and campaigns

- it was not possible to identify a uniform operating approach for working with ministers to maximise the value of their contribution

- the breadth of experience and skills of DH staff across policy, communications and research represents a major asset, although levels of understanding and application of social marketing currently vary

- the review found that even experienced and skilled staff sometimes struggled to deliver challenging targets that have complex behavioural goals. The key reasons are summarised in the box below.

breadth of priorities
staff were being asked to address a range of tasks that lacked unambiguous priorities

the level of policy and organisational change in recent years
even where changes were seen as positive, adjusting to them limited the time available to develop and deliver work

inherent pressure toward immediate and short-term solutions
although an understandable political reality, in practice acts to limit the ability of staff to plan for the medium and long-term

attempts to maintain existing approaches based on previous higher staff resourcing levels
DH staff were, in some instances, struggling to delivery a broadly similar level of work with significantly reduced human resources. A common, but expensive and probably unsustainable solution, has been to use consultants and contractor-supplied staff

difficulties in achieving genuine cross-departmental working
despite recognition of the value of cross-departmental working, the complexity of joining up work across disciplinary and departmental boundaries was difficult in practice. Where this did occur it appeared to be to the individual credit of staff who had made conscious and concerted efforts to achieve it

genuine difficulties in linking national and local work
the complexity of mobilising action across the wider public health system presents significant challenges. While there were some examples where the link between national and local development and delivery worked well, this was not usually the case.

Finding 3

- there is real potential to improve co-ordination within DH and with other government departments. But potential opportunities to achieve greater synergy and shared learning are being missed because it is a complex issue. At times different policy areas compete with each other for the attention of a given audience, rather than co-ordinating action together
- while DH is working to improve internal co-ordination, there is a tendency to become entrenched in particular policies and topics that limits the potential for wider shared learning
- the review identified a number of good examples of partnership marketing that have been developed by DH, which demonstrate the value of co-delivery with suitable partner organisations and sectors
- DH has at least six commissioning and programme development approaches. These approaches involve the COI, the Media Centre, the DH campaigns and policy teams, and a mix of agencies. There are differing views about the value that is added by COI, and the most efficient and effective way to commission and develop programmes and campaigns
- the role of regional directors of public health and the public health leads in strategic health authorities can be critical to the successful roll out and co-ordination of activity from national to local level. There is potential for regional public health staff and strategic health authorities to provide an important bridge between national and local work, in particular to inform and feed in key intelligence and insights.

Spreading the word about mouth cancer

NHS Scotland, 2002 to 2005

Social marketing project to encourage 'at risk' groups to go to the doctor earlier if they had signs and symptoms of mouth cancer:

- achieved 185% increase in the number of suspicious lesions that were referred to Glasgow Dental Hospital. This remained at almost double long after the campaign had ended
- almost 70% of those who went for mouth cancer treatment were the direct result of the campaign.

www.woscap.co.uk



Finding 4

We considered the extent to which:

- existing capacity, capability and skills could be built on, strengthened and enhanced for greater effect.

Finding 4: Social marketing capacity and capability across the wider public health system is currently under-developed

In short we found:

- current capacity and capability in social marketing is still at a relatively early stage. There is, however, a lot of experience and related skills that can be drawn on to provide a good base for further developments. Public health, health promotion and health communications all provide valuable experience and skills to build on
- different sectors are moving forward at different rates. As various organisations begin to establish their social marketing approaches and portfolios, there is potential for different and inconsistent approaches to undermine the ability to assess the impact of work and to capture and share learning effectively
- social marketing has yet to be properly integrated into academic and professional training and practice, and therefore current capacity in this area is limited.

Finding 4

In more detail:

- compared to many other countries, England has a comparatively well-developed and dynamic public sector infrastructure (including public health). While there is a sound foundation, there is limited direct social marketing capacity and skills

- disciplines such as public health, health promotion, health communications and research all have critically important contributions to make, but as yet do not routinely incorporate social marketing in relevant academic or professional training

- the academic sector, in particular, is under-developed in relation to social marketing. It has very few dedicated courses and very limited modular content on social marketing as part of other marketing, communications, or public health courses. Nevertheless, there is a growing core of academics increasingly keen to develop and expand capacity in this area that could be built on in the future

- the private sector is beginning to respond to the need for social marketing. There is a growing range of commercial companies that describe and position themselves as social marketing agencies. However, what is presented as social marketing can vary significantly, which can create difficulties for those commissioning work

- while the dedicated public health and health promotion sectors already use many of the core concepts and principles of social marketing, they are not as yet applying them systematically

- social marketing capacity and capability is limited at government department level, and across national agencies, Nevertheless, a number of departments and agencies have been using social marketing to varying degrees. This includes DEFRA (Department for the Environment, Food, and Rural Affairs) and DfID (Department for International Development), which have been using it over a number of years. The government's recent strategic communications work *Engage*, led by the Cabinet Office is grounded in a common core set of social marketing principles. This will add additional impetus and drive to improve the impact and effectiveness of their work programmes

- further development of co-delivery and multi-sector working offers potential to enhance the reach and effectiveness of health promotion, and mobilise assets as yet not being fully realised or engaged

- there are a growing number of examples of multi-sector working between statutory and voluntary, or non-governmental sectors that provides a good basis to build on. The NGO sector's closeness to key audiences and consumers means that they often have important understanding and insights when they plan interventions, particularly where segmentation options are being considered

- co-delivery of work with the commercial or private sector appears relatively limited. There may be a number of reasons for this that merit further examination. For example, during the review it was evident that there is a tendency for the commercial sector to be perceived as a problem, rather than as a potential asset. If this can be addressed there could be significant interest from the commercial sector to build more constructive relationships with the public sector. The commercial sector could provide a valuable set of additional skills, expertise and insights that, if managed effectively, could strengthen the reach, impact and effectiveness of programmes and campaigns.

Finding 5

We considered the extent to which:

- existing research and evaluation could be built on, but also reframed, to achieve a greater focus on achieving behavioural outcomes.

Finding 5: The importance of integrating effective research and evaluation into the development of programmes and campaigns to maximise its value

In short we found:

- while research and evaluation occurred across programmes and campaigns in one form or another, there is as yet no single unambiguous and commonly-applied approach in use
- there is potential to improve review and evaluation to increase impact on key behavioural goals
- field practitioners are keen to have better access to key research and evaluation from national campaigns so that they can consider how this can inform their own work, and reinforce links and connections.

In more detail:

- a wide range of market research techniques and data sources can assist in scoping and evaluation, but they are not always used effectively. For example:
  - government departments commission a great deal of audience research that, even within a department, may not be fully used
  - there is significant potential to improve links with the commercial, NGO and community sectors. All of these sectors have important understanding and insight into consumers that is not, as yet, being fully utilised.
- the current focus of research and evaluation approaches is not always consistent and linked to measuring tangible impacts on behaviour
- further work to develop a common understanding and approach to establish appropriate behavioural goals for programmes and campaigns will assist development and support effective assessment of impact
- the DH approach to gathering and assessing international evidence and experience prior to the launch of new programmes varies from campaign to campaign, and there are many examples of good practice. However, field practitioners are not always kept informed, and there is no standard system to make this information and intelligence readily available. The recent move to disseminate campaign reviews is a good example of how to improve this situation

Finding 5

- current programme and campaign evaluation tends to focus on short-term impact measures including awareness and recognition measurement. This form of tracking evaluation is vitally important to help shape interventions and give early feedback on success. Other evaluation measures look at establishing a new service or setting up new interventions by a certain date. There is also evidence to suggest that some efforts are made to track behaviour change against targets. For example, the four-week smoking quit rate is directly linked to agreed strategic targets. However, due to methodological and resources issues, measuring behavioural impacts for the majority of DH-led health programmes is currently less well developed

- review research indicates that campaigns that are grounded in a good understanding of the customer, intensive, sustained, specifically targeted and delivered through a mixed marketing approach with strong local support are most likely to raise awareness levels, influence attitudes and achieve behavioural goals

- evidence indicates that the UK, and England in particular, is noticeably under-represented in published literature. We found few examples of published reviews and evaluations of programmes and campaigns consistent with social marketing. This is despite the fact that there are many examples of such work at national and local levels. This indicates that, unlike some other countries, we have not as yet established a culture where all practitioners routinely produce an intervention summary report and related articles for publication. This means that a great deal of valuable experience and learning remains outside the formal literature

- the potential to develop joint evaluation between different health campaigns and programmes, particularly where target groups and issues overlap, is not yet being realised

- the range of commercially available market research data is not well integrated with demographic and epidemiological data. The importance of such data is not well understood, and there is insufficient data being gathered and shared within departments and with other agencies

- responsibilities for research, development, evaluation and market research varies, and they are not always clear within departments and between agencies

- methods of capturing evidence about what works, and why, are narrowly defined and this limits the development of good intelligence and insight

- there are some good examples from front line practitioners of intelligence gathering systems about people's needs and the impact of current health promotion interventions. However, there is room to develop a more systematic approach to intelligence collection. During our review, local practitioners often expressed a desire for DH policy leads to increase the level of briefing on national programmes and campaigns, particularly about the research base. They wanted opportunities to input potentially valuable local learning and good practice

- there is evidence of targeting in most campaigns in terms of demographic and epidemiological criteria, and with clearly defined audience and risk groups. Audience research has been used to good effect in revealing typologies that help in segmentation. However, the subtle distinctions made in marketing between population categories, by using psychographic data to understand motivations and barriers, is less evident, and less commonly translated into campaigns or programme delivery

- understanding of research methods, statistical significance and the issue of attributing observed changes in population knowledge, attitudes and behaviour to particular interventions varies from campaign to campaign.

3. The recommendations

Framework for the first National Social Marketing Strategy for Health

Introduction, and benefits
Aims and objectives
Organisational delivery and support
What success would look like – national three-year review checklist

Recommendation to adopt a strategic social marketing approach

In light of our findings, we recommend that the Government, and the Department of Health in particular, adopt the following National Social Marketing Strategy for Health. It focuses on building capacity and skills to ensure all national and local programmes and campaigns use a consistent social marketing approach to enhance their impact and effectiveness.

Introduction

The strategy we set out here is based on a long-term strategic social marketing approach for the DH and the NHS to adopt and use to steer their work to achieve specific health-related behavioural goals.

The approach builds on government policy and has the potential to assist:

- individual and community consumer-focused action and support
- efforts to address wider influences and other health determinants.

The strategy is challenging but deliverable. It provides a framework for implementing social marketing systematically across health promotion and improvement programmes. It does not highlight specific health issues that need to be addressed. These have already been agreed and set out in key government health and health-related policy papers. It does, however, highlight the importance of achieving greater prioritisation in the broad sweep of government priorities.

While this strategy recommends some fundamental changes to the way that the DH leads health improvement, it is not a detailed change management programme. If the recommendations set out in this report are accepted, a managed change programme will be needed to ensure a smooth transfer from the current approach.

The exchange for DH to consider

The DH needs to consider the costs and benefits of the recommendations. Using social marketing theory, the exchange that is on the table relates to the costs of adopting the strategy versus the benefits. This statement of cost and benefits overleaf makes a powerful case for adopting the recommended action.



The recommendations

Structure and rationale for this section

The recommendations are set out as five key strategic objectives which link to the five areas identified in the findings section.

Each of the strategic objectives is followed by a range of operational objectives. They provide some practical first steps for implementing a more consumer-focused approach to improved health promotion in England.

However, it should be noted, at the specific request of the DH, they do not at this time:

- include a detailed timetable
- set out specific details of how recommendations should be delivered.

This is because DH has advised us that the pace and capacity to take forward the strategy requires their further consideration. The business of deciding which recommendations are progressed and how best to deliver them is, rightly, the responsibility of the DH.

A three-year checklist to help DH and others assess the extent to which they have been able to implement the strategy successfully is included on page 38.

Costs of adopting a strategic social marketing approach

- Loss of the quick fix. The need to move away from using rapidly developed health campaigns as a way of demonstrating that something is being done, rather than the development of campaigns that form part of well-researched and long-term behaviour change strategy
- Loss of the perception of total control. The cost of building an understanding that the Government has an enabling and key leadership role, rather than total responsibility for promoting health. This cost includes the need for the Government to acknowledge this position and defend it
- Cost of investing in preparation. This cost involves the need to invest in thorough research, scoping and pre-testing interventions before launch. This cost also means moving towards longer term planning and delivery
- Cost of being accused of abdicating responsibility and building delivery alliances with the private sector that will not serve the best interests of public health. This cost includes explaining and defending the need to build strong partnerships with the private sector to promote health. At the same time the public must be protected from the negative impacts on health of actions by the private sector
- Cost of investing in co-ordination. The need to invest resources in joining up government action, and building and maintaining strong partnerships with communities, professionals, and the NGO and private sectors.

Benefits of adopting a strategic social marketing approach

- Improved overall impact and effectiveness of national programmes and campaigns that includes an increased return on investment. There are also savings gained from stopping ineffective or counter productive interventions
- Better understanding of health needs and workable solutions – increased understanding and responsiveness to people's health needs and a strengthened focus on achieving specific, tangible and measurable behavioural goals
- Effective prioritisation of health improvement programmes – clearer targeting of interventions based on a sound understanding of what is most likely to impact and influence people's behaviour
- Clearer understanding of the balance between individual and state actions needed to improve health
- Simplified and de-layering of the delivery system of health improvement programmes, strengthening co-ordination, and clarifying roles and responsibilities between national and local levels
- Greater use of skills and expertise and resources from across all sectors, and maximising expertise from the private and NGO sectors
- Enhancing evaluation and sharing of learning within and between programmes.

The recommendations
Aims and objectives

The following represents a framework for the proposed *National Social Marketing Strategy for Health*. It sets out a high-level strategic aim, and five objectives for the Department of Health to adopt, and is followed by more detailed operational objectives.

National Social Marketing Strategy for Health

Strategic aim
Increase the impact and effectiveness of health-related programmes and campaigns at national and local levels, by ensuring that social marketing principles are adopted and systematically applied

Strategic objectives

1. Achieve an enhanced consumer-focused approach based on social marketing principles and practice that puts the consumer at the centre of all development and delivery work
2. Increase the effective use of resources, and their overall impact, by better mobilising available assets and developing a diverse resource base
3. Enhance DH leadership, prioritisation and development of its expert commissioning role
4. Build capacity and skills to integrate social marketing within existing strategies and interventions at national and local level
5. Reconfigure research and evaluation approaches to ensure movement towards behavioural goals can be assessed, and to systematically capture and share learning.

The recommendations
Strategic objective 1

Strategic objective 1
Achieve an enhanced consumer-focused approach based on best social marketing principles and practice that puts the consumer at centre of all development and delivery work

Operational principles

- Use a consistent set of consumer-focused social marketing principles and concepts across all national programmes and campaigns, using the *social marketing benchmark criteria*
- Use a common core process for development of all programmes and campaigns, using the *social marketing total process planning model* with a strong focus on the initial *scoping stage*
- Actively capture and share learning by producing reports on all work
- Mental and emotional health integrated across all future programme and campaign interventions, and not just as a dedicated mental health programme.

Operational objectives

- **Apply *social marketing benchmark criteria* to all national programmes and campaigns to guide and steer their development directly**
  In particular these should be used to develop the new national mental health and *Fitter Britain* campaigns announced in *Our health, our care, our say*. These interventions should be developed as long-term social marketing programmes. Outside of the dedicated mental health programme, mental and emotional health and physical wellbeing should be integrated as key features of all programmes and campaigns.

- **Apply a standardised scoping stage to all national and local programmes and campaigns**
  A standardised scoping stage will ensure that the consumer view is considered together with analysis of intervention options and the most effective balance, or mix, to achieve the greatest potential impact. Producing a scoping report will ensure that all practitioners are able to access information, and the assumptions being used to guide subsequent development work. The report will clarify the initial behavioural focus and goals. Scoping reports should be produced for all commissioned work and should subsequently be used to inform evaluation.

- **Produce a scoping report for each of the eight national health priorities in *Choosing health***
  To assist integration and links between national and local development of programmes and campaigns, and to ensure the premise for their development is clear. These reports should follow a consistent approach.

- **Establish clear stakeholder strategies as a key component of a formal scoping stage. With specific multi-sector stakeholder groups as part of all national programmes and campaigns**
  Stakeholder strategies should examine and clarify appropriate engagement with the NHS, local authorities, NGO, commercial sectors, and key professional associations. Groups should involve experts and consumers affected by the issue, so that they can work together to clarify understanding of the problem and to discuss potential solutions. This work

> **"If we put social marketing into practice we will have a real chance of achieving the challenging PSA targets we have to work on"**
>
> **Fiona Adshead – Deputy Chief Medical Officer**

should build on and integrate with existing community, consumer and patient groups and initiatives, rather than create new structures. The groups should act as sub-groups to the new national reference group for health and wellbeing.

- **Adopt a consumer-value branding strategy for all national programmes and campaigns**
  This should articulate the relationship between organisational brands (the message giver) and topic or campaign branding. While there are clear benefits in promoting the NHS more widely as a health message giver brand, this should only be done where there is direct evidence that the intended target audience would be likely to value and appreciate messages and interventions coming from the NHS. Where this might be unclear, or where there is evidence that it could impede communications and engagement, alternative approaches should be considered and a rationale for this clearly established.

- **Undertake further work to determine the potential value of establishing potential iconic brands**
  To assist with coherence of longer-term health programme communications such as tackling obesity and exercise promotion.

- **Continuing the selective use of key partner agencies**
  To front specific campaigns and interventions where there is good evidence that the authority and image of the partner will enhance impact.

- **Establish a set of clear core scripts for each national programme and campaign which can be readily communicated to field practitioners, to assist development of consistent messaging in key areas**
  Core scripts should allow everyone working on priority programmes to be 'on message'. They would represent a DH quality assurance scheme for health messages and information. Core scripts could be actively promoted for use by any public, private or NGO sector organisation to spread quality-assured health information and messages. They should be used by all DH-sponsored new media services, such as web sites, as the basis for advice to the public on health promotion issues. They should also be developed for all priority segments of the population. The concept of 'message bundling', for example combining messages focused on sexual health and alcohol consumption, should be explored as a mechanism for creating a more consumer-focused approach to providing health information, and achieving and sustaining behaviour change.

- **Commission a specific review focused on using social marketing for tackling health inequalities**
  This review should draw together the published literature on how social marketing has been used to tackle health inequality and other forms of disadvantage, together with practical examples of national and local interventions that may not have been formally published in peer reviewed journals.

Truth

The American Legacy Foundation, February 2000 to present

National anti-smoking education campaign targeting 12 to 17-year-olds, after two years:

- 75% of all young people were able to describe one or more of the Truth ads accurately
- young people aware of the Truth campaign were 66% more likely to say that they would not smoke in the coming year
- smoking in teenagers reduced in the US from 25.3% to 18%. Truth accounts for around 22% of the decrease.

www.protectthetruth.org



The recommendations
Strategic objective 2

Strategic objective 2
Increase the effective use of resources and their overall impact by better mobilising available assets and developing a diverse resource base

Operational principles

- Adopt a mission-driven and evidence-based budget approach that reflects the resources needed to achieve programme goals
- Adopt a system of longer-term planning and budget allocation that includes return on investment analysis
- Enhance effective working between the public and private sector
- Use co-funding and co-resourcing arrangements for interventions across the public sector and with the private and NGO sectors.

Operational objectives

- **Establish an active disinvestment strategy**
  The strategy is necessary to both refocus DH effort on strategic commissioning and systematically exit from direct in-house delivery wherever possible, and to discontinue non-priority activity. As part of its prioritisation process DH should develop criteria for disinvestment together with those for selecting priority areas.

- **Produce an investment model and budget decision aid as part of the review of public health spending recommendation in *Our health, our care, our say***
  The model should aim to determine the necessary resources needed to achieve agreed *Choosing health*-related behaviour goals and Public Service Agreement (PSA) targets. It should include an appraisal of international funding models, actual and possible contribution from other sectors (including the private and NGO sectors), and a decision aid to facilitate future investment decisions. It should build on the economic cost and investment modelling report developed as part of this review.

- **Review and establish a mechanism to facilitate cross-government discussion and co-ordination of national public campaigns and related programmes**
  To assist:
  a) improved co-ordination of government national campaigns between different departments, particularly considering issues related to scheduling work and its potential impact on similar target audiences
  b) share developing consumer insights and learning in relation to effective methods and approaches. This includes continuing to develop a close working relationship, and where possible a joint work programme, with the *Engage* strategic communications work across government lead by the Cabinet Office.

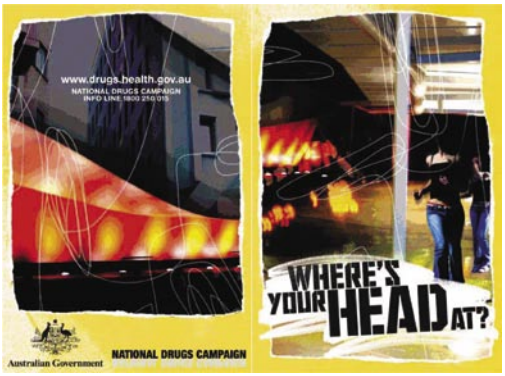
Where's your head at?

Australian government. Phase one March 2001 and phase two April 2005

Programme to reduce the proportion of young Australians using illicit drugs:

- 41% of parents reported that the campaign had prompted them to take some action, including talking with their child about drugs (81%) (31% of all parents)
- 65% of young people reported that the campaign had influenced them. The most common influence was avoiding using drugs (36%).

www.drugs.health.gov.au



- **Review and establish a mechanism to facilitate greater internal DH co-ordination of national health-related programmes and campaigns**
  There would be a strong case for establishing a social marketing Programme Board consisting of all relevant senior DH stakeholders to act as the co-ordinating body for all health-related programmes and campaigns. Such a mechanism could be supported by a number of project teams covering agreed priorities, who would report to the social marketing Programme Board

- **Establish a forward e-calendar of health-related programmes, campaigns, and related events**
  The calendar should be available to the public and be widely promoted to all communications, public health and other relevant professions and groups. It should provide advance notice and reminders for local practitioners and also act as a one-stop centre for anyone wanting to know what is being planned and delivered, and how they can make a contribution to it. This new service should also provide a mechanism for contributing views and examples of practice from local work.

- **Develop guidance on how private sector organisations and NGOs can support government-led social marketing interventions**
  This should set out practical rules of engagement to guide development and management of partnerships. It should also include advice on different forms of partnership and related governance issues. As part of this initiative, DH should establish a volunteer programme and agreement framework that allows voluntary and commercial sectors to support DH-commissioned social marketing programmes and campaigns. The agreement framework would allow organisations to volunteer time, expertise, research capacity, data, paid-for media time, interactive web-based service access, direct audience access and funds to support the development and implementation of DH priority programmes. DH would seek volunteers for each of its programmes to assist in the development and delivery planning and implementation. Clear guidelines should be developed to protect the integrity of programme aims and objectives.

- **Move towards a system of mission-driven budgeting for the 2007/08 planning round**
  For 2007/08 all central budgets should be allocated following a clear prioritisation process using criteria that assess plans and proposed budgets against expected return on investment in terms of achieving specific behavioural goals. Budgets should be developed on the basis of a plausible intervention strategy that can demonstrate a contribution to behavioural goals. Budgets should be allocated over more than one year to facilitate better medium to longer-term strategy development, delivery and evaluation.

- **Ensure PCT funding for health promotion is ring-fenced or subject to separate reporting via local directors of public health**
  As indicated in *Our health, our care, our say*, PCTs (primary care trusts) should also be required to report explicitly on the application and impact of their *Choosing health* allocation as part of their annual appraisal. A review of these appraisals should be conducted and made publicly available. A key principle should be to ensure that investment can be more clearly identified and tracked.

- **Establish written agreements with all government departments that lead or contribute to health-related communications and related behavioural interventions**
  These agreements should set out how departments will co-ordinate their efforts and how funds allocated to projects of mutual concern will be used to maximum effect. Agreements should also be developed with key government agencies, including the Health Protection Agency, the Big Lottery Fund and the Food Standards Agency.

The recommendations
Strategic objective 3

Strategic objective 3
Enhance DH leadership, prioritisation and development of expert commissioning roles

Operational principles

- Prioritise effective co-ordination of action and support across government
- Adopt a clear expert commissioning role across the DH. To add value by 'only doing that which only DH can do'. Focus on: policy development and support; programme prioritisation; strategic development and intervention option selection; co-ordination and review and evaluation
- Effective prioritisation to drive all efforts by using theory and best available evidence
- Inform and involve all key practitioners and stakeholders proactively. This is integral to the development process and not an add on.

Operational objectives

- **Adopt a clear aim and set of objectives for a new *National Social Marketing Strategy for Health* that is consistent with the recommendations in this report, and which can be readily communicated to internal and external stakeholders**
  Set out a clear aim for the strategy with measurable objectives that can directly guide its development and related commissioning work, and help facilitate effective ongoing review and evaluation. Make these readily accessible via the DH and NSM Centre websites so that all relevant stakeholders can clearly access and understand what the strategy is seeking to achieve.

- **Establish a specific planned management of change programme to implement the new strategy across the DH and NHS**
  Use the NHS Institute's eight-step guidance on handling successful change to develop a specific change-management programme.

- **Undertake a formal review in 2009**
  To assess the extent to which social marketing has been integrated into national programmes and campaigns as a result of the new strategy (see page 38).

- **Ensure the DH business operating model focuses on its core roles of policy, strategy development, and related expert commissioning, and actively reduces direct in-house delivery of work**
  This should mean a move away from undertaking operational development and direct management of health-related programmes and campaigns. In addition to staff capacity considerations, expert commissioning is a key priority to ensure greater consistency and co-ordination across health-related programme and campaign commissioning. Whatever structures DH adopts to achieve this it should ensure that all commissioning is directly based on the *social marketing benchmark criteria*. While exceptions may occasionally be required, the standard operating principle should be for all commissioned programmes and campaigns to be managed and delivered outside the Department of Health.

- **Review and establish clear mechanisms for increased and explicit prioritisation of DH health promotion plans**
  Explicit criteria should be developed that are consistent with the principles of *Choosing health* and *Our health, our care, our say*. The criteria should also be informed by what is known about effective practice and the size and seriousness of health challenges. DH should establish an agreement with all policy leads and sponsors across the department that all social marketing programmes and campaigns led by DH and its agencies will be subject to a collective prioritisation and budget allocation process. This should include discussions and agreement with the key sponsors such as the Chief Medical Officer, the Chief Nursing officer, the Chief Pharmacist and Chief Dentist. This agreement should also be extended to include key NGOs and other public health organisations that are responsible for delivering campaigns, health information and behavioural programmes on behalf of DH. The review should examine what is known about levels of investment needed to achieve desired programme goals. This review should be used to inform ongoing Comprehensive Spending Reviews.

- **Establish a standardised social marketing planning system based on the social marketing *total process planning model* and related *benchmark criteria***
  All future plans should state explicitly their behavioural goals and how these will be measured and tracked. Ministers should be provided with a review of all plans to demonstrate that they meet standard criteria for planning and delivery. A national programmes and campaigns report and publications schedule should be established.

- **Produce summary review reports for every national programme and campaign, and establish a specific publications strategy to ensure all work is presented to relevant academic and research journals for potential publication as a standard operating principle**
  The reports should follow an agreed standard format, setting out clearly the rationale and research informing the work; what was undertaken; and relevant review and evaluation data.

- **Review and establish a new service level agreement (SLA) between DH and COI to maximise the contribution of the COI service to DH**
  A new SLA should be agreed that clearly sets out the role of both the DH and COI. The SLA should also include a consistent model of engagement that sets out how the DH will engage the COI, and what services will be delivered, at what cost and to what quality standards. The development of a new SLA should also be taken as an opportunity to clarify a longer term vision of how the DH and COI will develop their relationship into the medium and longer term.

- **Ensure consistent use of social marketing across COI**
  DH should work with COI to ensure that a consistent social marketing approach is applied to the development of all new programmes and campaigns, research and evaluation projects delivered for DH. The models developed should be consistent with the standardised planning systems and quality criteria that will be applied by DH to the development and commissioning of future campaigns and programmes.

- **Invest in developing expertise and understanding about the strategic application of new information technologies for health-focused social marketing**
  DH should commission a specialist agency to report on examples of how central government has used new media from the NHS, local authorities and internationally. The review should encompass the private sector's use of new media to promote health and health-related issues.

- **Ensure effective engagement of ministers in the development of programmes and campaigns, particularly at the scoping stage**
  Ministerial roles are crucial as champions for effective approaches and strategies. It is key that there is effective planning and work scheduling to ensure that there is clarity about what ministers need to sign-off and when this will occur. DH needs to ensure that there are simple and effective systems in place for tracking and co-ordinating the development of programmes and campaigns. It should also be clear when and how a minister will be part of the process. DH should provide ministers with practical tools and checklists to help them effectively champion, drive and monitor the DH in acting as expert commissioners, and overall programme and campaign development.

- **Ensure the effective use of external consultants and short-term contractors where there is a clear rationale for using their specialist skills and knowledge**
  There is a need to co-ordinate the appointment and use of consultants and to monitor their costs and contribution in a more systematic way.

The recommendations
Strategic objective 4

Strategic objective 4
Build capacity and skills to integrate social marketing within existing strategies and interventions at national and local level.

Operational principles

- Build staff and practitioner capacity and skills
- Foster the growth of dedicated academic and research capacity
- Work with professional associations to support and champion the development of best practice and integrating social marketing understanding and skills in their work
- Build greater understanding and skills in social marketing at national and local levels
- Develop practical learning resources to assist relevant local and national leaders and practitioners
- Ensure all future interventions are built on principles of co-delivery
- Build strong partnerships across the public sector with the private and not-for-profit sectors.

Operational objectives

- **Confirm a three-year work programme with the National Social Marketing Centre, and formally launch the Centre as part of response to the review**
  Review governance arrangements and initiate work to examine potential options for developing a mixed resourcing base. Launch the National Social Marketing Centre formally as fulfilment of the government's *Choosing health* commitment to appoint an independent body to champion the development of social marketing in England. It is proposed that the Centre remains located at the National Consumer Council for at least a further period of three years to ensure that initial work can be capitalised on and impetus sustained. During this period it is recommended that work is undertaken to examine the feasibility of transforming the Centre into a not-for-profit social foundation supported by a mixed resourcing base.

- **Further develop a national training programme of social marketing seminars and conferences**
  Provide an ongoing range of social marketing training and development opportunities to increase understanding and develop practical skills in social marketing.

- **Provide PCTs and SHAs with practical hands-on support in developing local social marketing interventions and link them to national programmes**
  DH should capitalise on the initial work to establish a social marketing network of champions at PCT and local authority level to develop and spread

> **"Looking into social marketing we quickly realised that there were practical things we could learn that could really improve what we do."**
>
> **Diane Forrest – Director of Public Health, Knowsley PCT**

good practice. Initial support should be provided free to PCTs for the first three years, with a review to examine ways that ongoing support might be delivered via a not-for-profit payment service.

- **Establish a new public health partnership service similar to that of the CDC Foundation (Centre for Disease Control in the USA)**
  The aim of this is to build partnerships with the private sector. It would provide co-ordination and leadership for the development of partnership agreements, co-delivery, sponsorship and other forms of corporate support and joint projects at national and local level. The service would also work to capture and disseminate examples of good practice, maintain an active network of partners and highlight DH and NHS teams that want partners and support. It should be located outside DH so that DH can maintain its strategic and impartial status.

- **Launch up to ten local social marketing champion sites with particular focus on key Spearhead priority areas**
  These sites should act as champions and learning hubs to develop and spread good practice, and as live demonstration sites for the rest of the country. It is proposed that these should be generated from local interest and operate within the existing local resource base – that is, not generated through special additional funding from the centre. They should have access to hands-on support to help them invest local resources in social marketing interventions directed at addressing key health promotion priorities. The aim of this scheme would be to demonstrate that the application of social marketing using local resources can create measurable improvements in health-related behavioural goals.

- **Develop a number of practical resources that include a specific social marketing planning guide and a guide on how to evaluate and report findings**
  These guides should contain real life examples and be circulated to all relevant practitioners. They should set out a standardised way of planning and evaluating interventions, and be in a format that enables staff to use them for large-scale national and small local interventions.

- **Establish a joint development programme with the Improvement and Development Agency (IDeA)**
  The programme should be a part of the existing local government learning hub supported by IDeA to capture and share examples of health-related social marketing. The examples should be collected in a standardised format and logged with the proposed knowledge bank.

- **Establish a university network to extend access to social marketing courses, modules and/or research programmes**
  Specialist standard setting and accreditation bodies, including the Chartered Institute of Marketing, should also be engaged with the university network. It should focus on equipping as many practitioners as possible with basic social marketing understanding and skills. Key recipients would include public health specialists, health promotion officers, health communication leads, teenage pregnancy co-ordinators, tobacco control leads, health trainers, health improvement leads and healthy schools staff, and community nursing staff.

- **Develop specialist social marketing roster**
  COI should develop a social marketing roster using quality criteria agreed with the DH that draw on the guidance produced by the NSM Centre on finding and selecting specialist social marketing agencies. The roster should include both national agencies and smaller contractors that can provide services for local public health teams.

- **Establish a social marketing fellowship scheme**
  The fellowship scheme could offer bursaries to mid-career public health, health promotion, health communication specialists and other relevant staff working in NHS. The scheme should be overseen by a board with representatives from relevant professional bodies, and aim to develop further participants' experience and academic understanding of social marketing. Sponsorship for the scheme

should be sought. The fellowships would allow experienced staff, who are looking to become social marketing leaders for the NHS, to work on national programmes, attend training and attain a formal social marketing qualification. The scheme would also support a limited amount of international travel for each fellow to visit effective social marketing projects in other countries.

- **Develop current dialogue further with the European Commission, World Health Organization Europe**
  The dialogue should focus on what support they can provide to facilitate sharing of information and learning about social marketing across Europe.

- **Integrate social marketing into core skills and competency frameworks for key public health and health communications-related staff working with the Public Health Development Team**
  To build working links between the NSM Centre, the Public Health Development Team and local workforce planners, public health networks, professional associations and other workforce planning groups, to incorporate social marketing training into appropriate courses and competency schedules.

- **Develop further the National NGO PHorum (Public Health) as a key vehicle for engaging key national NGOs in planning and delivery of all future social marketing enhanced national programmes and campaigns**
  Instigate a system for regular briefings between NGOs and DH policy leads. The NGO PHorum should be used as a mechanism for gathering views about good practice, intelligence and schedules of campaigns from the NGO sector to inform the planning delivery and evaluation of all future DH-commissioned programmes and campaigns.

- **Develop proactive DH partnerships with the mass media, writers, production companies, directors and producers**
  DH should establish a relationship with the CDC-funded Hollywood Health and Society service to exchange best practice. This service should also provide access to expert public health advice for the media sector to inform the development of documentary and drama programmes with a health focus.

- **Commission a national health communications guide based on social marketing**
  This would be similar to the *Pink book* commissioned by the US Department of Health and Human Services. The guide would bring together what is known about all aspects of effective health communications and draw on theory, evidence, planning tools and examples of good practice.

- **Ensure new media services form a integral part of all national social marketing programmes and campaigns**
  The development and marketing of all new media services, including the future development of Health Direct, will need to be developed as an integral component of all future social marketing programmes. There should be a rationalisation and integration of new media services including web sites. The development of any new service, should include the facility to act as a live data-gathering mechanism using tools such as the proposed Life Check. New media services such as Health Direct could be developed as joint ventures with established health information providers from the NGO, public and not-for-profit sectors. The DH should consider consolidating its new media expertise and services as part of its response to the Transformational Government strategy. There should be investment in developing expertise and understanding about the strategic application of new information technologies for health-focused social marketing. DH should develop a long-term plan to capitalise on the potential of new information technologies to promote health.

The recommendations
Strategic objective 5

Strategic objective 5
reconfigure research and evaluation approaches to ensure all work can directly assess movement towards relevant behavioural goals, and systematically capture and share learning

Operational principles

- Establish a clear behavioural focus, with research and evaluation geared to assessing and measuring actual impacts on behaviour
- Develop a shared and consistent approach, co-ordinating contributions from across policy, communications and research
- Systematically capture and record experience and learning from national and local practitioners.

Operational objectives

- **Establish a system for ongoing national health behaviour mapping**
  The system should map psycho-graphic factors, knowledge and behaviours and cover all the key *Choosing health* priority areas. The data collected should include what people 'know, feel and do' in relation to their health and well-being, as well as their views about the effectiveness of services and interventions developed to support them. The system should be able to provide reports at least every twelve months and more immediate feedback on the DH led work.

  If possible data should be drawn from existing surveys, however, it will be necessary for additional surveys to be commissioned to ensure the full range of data is available. Through the provision of time series data, the survey could be used as a key evaluation and tracking tool for all future social marketing programmes.

- **Establish a health-focused knowledge bank and tools**
  This knowledge bank should be part of, and linked to, the Cabinet Office strategic communication knowledge bank and the new National Public Health Library service. It should:

  – capture information on national and local interventions, what has worked, what has not, and what lessons have been learnt
  – collect examples of useful tools, learning materials and approaches
  – be the national contact point for the European Commission Health Information Platform project.

- **Establish a national archive of health programmes and campaigns**
  Collate, store and make available a library of national and local intervention plans, market research, evaluations and materials. The existing archive from the former Heath Education Authority, which is currently being held in storage by the NICE, and the archives held by the COI, should be incorporated.

- **Establish a health-related social marketing research hub**
  To improve access to all relevant health-related market research available from a variety of sources, including the private, NGO and public sectors. The hub should:

  – support programme and campaign leads in developing consumer understanding and insight
  – liaise and co-ordinate with the DH Health Insight Unit and other research and development teams within DH
  – work with other public health information providers as an integral and component part of the new public health intelligence strategy
  – provide specialist social marketing expertise in interpretation and development of health-related market research data
  – provide regular bulletins and updates to policy makers, local NHS planners and public health staff about relevant market research data that would help in planning and implementing health-related programmes and campaigns.

- **Assess the function of research and development in social marketing programmes and health-related campaigns**
  Develop proposals for the conduct of future independent evaluations of initiatives. DH proposals should include guidance standards for campaign development research, process evaluations, tracking studies and outcome evaluation. The research and development strategy should also incorporate ongoing reviews of evidence on social marketing effectiveness that captures learning from practice.

- **Enhance independent assessment and evaluation of all national programmes and campaigns**
  Ensure that all work introduces a clear element that is independent, so that those commissioning, developing and delivering work are not the only ones assessing impact and effectiveness. A specific research and evaluation protocol should be established and linked with research governance arrangements. The protocol should make clear the distinctions between formative, process and summative evaluation and ensure that summative evaluation is undertaken by an agency or body other than that delivering the programme or campaign.

- **Establish a health-related social marketing awards scheme**
  To provide a vehicle for ministers and senior officials to act as champions for programmes and campaigns that demonstrate significant impacts on behaviour. The scheme would also reward and value dynamic, creative and effective work in the field at national and local levels. The awards would stimulate debate and discussion on effective approaches and assist in the collation of best practice examples. Securing potential commercial sponsorship for this should be explored. Categories of award should be considered and assessed by a multi-professional judging panel against a set of agreed criteria consistent with the *social marketing benchmark criteria*. Consideration should also be given to establishing social marketing categories in existing national award schemes for people who apply social marketing principles.

- **Develop field briefing and intelligence gathering**
  Gather intelligence from, and proactively brief relevant field practitioners about future programmes and campaigns to improve impact and evaluation. Focus investment around existing arrangements, and investigate the best ways of engaging relevant practitioners and champions.

- **Commission a joint geo-demographic and psycho-graphic mapping project as part of the DH Public Health Intelligence Strategy**
  A demonstration project should be commissioned that explores how best to integrate traditional epidemiological and demographic data sets with commercially available market research and psycho-graphic data about people's beliefs and values. Key partners should include regional public health observatories, the DH Central Health Monitoring Unit and a commercial data mapping company. The project should use all relevant available public and commercially derived data sets to build a new integrated approach to population health profiling.

- **Establish constant live tracking of the impact of national programmes and campaigns**
  DH should work with other government departments and the COI to develop data capture systems that focus on behavioural impact as well as the awareness and attitudinal data to evaluate success. To facilitate this, all future programme evaluation plans should establish clear and measurable behavioural goals together with mechanisms for collecting and tracking impact data on the success of campaigns. The system should be capable of providing regular tracking data back to those responsible for managing the delivery of the campaign and programme. The data should also be used to inform the development of overall programme evaluation and the wider public health evidence base, and be made available to all public health practitioners.

The recommendations
Organisational delivery

Organisational delivery

- Separation of strategic and operational roles, and expert commissioning
- Potential contribution of the National Social Marketing Centre.

Separation of strategic and operational roles, and expert commissioning

If the Department of Health is to maximise the effective use of its resources, it needs to focus its efforts more clearly on an expert commissioning role, and reduce its direct hands-on development and delivery of work.

Government reviews have already established the importance of refocusing government department roles on 'doing only that which government departments can and should do' to ensure work is more systematically and consistently commissioned. However, for a number of reasons, this has as yet to be fully realised in practice across the DH. Interpretations of what constitutes in-house work and what is commissioned-out can vary, and therefore bringing greater clarity to this could significantly improve consistency across DH.

There is a strong case to suggest that the DH will continue to struggle to deliver real impacts against its key health targets unless it is able to free very limited staff time and capacity from direct management and delivery of hands-on health related initiatives. Policy and programme work needs to focus much more clearly on supporting ministers and senior officials to lead effective policy development, strategic planning and related commissioning of work.

This means that key senior officials should be directly tasked with leading work proactively with staff teams to establish exit or transfer strategies to reduce the direct role of officials in managing campaign development, implementation, delivery and related evaluation. It needs to be recognised that many existing staff enjoy this aspect of the work. Therefore, the benefits of adopting a more strategic expert commissioning role need to be well articulated, and over time staff skills and expertises directly geared towards this. This refocusing needs to be framed around strategic scoping of every national programme and campaign. A standardised process should be used to commission work, and also to monitor and review subsequent development and delivery.

A common approach to commissioning needs to be established, and relationships developed with a mixed-market of potential external organisations and bodies. This should include the COI, NGOs and the commercial sector, which can be readily contracted to manage development, delivery and review of national programme and campaign work.

Some key principles

- Clearer separation of policy, strategy and commissioning from direct development and delivery of initiatives
- Ensure greater clarity and support for effective ministerial oversight, championing and sign off for key national programmes and campaigns
- Introduce standardised planning and monitoring across all national programmes and campaigns
- Prioritisation of health programmes and campaigns based on consistent use of social marketing principles
- Enhance co-ordination mechanisms for cross government health-related programmes
- Ensure every programme and campaign produces written reports and makes these readily available to external practitioners.

DH reframed role

- Policy formulation and support to ministers
- Strategy development and expert commissioning
- Target development, setting and review
- Contract management and monitoring
- Internal cross-department co-ordination
- Cross-government co-ordination.

Organisational delivery

Potential contribution of the National Social Marketing Centre

The Department of Health decided to establish the National Social Marketing Centre (NSM Centre) at the National Consumer Council. This was as a direct response to its commitment in the *Choosing health* white paper to appoint 'an independent body' to support implementation of the National Social Marketing Strategy for Health.

The recommendations that follow have, therefore, been proposed on the basis that DH subsequently agrees a work programme with the NSM Centre to support DH in implementation of the strategy.

It is proposed that the Centre remains located at NCC for at least a further three years to ensure initial work can be capitalised on and the impetus sustained.

During this period it is recommended that work is undertaken to examine the feasibility of transforming the Centre into a not-for-profit social foundation. Efforts should be made to examine and secure potential additional resources from across other sectors, particularly looking at what the commercial and NGO sectors could potentially contribute to enhance the centre's resource and capacity base.

The following objectives are based on the review recommendations, and identify how the NSM Centre could support the strategy:

National Social Marketing Centre

Objectives (proposed)

1. **Develop social marketing-related capacity, skills and a portfolio of related resources**
2. **Support DH in integrating social marketing into all national programmes and campaigns, and in co-ordinating health-related activities**
3. **Provide a central resource for capturing information, intelligence and learning on effective social marketing-related activity**
4. **Develop a related research programme**
5. **Support cross-sector partnership working and assist development of co-delivery.**

The recommendations

What success should look like: National three-year review checklist

The success criteria checklist overleaf has been framed with particular consideration of the Department of Health's national role in leading and championing effective approaches to health improvement work. Many of the checklist items can also be readily applied to assess integration of social marketing at local and regional levels.

During the review, a number of field practitioners expressed the view that while they valued the lead that DH was taking to realise the potential of social marketing, they nevertheless had some doubts about whether this leadership would be sustained over time. There was a recognition that a busy policy and practice agenda can mean that initial good intentions could easily be overtaken by the impact of subsequent events, and the original drive and energy behind it lost or dissipated.

Therefore the following three-year review checklist has been developed to help assess the extent to which the Department of Health's commitment to integrate social marketing into its work is delivered and sustained over time.



The recommendations
National three-year review checklist

Success criteria – checklist	Yes/no	How otherwise addressed
1: A National Social Marketing Strategy for Health established with: • a clear aim and set of objectives guiding its development • internal and external practitioners briefed and fully aware.		
2: Social marketing formally integrated into all national health-related programmes and campaigns. Specifically: • *Social marketing benchmark criteria* being actively used and applied as part of the scoping and development process • standard planning system in place across all national programmes and campaigns • scoping reports available for all national programmes and campaigns and easily available to field stakeholders on DH and NSM Centre websites.		
3: National targeted training and skills development programme in place with: • all relevant DH policy, programme, communications and research staff have been through a basic phase 1 training programme. Selected key staff have taken a more in-depth phase 2 training programme • field practitioners across different sectors, including public health, health promotion and health communications, have access to tailored training events.		
4: Enhanced and integrated social marketing related research in place that includes: • national research hub collating and synthesising social marketing-related research and learning from multiple sources • national psycho-graphic tracking survey in place that is regularly used by national and local practitioners • consumer market research initiative linking and sharing understanding, intelligence, and consumer insights from different national programmes and campaigns.		
5: Programme in place to further capture learning and develop the evidence-base for effective social marketing that includes: • national archive in place to capture programme and campaign plans, information and evaluation • all national programmes and campaigns have an active publication strategies in place, and proactive encouragement to publish work in professional and academic publications • key co-ordination mechanisms in place to share information and learn from development across work streams that includes: – internal DH social marketing forum – cross-government public campaigns group.		
6: Enhanced range of multi-sector partnerships in place that contributes directly to national programmes and campaigns and includes: • proactive strategy in place, supported by clear ethical guidelines for engagement with commercial sector • enhanced engagement with non-government and voluntary community sector.		

Appendices

Appendix A
Understanding and realising the potential of social marketing

Social marketing is a powerful and adaptable approach for achieving and sustaining positive behaviours. The evidence is increasingly clear that by applying its concepts and principles systematically, the impact and effectiveness of interventions and related services can be significantly improved.

Defining social marketing

Based on the NSM Centre review of the historical development of social marketing definitions, the following definitions have been developed.

Social marketing is:
"the systematic application of marketing concepts and techniques, to achieve specific behavioural goals, for a social or public good"

Health-related social marketing is:
"the systematic application of marketing concepts and techniques, to achieve specific behavioural goals, to improve health and reduce health inequalities"

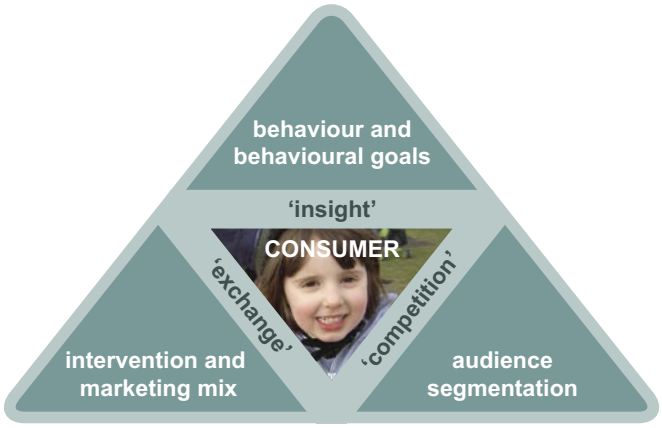
French, Blair-Stevens 2006

A brief history

Social marketing was first coined as a term in the early 1970's, and has been developed and expanded upon since then. It draws from both commercial marketing, as well as many years of experience of international social marketing in the public, not-for-profit and non-governmental sectors. It also builds on health and social reform campaign-related work that has been used to reach and engage different audiences and communities within the UK for many years. There is a growing evidence-base for social marketing.

Key concepts and principles

The *social marketing customer triangle* below highlights a number of core concepts and principles of Social Marketing.



'customer triangle' nsmc © 2006

1: Customer or consumer placed at the centre
Social marketing begins and ends with a focus on the individual within their social context.
The main concern is to ensure all interventions are based around and directly respond to the needs and wants of the person, rather than the person having to fit around the needs of the service or intervention. Social marketing always starts with seeking to understand *'where the person is at now'* rather than *'where someone might think they are or should be'*. This helps avoid 'top-down' approaches and the tendency to start crafting messages or interventions, before a real understanding of the issue is reached.
Example: A smoking cessation programme for pregnant women in Sunderland **r.j.lowry@ncl.ac.uk**

2: Clear 'behavioural goals'
Social marketing is driven by a concern to achieve measurable impacts on what people *actually do*, not just their knowledge, awareness or beliefs about an issue. Establishing 'behavioural goals' requires going beyond the traditional focus on 'behaviour change' to recognise the dynamic nature of behaviour within a whole population. It looks at both the positive

and the problematic behaviours to understand the relationship between them and looks to identify patterns and trends over time and what influences these. A behavioural goals approach also describes the aim of an intervention in terms of specific behaviours, and considers manageable behavioural steps towards a main behavioural goal.
Example: 'Food Dudes', a healthy eating programme. **www.fooddudes.co.uk**

3: Developing 'insight'
Social marketing is driven by *'actionable insights'* that are able to provide a practical steer for the selection and development of interventions. To develop such insight means moving beyond traditional information and intelligence (e.g. demographic or epidemiological data) to looking much more closely at *why* people behave in the way that they do. Consideration is given to the possible influences and influencers on behaviour, and specifically what people think, feel, and believe. Importance is placed on considering those things within and outside an individuals control.
Example: A mouth and bowel cancer initiative encouraging early attendance at the NHS. **www.woscap.co.uk**

4: 'The exchange'
Social marketing puts a strong emphasis on understanding what is to be 'offered' to the intended audience, based upon what *they* value and consider important (e.g. short-term v long-term benefits). It also requires an appreciation of the 'full cost' to the audience of accepting the offer, which may include: money, time, effort, social consequences, etc. The aim is to maximise the potential 'offer' and its value to the audience, while minimising all the 'costs' of adopting, maintaining or changing a particular behaviour. This involves considering ways to increase incentives and remove barriers to the positive behaviour, while doing the opposite for the negative or problematic behaviour.
Example: 'Think!', a national road safety campaign. **www.thinkroadsafety.gov.uk**

5: 'The competition'
Social marketing uses the concept of 'competition' to examine all the factors that compete for people's attention and willingness or ability to adopt a desired behaviour. It looks at both external and internal competition.

- External competition can include those directly promoting potentially negative behaviours but can also include other potentially positive influences that might be seeking to influence the same audience.
- Internal competition includes the power of pleasure, enjoyment, risk taking, habit and addiction that can directly influence a person's behaviour.

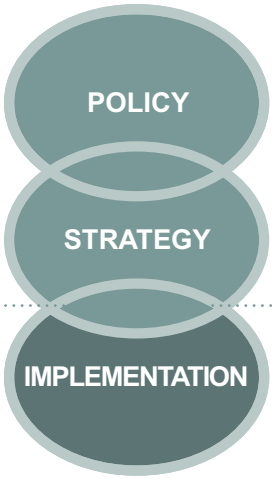
Example: 'Truth', a youth-focused anti-tobacco campaign in the U.S. **www.protectthetruth.org**

6: Segmentation
Social marketing uses a developed 'segmentation' approach. This goes beyond traditional 'targeting' approaches that may focus on demographic characteristics or epidemiological data, by considering alternative ways that people can be understood and profiled. In particular it looks at how different people are responding to an issue, what moves and motivates them. This is often referred to as 'psycho-graphic' research. It ensures interventions can be tailored to people's different needs.
Example: An illicit drugs programme in Australia. **www.drugs.health.gov.au**

7. 'Intervention mix' and 'marketing mix'
Social marketing recognises that in any given situation there are a range of intervention options or approaches that could be used to achieve a particular goal. It focuses on ensuring a deep understanding and insight into the customer, is used to directly inform the identification and selection of appropriate intervention methods and approaches. As single interventions are generally less effective than multi-interventions the issue is also to consider the relative balance or mix between interventions or approaches selected. Where this is done at the strategic level it is commonly referred to as the 'intervention mix' while at the level of a dedicated social marketing intervention the term 'marketing mix' is more common.
Example: A national tobacco control campaign in England. **www.givingupsmoking.co.uk**

How to approach social marketing

Social marketing can be considered in two key ways, strategically and operationally:



Strategic social marketing

Policy development and scoping
Informed by social marketing 'insights'
eg. citizen/customer/customer insight

Strategic intervention scoping
Informing selection of interventions to achieve goals
As an intervention option in its own right, alongside others,
ie: a component of the intervention mix

Operational social marketing

Applied as a planned process at different levels
- Social Marketing Initiative – shorter term
- Social Marketing Campaign – medium term
- Social Marketing Programme – longer term

Also able to directly assist service design, development and delivery

Strategic Social Marketing

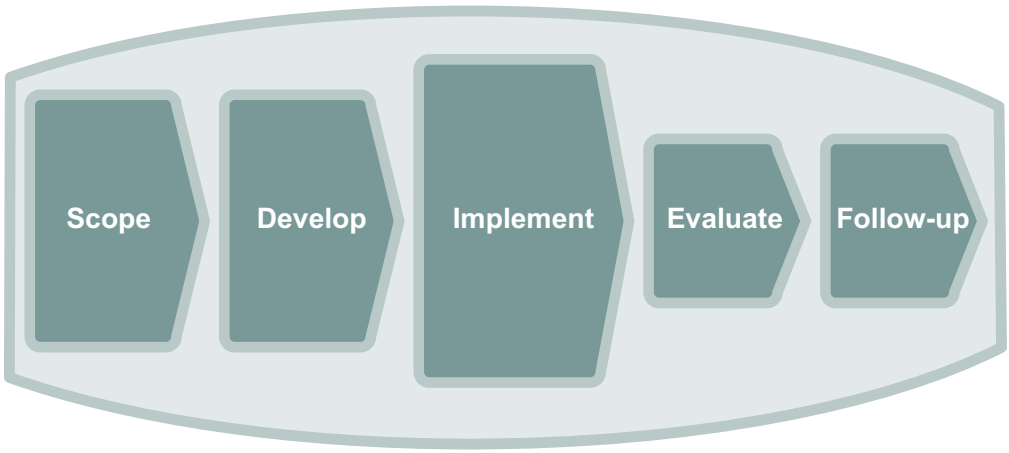
Where social marketing concepts and principles can be used to inform and enhance strategic discussions, and guide policy development and intervention option identification.

Operational Social Marketing

Where social marketing is applied as a process and worked through systematically to achieve specific behavioural goals. The total process-planning model below sets out such a basic planning approach.

Total process planning model

Undertaking and applying social marketing approach as a dedicated intervention, systematically planned and staged to achieve specific behavioural goals



Social Marketing Programme	Social Marketing Campaign	Social Marketing Initiative
Used to refer to a longer term planned programme of work	Commonly consisting of a range or cluster of activities	Used to refer to a time specific targeted intervention
Typically staged over 3 to 10+ years	Typically staged over 1 to 3 years	Typically undertaken within 1 year

Appendix A
Social marketing benchmark criteria

French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2001)

Benchmark	Explanation
1. Behaviour goals	• Intervention clearly seeks to impact on behaviour, whether individuals or groups, relevant to a social or public good • A broad inclusive approach to behavioural goals adopted that cover establishing, maintaining, and where necessary, changing relevant behaviours • Specific measurable behavioural goals and related indicators have been established to guide all development work and are phased in a realistic way over time. This can include addressing knowledge, attitudes and beliefs, but only where these can be clearly linked to achieving a specific behavioural goal.
2. Consumer research and pre-testing	• Formative market research used to identify audience characteristics and needs • Range of different research and data sources used to inform development • Pre-testing is integrated into development and used to test out with relevant audiences all insight and developing methods.
3. Insight driven	• Approach based on identifying and developing actionable insights using considered judgement, rather than simply generating more data and intelligence • Focus clearly on gaining a deep understanding and insight into what moves and motivates the consumer/citizen.
4. Theory-based and informed	• Actively assess and draw from theory across different disciplines and professions - ie. it does not seek to apply the same theory or set of theories to every context, but focuses on identifying those that offer the greatest potential for understanding the influences on behaviour • Theory directly used to inform selection and development of an appropriate intervention.
5. Segmentation and targeting	• Moves beyond simple demographic or epidemiological targeting • Different segmentation options and variables are actively considered when identifying the appropriate target audience. Particular focus on understanding what people think and feel about issues using psycho-graphic data • Interventions directly tailored to particular audience segments.
6. Marketing mix	• Uses a range of methods and approaches to establish appropriate marketing mix • Methods and approaches developed taking full account of any other interventions in order to achieve synergy and enhance the overall impact.
7. Exchange	• Clear analysis of the full costs to the consumer in achieving the proposed benefit • Incentives and barriers are considered and addressed for positive, negative or problematic behaviour • Attention is given to maximising tangible and intangible benefits for adopting, sustaining or changing a behaviour.
8. Competition	• Specific consideration of both internal and external competition • Active consideration is given to the personal appeal of competing behaviours and external factors promoting or reinforcing potentially negative or problematic behaviour • Active consideration is given to the potential impact of other positive interventions that could compete for the attention of the audience. • Strategies employed to help address and minimise such competition.

Appendix B
National Social Marketing Centre – governance, aims and objectives

Governance arrangements



National Social Marketing Centre

Current aim to:

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

Current objectives to:

- **undertake and produce an independent national review report (for 2006)**
  Undertake relevant research (see below) and develop proposals for the first National Social Marketing Strategy for Health and a set of recommendations for ways to enhance the impact and effectiveness of activity
- **provide direct social marketing support, guidance and related skills development**
  Focus on key DH *Choosing health* work programmes and support across the wider public health system
- **develop a practical social marketing resources portfolio**
  Increase understanding of social marketing and support effective planning, development, and evaluation.

Research programme objectives to:

- review the evidence base for social marketing in a number of key areas
- assess current government department practices and effectiveness in delivering health-related interventions
- understand stakeholder perceptions of social marketing – past and present
- compile a report on key behavioural trends and progress towards government targets
- assess the cost to society of preventable ill-health and assess social marketing's contribution to reducing that cost
- understand and map national capacity to deliver social marketing
- understand and map the key market and social research resources currently available to social marketeers.

Appendix C
Summary of organisations that have helped informed the review

Association of Healthcare Communicators
Audit Commission
Big Lottery Fund
Birmingham University
Bradford PCT
Barnsley PCT
Bolton PCT
Brighton and Hove City PCT
Central England University
Chartered Institute of Environmental Health
Chartered Institute of Marketing
Cloudline
Company Chemists' Association
Croydon Council
De Montfort University
Demos
Derby City Council
Design Council
Developing Patient Partnerships
Diva Creative
Dr Foster Intelligence
Dudley PCTs
Dunhumby
East Devon PCT
East Elmbridge and Mid Surrey PCT
Engine Group
Environment Agency
Faculty of Public Health
Fishburn Hedges: communications consultancy
Food Advertising Unit
Food & Drink Federation
Food Ethics Council
Foresight Programme (DTI)
FSA – Food Standards Agency
Forster Company
GFK NOP
Greater London Authority
Glazer Ltd
Government Office for London
Government Office for Yorkshire and The Humber
Hall & Partners
Hammersmith & Fulham PCT
Headshift Ltd
Health and Social Care Information Centre
Healthcare Commission
Health First (London)
Heart of Mersey
Health Protection Agency
Improvement & Development Agency
IFF Research
Institute of Social Marketing
Institute for Public Policy Research
Islington PCT
Judge Business School
Kent County Council
King's Fund
Kirklees County Council
Kraft Foods UK Ltd
KTBPR (PR company)
Knowsley PCT
Lancaster University
Live Work Network
Liverpool PCTs
Local Government Association
London School of Hygiene & Tropical Medicine
MEDACT
Momenta
National Audit Office
National Foundation for Educational Research
National Heart Forum
Newham PCT
New Statesman
Nuffield Institute
North East Public Health Observatory
National NGO PHorum (Public Health Forum)
Newcastle University
Newcastle PCT
NICE – National Institute for Health and Clinical Excellence
North Tees PCT
Nottingham City Council
Ogilvy Public Relations
The Open University
Oxford Strategic Marketing
PA Consulting
Penn Schoen Berlande (London)
Pharmacy HealthLink
Porter Novelli
Portsmouth City Council
Price Waterhouse Coopers
PRU Health
RAF – Royal Air Force
Royal College of General Practitioners
Royal College of Obstetricians and Gynaecology
Royal Institute for Public Health
Royal Pharmaceutical Society of Great Britain
Sheffield PCTs
Social Marketing Practice
London South Bank University
Staffordshire County Council
Stoke-on-Trent PCT
The Stroke Association
Surrey University
3 Monkeys PR
Think Public Ltd
TNS (World Food Panel)
UKPHA – UK Public Health Association
Unilever
University of Brunel
University of East Anglia
University of Northumbria
University of Stirling
Vielife
Volterra

Water UK
World Cancer Fund
Worth Media
Young Scot, National Grid for Learning Scotland

Government departments

DH – Health
HMT – Treasury
CO – Cabinet Office
PMDU – Prime Minister's Delivery Unit
COI – Central Office of Information
DCMS – Culture, Media Sport
DfID – International Development
DfES – Education & skills
DfT – Transport
DEFRA – Environment, Food & Rural Affairs
HO – Home Office
DTI – Trade & Industry

International organisations

World Health Organization – Diet and Healthy Living Strategy
European Commission
European Union
EuroHealthNet
Bureau Européen des Union de Consommateurs
Health Promotion Switzerland
Curtin University of Technology, Australia
Edith Cowan University, Perth, Australia
Centre of Excellence for Public Sector Marketing, Canada
Centre for Health Promotion, University of Toronto, Canada
University of Lethbridge, Calgary, Canada
Health Sponsorship Council, New Zealand
Centers for Disease Control and Prevention (CDC), USA
Washington University, USA
School of Business, Georgetown University, USA
Ogilvy Public Relations, USA
National Youth Anti-Drug Media Campaign, USA
American Medical Informatics Association, USA
Social Marketing Services Inc, USA
School of Public Health, University of Texas, USA
Porter Novelli, USA
School of Business, University of Wisconsin, USA
Sutton Group, USA
National Heart, Lung & Blood Institute, USA
Women's Heart Health Education Initiative, National Heart, Lung and Blood Institute, USA
Population Services International, USA
Healthy Weight /Nutrition Program, NC Dept of Health & Human Services, USA
Physician Office Quality Initiatives, Virginia Health Quality Center, USA
Developing VCU School of Public Health, USA
Florida Prevention Research Center, University of South Florida, USA

Appendix D
Abbreviations

BLF	Big Lottery Fund
COI	Central Office of Information
CDC	Centers for Disease Control and Prevention (US)
DEFRA	Department for the Environment, Food and Rural Affairs
DH	Department of Health
DfID	Department for International Development
FSA	Food Standards Agency
GDP	Gross domestic product
HDA	Health Development Agency
HEA	Health Education Authority
HEC	Health Education Council
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NGO	Non-governmental organisation
NSMC	National Social Marketing Centre
PCT	Primary care trust
PSA	Public service agreement
SHA	Strategic health authority

www.ncc.org.uk
www.nsms.org.uk



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Enabling Effective Delivery of Health and Wellbeing

An independent report

February 2010



Sir Howard Bernstein
Dr Paul Cosford
Alwen Williams CBE

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The three co-authors of *Enabling Effective Delivery of Health and Wellbeing* are:



Sir Howard Bernstein

Sir Howard became Manchester City Council's Chief Executive in 1998.

He is known for forging partnerships with the City's key players and for successfully attracting millions of pounds into the City. He played a key role in the regeneration of Hulme, the first area in the UK to attract City Challenge status; and subsequent area regeneration initiatives including the Bridgewater Hall, the Velodrome, the International Convention Centre, the City of Manchester Stadium and City Art Gallery.

Recognition of Sir Howard's contribution to Manchester includes being awarded honorary degrees by UMIST, Manchester University and Manchester Metropolitan University. He was knighted for his services to Manchester in the New Year's Honours 2003 and was recognised with a Lifetime Achievement Award at the Regeneration and Renewal Awards in 2008. Sir Howard took up appointment as Chairman of Blackpool Urban Regeneration Company in July 2008.



Dr Paul Cosford

Dr Paul Cosford has been the Regional Director of Public Health for the East of England since August 2006. He leads the public health function across the NHS and the Government Office for the East of England, ensuring the alignment of actions to improve health across the public sector. He is responsible for the oversight of population health improvement, programmes to reduce health inequalities and emergency planning, as well as strategic responsibilities for improving the health and wellbeing of children, people with mental health and people with learning disability.

Paul has a particular interest in developing pragmatic programmes to improve health that involve the NHS, local authorities and the wider public sector, and is committed to ensuring that the full corporate efforts of these organisations support improved wellbeing across local communities. He also established the NHS Sustainable Development Unit, which leads the NHS's programme to reduce its carbon footprint and ensure sustainability of its operations.



Ms Alwen Williams CBE

Alwen took up post as Chief Executive of Tower Hamlets Primary Care Trust (now NHS Tower Hamlets) in June 2004. In addition to her role in Tower Hamlets she was this year appointed chief executive of the East London and the City Alliance, in which Tower Hamlets, Newham and City and Hackney PCTs will work together to strengthen commissioning arrangements across the sector. Alwen has worked in primary care, community and acute services, commissioning and joint planning. She was a member of the national board advising Professor Lord Ara Darzi on primary and community care development. In the 2009 Queen's birthday honours Alwen was appointed a CBE for services to healthcare.

Mary Jane Ritchie was Secretary to the Report.

Introductory letter

Dear Andy,

We are delighted to enclose our report on the delivery of health and wellbeing services in England. We found this an exciting opportunity to inform your thinking on this important topic.

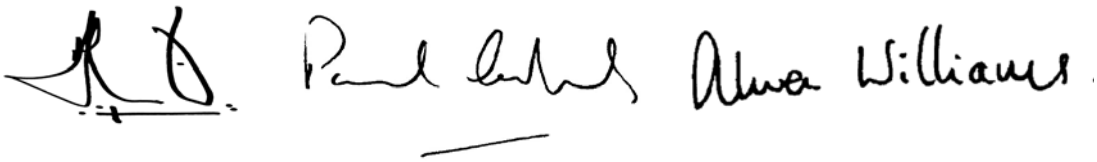
Our starting point for this report was how we can improve delivery in the current and future economic climate. It is our belief that we urgently need to strengthen the financial case for preventing ill health, and within this report we make several recommendations to support this, with better data on cost-effectiveness and return on investment. Delivery on this agenda remains crucial because of the influence that health and wellbeing has on individual motivation, achievement and productivity within the labour market.

We do not believe there is great expense needed to deliver our recommendations; it is, rather, emphasis and well-targeted changes to systems that are needed. We focus first on the need for clarity of high-level goals across systems. An overarching aim to increase the level of health experienced in life is a sensible augmentation of current life expectancy measures. Underlying this must be a strong focus on the biggest lifestyle influences on population health: physical inactivity, tobacco, alcohol and poor diet.

Health and wellbeing has a central role in creating successful places, and our recommendations on the furtherance of integrated commissioning and the role of general practitioners point the way towards service redesign and better delivery locally. Also at a local level, the power of the NHS and the local public sector to affect outcomes is substantial, and we propose stronger prevention roles and training to shift culture towards prevention of ill health and improved wellbeing. Pre-school children and those with existing long-term health conditions are population groups of paramount importance, where investment would pay significant health dividends: our recommendations seek to promote delivery and focus on their wellbeing. National and interdepartmental coherence across health and wellbeing policy is needed to underpin and support all changes, ensuring aligned front-line messages, coordinated policy and inspection processes.

If the very real links between an individual's health and wellbeing and their ability to lead a productive life are maximised, it will produce significant benefits to individuals, the NHS, the economy and the society we live in.

Yours,



Howard Bernstein, Paul Cosford, Alwen Williams

1. Executive Summary

This report offers recommendations to the Secretary of State on how better to enable the delivery of improved health and wellbeing. The Terms of Reference (provided at Annex B) for this report requested an assessment of the current opportunities and barriers in delivery systems, to identify where practical changes could be made to improve effectiveness.

This report is not a full review of interventions to improve health and wellbeing, and is not a new health and wellbeing strategy. Rather, the authors have held a series of discussions with key individuals and groups involved in delivery, and have considered why the ambitions of previous strategies have not always been fulfilled. They have come to the view that a small number of specific issues could be addressed, and that this would significantly improve the effectiveness of approaches to improve health and wellbeing.

We believe that the implementation of these recommendations could greatly support prevention as a role for the NHS and improve quality and productivity. This will be particularly significant given the challenges facing the public sector in the near future.

Our view is that physical and psychological health and wellbeing is an essential foundation for a prosperous and flourishing society. It enables individuals and families to contribute fully to their communities, and underpins higher levels of motivation, aspiration and achievement. It improves the efficiency and productivity of the labour force – critical to ensuring economic recovery. Poor health and wellbeing also costs a great deal through medical and social care costs, reduced productivity in the workplace, increased incapacity benefits, and many other calls on public services and community support. Our most deprived communities experience the poorest health and wellbeing, so systematically targeting approaches on the geographical areas and population groups at greatest need is crucial in reducing inequalities.

Four behavioural risk factors – tobacco use, physical inactivity, excess alcohol consumption and poor diet – are the biggest behavioural contributors to preventable disease. These 'top four' are responsible for 42% of deaths from leading causes and approximately 31% of all disability-adjusted life years (World Health Organization, *The European Health Report*, 2005). Tackling behavioural risk factors is often seen as an issue among younger, predominantly healthy people, but behavioural factors are also major risk factors in the onset and relapse of, and premature mortality from, long-term conditions such as diabetes, cardiac disease and respiratory disease, and for increased disability from musculoskeletal conditions and mental ill health. There is also strong evidence that reducing behavioural risk factors in older people significantly increases both quality and length of life, irrespective of any pre-existing long-term condition. With ageing of the population, it is critical that we have a strong focus on improving health and wellbeing in older people.

In addition to these 'top four', there is strong evidence that improving mental health and wellbeing significantly reduces physical (as well as psychological) ill health. This is the basis of the current national programme to increase the provision of psychological therapies (improving access to psychological therapies, or IAPT).

Of course, a range of social and economic issues underpin people's lifestyles and behavioural risk factors. This needs strong, coordinated action across the public sector, reflected in cross-government action nationally. We are of the view that, within this action, the health and wellbeing of pre-school children is of paramount importance, and has a profound impact on their later adult health and wellbeing. Supporting children and their families to improve their health and wellbeing is vital for them if they are to live healthy and prosperous lives, irrespective of their social background, and if they are to reach adulthood able to achieve their fullest potential.

Such information on health effects needs to be translated into meaningful, national and local articulation of the business case for prevention. This would illustrate the value-for-money case for interventions. Local investment in the NHS and across the public sector can then be appropriately scaled to the outcomes and benefits that the NHS, the public sector and the wider community will gain.

Underpinning this, we are of the view that there is a need to confirm an overarching policy objective to improve healthy life expectancy (and therefore health and wellbeing), against which other policies are judged. This could be termed 'Health expectancy'. Setting this as an overall policy objective would lead to prioritising action to improve health and wellbeing and so reduce the onset and relapse of long-term illness, reduce inequalities, improve the quality of life years lived, and increase years lived in good health. The health and wellbeing of those with disabilities is also vital. This overall policy objective therefore needs to include enhancing the health and wellbeing of people with disability, supporting them to live fulfilled and self-directed lives.

The current average life expectancy and disability-free life expectancy is represented by the first bar on the figure below, with the impact of many currently prioritised health interventions being to increase overall life expectancy but not disability-free life expectancy (second bar). Ideal interventions increase both disability-free life expectancy and overall life expectancy (third bar).

Improving health expectancy: policy options

Representation of current average life expectancy

– a substantial portion of lives, particularly in disadvantaged groups, spent in ill health



Impact of many current health interventions

– increase overall life expectancy by increasing life lived with disability



'Ideal' health interventions

– increase disability-free life expectancy and overall life expectancy



Many important healthcare interventions increase life years lived with disability, and achieve the outcome represented by the second bar. However, many interventions that cost less and are more cost-effective increase disability-free life expectancy, yet are not routinely implemented. For example, increasing physical activity improves mental health and wellbeing, reduces rates of heart disease and cancer, reduces the likelihood of developing diabetes in those at risk, reduces deterioration and supports fulfilled lives in people with many established long-term conditions and disabilities, and improves mobility, quality of life and life expectancy in older people. National Institute for Health and Clinical Excellence (NICE) appraisals of healthcare technologies are rightly expected to be implemented across the NHS within three months. However, NICE guidance on improving rates of physical activity, which identifies interventions that are considerably more cost-effective than many health technologies, does not have the same expectation of implementation.

However, understanding the cost-effectiveness of intervention is not always sufficient to support investment decisions. The opportunity to develop measures of cost impact of interventions and return on investment should also be explored.

It is our view that an increase in health expectancy and an improved quality of life and reduction in disability for people with long-term conditions, should be the benchmark by which to judge new policies. It should also underpin judgements on the priority to be given to different interventions by the NHS and other public sector organisations. We make three recommendations, which, we believe, will support this policy objective to become a reality:

Recommendation 1:
We recommend an overarching tier 1 vital sign to improve disability-free life expectancy (health expectancy), in addition to the existing vital sign indicator on life expectancy. This should be supported by tier 2 vital signs for local agreement on the four major lifestyle factors (smoking, alcohol, physical activity and diet) and psychological wellbeing. These metrics should also be included in national indicators.

Recommendation 2:
The Department of Health should explore with NICE the explicit identification of the impact of clinical and public health guidance on overall life expectancy and on health expectancy, and quality of life for people with disability and long-term conditions. NICE should produce rankings of the most cost-effective clinical and public health guidance, with an expectation of delivery of the most cost-effective. The feasibility to provide assessments of cost impact and return on investment should also be explored.

Recommendation 3:
The impact on health expectancy should be used explicitly to judge the benefits of new policies that impact on health and wellbeing.

Supporting this overarching policy objective, we consider there to be several specific practical actions that can strengthen delivery of health and wellbeing. These are addressed in turn opposite.

Strengthened cross-government and Department of Health action on health and wellbeing

Actions to improve health and wellbeing are frequently outside the NHS, and mechanisms to ensure cross-government action sometimes appear to lack the impact needed to be most effective. Physical activity is illustrative, as there is good evidence that it is affected by the physical design of schools, school travel plans, the design of the built environment, the extent to which transport infrastructure encourages physically active travel, access to the natural environment, access to leisure facilities, and interventions in the workplace. It also has beneficial impacts on health and wellbeing at all ages, on educational outcomes and on economic productivity.

Strong policy coordination across government departments requires greater understanding of health and wellbeing and its contribution to wider community prosperity, and of the role of different government departments in improving health and wellbeing. The Department of Health has a leadership role across government. The specific responsibilities of other departments need to be clear, particularly where action is the collective responsibility of several departments. Government Offices have a clear role to facilitate integrated approaches across departments at a regional level. However, we are uncertain of the most practical way to achieve a strengthening of arrangements at a national level, and believe that ministers and other senior officials within the Department of Health will have a better view of what will work. We believe that a range of options may be appropriate, from time-limited cross-government working groups to advise on individual aspects of health and wellbeing policy, to models such as the new national safeguarding delivery unit (NSDU), which supports action to improve children's safeguarding. We make the following recommendation:

Recommendation 4:
Stronger and more innovative mechanisms are needed for cross-government actions to improve health and wellbeing, including mechanisms to identify the role of different government departments and their delivery systems.

Effective implementation of health and wellbeing initiatives needs coordinated action at a local level across all NHS activities, as well as in partnership with other public sector bodies. To support this, it is vital to identify – at a national level – the evidence for effectiveness and the economic case for action, metrics for judging success, and the means of delivery through world-class commissioning and action across the public sector. This needs to be reflected in improved coordination across the Department of Health, with input from teams working on health improvement and protection, NHS workforce, social care, primary care, world-class commissioning, system management, local and regional partnerships, inspection and standards. A single team with a single point of leadership may be an appropriate mechanism.

We have found the national support teams to be extremely valuable in supporting practical local delivery of health and wellbeing outcomes. Their experience should be used to ensure that national approaches are grounded in the reality of delivery, informing the national coordination of policy and expectations of the delivery system.

All current inspection processes should emphasise the importance to the NHS of prevention. The Department of Health should aim for inspections to be coherent and, where possible, aligned so that front-line organisations can set priorities on a consistent basis. We recommend alignment of the world-class commissioning and comprehensive area assessment processes.

Recommendation 5:
A single point of leadership should be considered within the Department of Health, able to draw on expertise across the Department, with the role of ensuring strategic coherence in all areas of health and wellbeing policy and delivery. The experience of national support teams should be used to strengthen this work.

Recommendation 6:
Local health and wellbeing goals should be articulated and reviewed consistently and together within a single approach to inspection.

Integrated commissioning model for health and wellbeing

We propose that the policy actions identified through the strengthened arrangements across government and within the Department of Health should be implemented through a new integrated local commissioning model for health and wellbeing. This needs to identify explicitly how the NHS and local partners commission jointly to deliver improved health and wellbeing, building on strengthened local joint strategic needs assessments. The specific roles of primary care and different sectors of the NHS, social care and other local authority services, and other public sector partners are key in ensuring effective delivery, as is the role of local area agreements and other partnership arrangements in supporting integrated action on health and wellbeing. We envisage this integrated commissioning model being driven by local strategic partnerships, with localised health and wellbeing strategies and delivery plans being developed in response to local needs.

The vision is that the quality of integrated commissioning would be enhanced at each stage of the commissioning cycle. To assist in this, the national support package offered to assist localities would include improved modelling of lifestyle burdens for primary care trust (PCT) and local authority areas, support for needs assessment (for example, through a needs assessment tool), tools to tailor NICE guidance on health and wellbeing to local populations, more robust information on links between investments and outcomes, and a supporting basket of indicators for health and wellbeing.

Strong leadership across the local public sector is needed to ensure integrated commissioning of health and wellbeing. Local public sector leadership development programmes will support this strengthened delivery. Children's trusts would be well placed to lead on integrated commissioning for children.

Recommendation 7:
A new integrated commissioning model for health and wellbeing should be developed to improve health and wellbeing outcomes. This model should, as a priority, be applied to the 'top four' lifestyle issues, children's health, and prevention and effective management of long-term conditions.

Recommendation 8:
We recommend the development of integrated public sector leadership development programmes at the local level to ensure delivery of improved health and wellbeing.

Integrated public sector delivery at a local level – with a particular focus on children

Integrated commissioning will drive better integration of delivery at a local level. The example of children is illustrative, where different professions from various public sector bodies work with the same children and families of greatest concern, and potentially at greatest risk of a poor start in life. We believe that integrated delivery of public services for children under 5 is of the highest priority, given that patterns of behaviour and their impact on health and wellbeing are established in the very early years of life.

Children's access to interventions to promote their wellbeing is patchy, and under the age of 5 (when school attendance becomes compulsory) is most often dependent on parental engagement. This frequently leads to a situation where the children most in need of health and wellbeing assistance do not receive it, as their parents are the least engaged.

We are of the view that a strengthened children's workforce, with better integration between professions such as health visiting and social care, is needed to underpin interventions for children up to the age of 5 in these settings and build on the invaluable platform of children's trusts. One possibility that could be considered is a new profession of children's worker, integrating health and local authority roles.

People in the children's workforce need to be skilled in signposting health and social support, parenting skills, wider skills, and support services where necessary, intervening assertively when required, and providing cross-agency coordination and expertise in early years support. The authors welcome the targeted approach to public sector intervention for 0–5s where this is needed, such as in the Family Nurse Partnership Pilots, with their greater emphasis on parenting skills. We consider that the learning gained from these pilots needs to underpin the development of the children's workforce.

Better data on children is required for the public sector to systematically assist those with greatest needs. Sweden operates a system where a single national identifying number – used across all partners – enables all services to know from birth where children are living, and to record information on what services are being accessed for that child. This allows monitoring of children, with intervention scaled to level of risk. At present, England has two comparable information systems. The first system, ContactPoint is being rolled out nationally following a successful early adopter phase in 2009. It holds

basic information that allows professionals to contact other professionals working with the same child. The second system is the electronic enablement of the Common Assessment Framework (eCAF). This is due to be rolled out to early adopters from spring 2010. National eCAF is a tool to aid assessment of children's additional needs, and to support joint working to meet those needs. Consistent use by health professionals of both these systems would promote safeguarding and enhancement of children's health and wellbeing, and have significant benefits in terms of time saving for practitioners.

We also consider that increased support for delivery through general practice would be of benefit. Steps that could support this include consistent training for all GPs on health and wellbeing in children, better data sharing, shared incentives through alignment of vital signs and national indicator set measures, and joint training on basic skills and understanding of health and wellbeing, recognising the importance of motivation and behaviour change skills. Language to describe the health and wellbeing agenda needs to be inclusive and overtly aim to avoid alienating key partners in the delivery of health and wellbeing.

Recommendation 9:
We recommend strengthening the integration of the workforce for children's health and wellbeing, reflecting an emphasis on health and wellbeing outcomes, early intervention, and intensive case management wherever needed.

Recommendation 10:
We recommend stronger support and encouragement for NHS staff to record their involvement with children on ContactPoint, and to use it to support their practice in working with other practitioners, as well as to assist child protection.

Renewed vision for primary care and general practice

While health and wellbeing requires action across the whole public sector and government, the role of general practice is fundamental to prevention at an individual and community level. It is acknowledged that its unique role and access to the population can allow for improved case management, self-care and coherence with other local professionals.

We would recommend enhancing the role of GPs in supporting change in behavioural risk factors and mental wellbeing. There need to be weight management services appropriate to children and their families, as well as to adults, interventions to improve diet and physical activity, support to stop smoking and to drink within sensible limits, and psychological therapies.

To ensure that service provision meets evidence of best practice, we consider that each PCT should develop a list of approved health and wellbeing services for GPs to access for their patients. Inclusion of health and wellbeing services in Choose and Book would promote referrals and intervention on issues of health and wellbeing.

We consider that models for general practices should be explored, in which the 'deal' for signing on with a particular practice includes the GP assertively addressing behavioural risk factors with patients – similar to the approach taken by some health maintenance

organisations in the USA. This could be identified explicitly as a reason for patients choosing their GP. It should be supported by the development of tools to identify the reductions in healthcare expenditure that will result from reductions in behavioural risk factors in the practice population (such as smoking), in order to illustrate the potential savings to practice-based commissioning budgets.

Systematic approaches to early intervention on risk factors and to secondary prevention to support improved wellbeing in people with long-term conditions is also vital. The role of general practice in targeted case finding and proactive management of major long-term conditions should be strengthened. This, and improved support for self-care, has the potential to save considerable health and financial cost by bringing about a reduction in complications and emergency admissions.

We are concerned that the Quality and Outcomes Framework does not offer an incentive to provide care for the whole population, reflected in the targets for many quality indicators of covering 70% to 80% of the practice population. While we understand the rationale, the most needy, with the poorest health and wellbeing, are significantly over-represented in the other 20% to 30%. We are not sure of the best solution to this, but we consider that primary care professional groups, including the Royal College of General Practitioners, the NHS Alliance and others, should be invited to co-produce a renewed vision for primary care, including the role of primary care teams in both the individual health of their patients and the health of the communities that they provide care for.

It will not be possible to have practices that support people to stay healthy with intervention on behavioural risk factors without improved skills at the practice level, reflected in enhanced roles for nursing, pharmacist and other practice staff.

Recommendation 11:
A renewed vision for the future role of general practice needs to be developed in consultation with the Royal College of General Practitioners, the NHS Alliance and other key partners.

Recommendation 12:
The Choose and Book system should be expanded to offer GPs the option to refer to health and wellbeing services. A directory of approved services for the major behavioural risk factors and psychological therapies should be developed; this would point GPs and other health professionals to where evidence-based services are available.

Recommendation 13:
Tools should be developed that enable practices to understand the business case for improved health and reduced costs of healthcare by addressing behavioural risk factors in the practice population. These will support practice-based commissioning and underpin a potentially assertive model of practice intervention.

Recommendation 14:
The role of general practices in targeted case finding, proactive management of long-term conditions and support for self-care should be prioritised and supported through commissioning arrangements.

Focusing the NHS on prevention

There is a strong commitment across the NHS to improve health and to be fully engaged in prevention, as well as treatment. However, there is still a gap between this commitment and the practical reality of NHS performance and delivery. For example, patients in acute hospitals are routinely asked whether they smoke, but it is rare for support to be offered to help them stop, despite the fact that staff want to be able to help and patients usually expect to be offered support. The reasons appear to include a lack of knowledge of what evidence-based services are locally available, and a lack of skills and confidence in the NHS workforce to support behaviour change.

We consider that it is possible to develop a service – which could be called 'NHS Prevention' – that will help translate into reality the aspirations of NHS staff to address health and wellbeing. This was identified as a priority in the NHS Next Stage Review, but the model for implementation has not been consistently identified. Each PCT would draw up its directory of approved services for health and wellbeing, as identified in recommendation 12. Health trainers (or health advocates), trained in supporting people to change behaviour, would work with individuals and help them address these risk factors, referring to services, as appropriate, from the directory of approved services. The health trainers (or health advocates) would include people based within communities (such as the currently prevailing health trainer model, targeted on the most deprived communities), but the model could be extended so that existing staff could develop this role – for example, nurses or other staff within practices, staff on acute hospital wards or within mental health services. This would act as a professional development to existing staff roles, and trusts and practices could identify this service as a reason to choose their hospital or service for care.

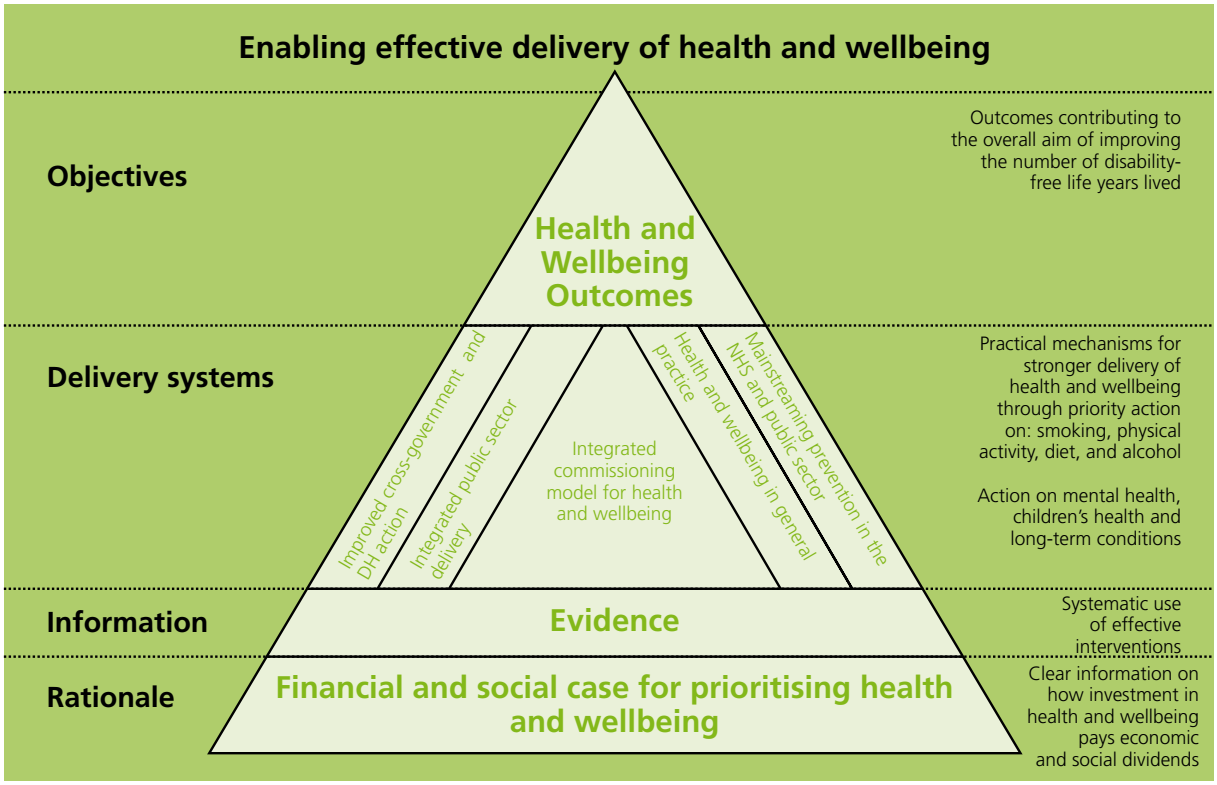
'NHS Prevention' developed in this way could support changes to behavioural risk factors in patients with other health conditions, such as heart disease, and form part of the range of interventions available following NHS life checks. The health advocates could champion and offer support to other NHS staff to improve their own health, and therefore contribute to future work based on the interim report of the recent review of health of the NHS workforce by Dr Steve Boorman. The model could also be extended to social care and public and private sector employers, to improve the health of their staff.

The business case to support this model needs to be fully worked up. However, we consider it likely that there is a strong case for developing the model for 'NHS Prevention' on the basis of an extension and development of existing staff roles, given existing evidence of the high cost-effectiveness of reducing the major behavioural risk factors for health, and of improving psychological wellbeing.

To underpin this, the Department of Health could encourage the embedding of health and wellbeing components into undergraduate, postgraduate and continuing professional training for all health and social care professionals.

Recommendation 15:
The model for 'NHS Prevention', and the business case to support it, should be developed urgently, as a means of embedding health and wellbeing further into the culture of the NHS.

It is the authors' view that these proposed changes to delivery systems will significantly reduce barriers to the ability of front-line organisations to improve health and wellbeing. This conceptual framework for the delivery of health and wellbeing is illustrated in the figure below.



2. Introduction

This report was commissioned by the Secretary of State for Health in April 2009, with a remit to:

- make recommendations on the future priorities for health and wellbeing; and
- make recommendations on what the Department of Health can do to best enable effective delivery on the front line.

This report sits alongside two other reports on health and wellbeing policy, exploring the appropriate role of the state and approaches to behaviour change. It does not reiterate prior vision statements, but aims to build on these with strong upstream and downstream measures to enable delivery.

Our task has been interpreted as primarily concerning health improvement, rather than the full breadth of health and wellbeing policy. Health inequalities and maximisation of the contributions to health and wellbeing made by public service organisations are a focus across all areas of the report. It is accepted that, across these aspects of health and wellbeing, it is necessary to work harder to deal with the needs of the most excluded than of those who are not disadvantaged. It is also necessary to take steps to eliminate discrimination and unfairness between different groups.

We see this report as addressing wider wellbeing. We see health, wellbeing, aspiration and motivation as inputs to economic and societal prosperity.

We acknowledge that major progress has been made in some areas, such as tobacco and cardiac disease mortality. There is, however, potential to do more on these behavioural risk factors, as well as on others, including obesity and physical activity.

Delivery across the agenda is piecemeal at present, and not as good as it could be. There are substantial benefits to be gained in terms of the quality of life and wellbeing of the population.

Greater leadership is desired for health and wellbeing, to help avoid conflicting messages being received at the front line.

We make no recommendations in this report on ringfenced budgets. These can clearly be helpful in protecting investment, but they also tend to identify health and wellbeing as separate from the mainstream function of the NHS and other public sector bodies. Whether or not budgets for health and wellbeing programmes are ringfenced, we consider it vital that the full corporate endeavours of the NHS and the wider public sector are applied to this purpose.

Key stakeholders and groups for delivery have been engaged in the development of this work. A summary of the consultations undertaken is provided at the end of the report (Annex C).

There are many previous and extensively researched reports into similar issues, including the Wanless Reviews;[1] *The Report of the Chief Medical Officer's Project to Strengthen the Public Health Function* in England;[2] *Choosing Health*;[3] and *Closing the gap in a generation*.[4] The report will not duplicate these efforts, but will highlight some areas where delivery against previous reports is still needed.

We have been convinced that the existing work of the NHS, local authorities, other public sector organisations and the third sector needs to address health and wellbeing more strongly. The report considers how current mechanisms can be aligned to support delivery of public health through the mainstream agenda of all those organisations that have a role to play.

The report is explicit in proposing strategic changes to organisational drivers, delivery processes and approaches. Current systems have not been used to their utmost. Therefore, we do not consider major structural change, but instead focus on radical improvements in the application of current resources and delivery systems.

In this light, we propose a small number of key recommendations. These have been drawn up with an eye to and concern for those changes that will achieve the greatest improvements in health and wellbeing for the population.

This report is structured to provide initially our rationale for focusing on specific objectives and priority groups, namely:

- improving the health expectancy, as well as the life expectancy, of the population;
- focusing on the 'top four' behavioural risk factors with the greatest impact on life expectancy (tobacco, physical activity, diet and alcohol) and mental health and wellbeing;
- prevention of the onset of long-term conditions and deterioration, and improvements in quality of life and fulfilment for people with disability; and
- strengthened focus and approaches to improving the health and wellbeing of children under the age of 5.

It then addresses delivery systems, from which our recommendations are drawn:

- strengthened cross-government and Department of Health action on health and wellbeing;
- the need for a new integrated commissioning model for health and wellbeing;
- integrated public sector delivery at a local level – with a particular focus on children;
- a renewed vision for primary care and general practice; and
- focusing the NHS on prevention.

Health and wellbeing in older people is a critical issue, given the ageing of the population and the importance of maintaining independence and quality of life.

Section 1 Priorities and Objectives

3. Health Expectancy

> ***Focus and measurement of health and wellbeing should now reflect a desire to promote improved health and quality of life for the population as well as additional life expectancy.***

There are key factors that determine whether or not health and wellbeing receives sufficient investment or attention at the national, regional and local levels. Particularly in the present economic environment, the issue of cost and operational efficiency of action is central to decision making. Additionally, the importance and resonance of the outcomes of policy are critical. We will address these issues in turn.

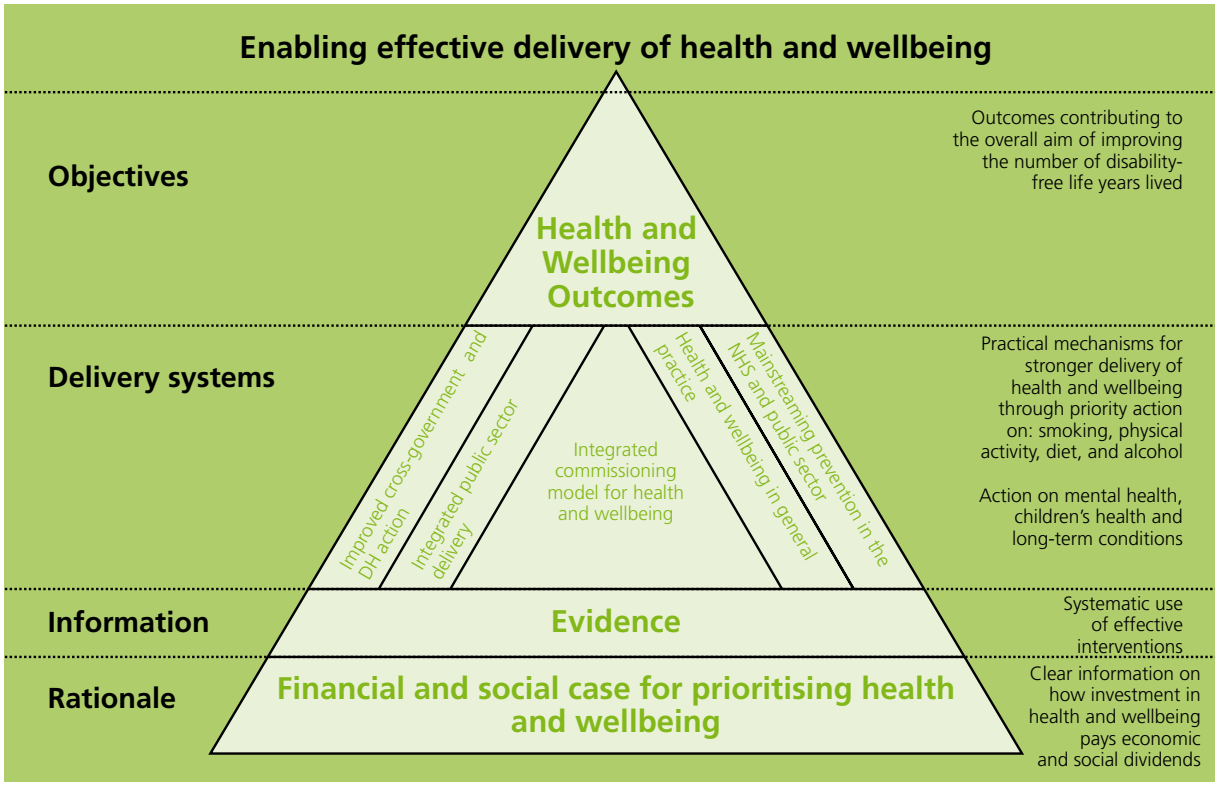
As illustrated in the following chapter on lifestyle interventions and mental health, a range of facts, cost-effectiveness data and financial data is available at the national level. Data on costs and health outcomes for health and wellbeing are also available through epidemiological evidence and National Institute for Health and Clinical Excellence (NICE) publication of economic information. There is, however, a lack of information to consistently help commissioners and local leaders perceive the financial case for intervention in prevention activity.

Examples of local-level efforts to draw together the financial case have been identified (example provided below), but such calculations are currently made on the basis of a historic, or estimated, level of provision. They do not articulate the full effects on the entire population if it were to receive the most effective package of interventions to prevent ill health.

An example of current return on investment calculations for a primary care trust[5]

TOPIC	INTERVENTIONS	Total investment after 5 years	Best case net saving after 5 years
ALCOHOL	• Provide screening of patients in primary care and appropriate advice for those with excessive drinking levels. • Provide brief interventions and facilitate behaviour change in those drinking at hazardous levels. • Refer to specialist treatment services as appropriate.	£812,000	**£3,349,000**
SMOKING	• Expand the current local services to target deprived and hard-to-reach communities. • Increase home visits to support pregnant women in their quit attempts and further develop support through midwifery services. • Promote tobacco control policies in public places and workplaces, including a Smoke-free NHS.	£305,000	**£1,248,000**
OBESITY	• Implement locally enhanced services in primary care to target all patients with a body mass index (BMI) of over 30 (or 28 with other health problems) in order to: – record BMI and offer advice and support for weight management; – provide motivational support for behaviour change; and – follow up patients.	£1,984,000	**£2,183,000**
TOTAL		£3,101,000	**£6,780,000**

Modelled effects for the benefit for the local area should include morbidity, mortality, economic and broader social effects on issues such as working time lost due to illness. Return on investment calculations for each geographical area should include modelled effects of intervening on tobacco, alcohol, physical activity, diet and nutrition, long-term conditions and health of children under the age of 5.

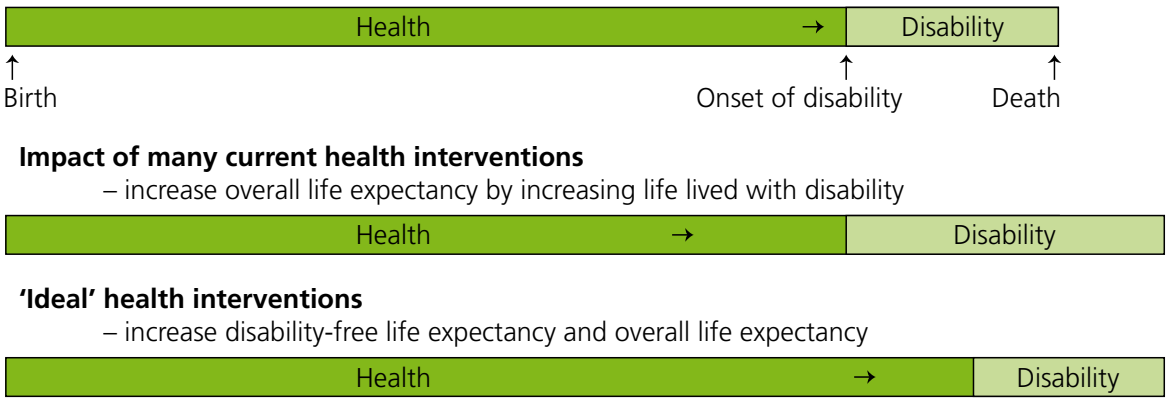


Health-burden information and evidence need to be tailored to local populations, so that assumptions made and interventions selected are appropriate to the demographic and societal context.

The Department of Health should help draw together a package of analysis to assist localities in making the broad financial and social case across the range of public sector investment in health and wellbeing.

Both conceptually and practically, systems and organisations require clear and meaningful objectives for health and wellbeing. We are of the view that an overarching policy objective to improve health expectancy (which takes account of the number of years lived without disability and with a good quality of life) should be added to the current objective to improve length of life. This reinforces the aspiration to add life to years, as well as years to life.

Improving health expectancy: policy options



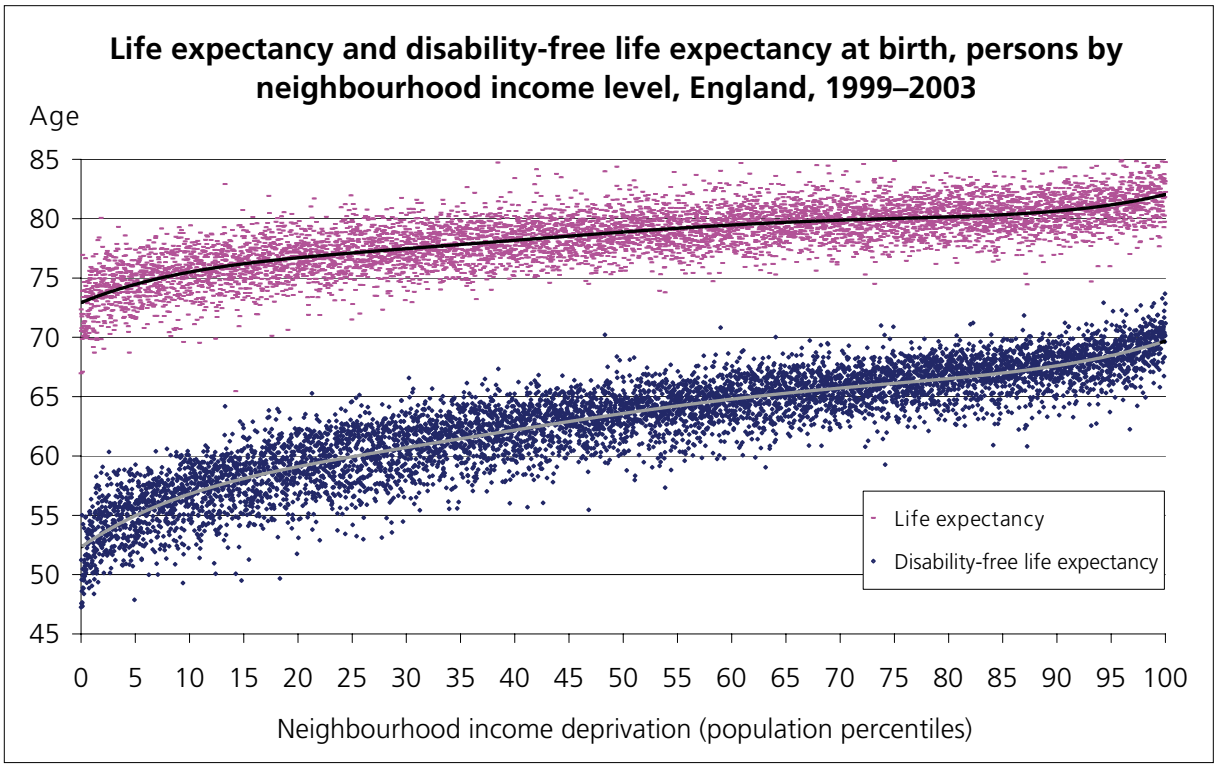
The current average life expectancy and disability-free life expectancy (health expectancy) is represented by the first bar of the figure above, with the impact of many currently prioritised health interventions being to increase overall life expectancy but not disability-free life expectancy (second bar). Ideal interventions increase both disability-free life expectancy and overall life expectancy (third bar). Furthermore, we believe that most people may value an increase in disability-free life expectancy over an increase in absolute life expectancy.

Many important healthcare interventions increase life years lived with disability, and achieve the outcome represented in the second bar of the figure. However, many interventions that cost less and are more cost-effective increase disability-free life expectancy (health expectancy), yet are not routinely implemented. For example, increasing physical activity improves mental health and wellbeing, reduces rates of heart disease and cancer, reduces the likelihood of developing diabetes in those at risk, reduces deterioration in people with many established long-term conditions, and improves mobility, quality of life and life expectancy in older people. NICE's appraisals

of healthcare technologies are rightly expected to be implemented across the NHS within three months. However, its guidance on improving rates of physical activity, which identifies interventions that are considerably more cost-effective than many health technologies, does not have the same expectation of implementation.

Health expectancy is also a valuable indicator of inequalities. The diagram below, courtesy of the Strategic Review of Health Inequalities in England Post-2010 (the Marmot Review), shows the difference between life expectancy (the top line) and the point at which a person develops ill health (the bottom line). While the universal aim is for people to have poor health at a later age than at present (raising the bottom line for all), it is clear from this diagram that those in disadvantaged groups (on the left-hand side) are presently living far more years of their lives in disability than are those who are not disadvantaged (on the right-hand side). This means that not only are the disadvantaged dying sooner than their more advantaged counterparts, but they are also on average living for over 20 of those years in poor health.[6]

We recognise that, taken in isolation, this argument can appear to undervalue the fulfilled lives of people with disability or long-term conditions. We consider that improving the health and wellbeing of people with disability and with long-term health conditions, and enabling them to live more fulfilled lives, is also a vital policy objective.



Source: Office of National Statistics

For action on health expectancy, the Department of Health and other departments must know which interventions impact on life years lived without disability. Present guidance does not overtly rank interventions on this basis. NICE guidance should, therefore, be ranked on impact for both life expectancy and health expectancy, so that prioritisation and action across government can be directed at the interventions with most impact. The wider determinants of health should be included in this consideration.

In addition, there is growing evidence on how to measure the quality of life and fulfilment of people with disability. It would be appropriate to explore the opportunity to explicitly identify the impact of interventions to improve health and wellbeing, with the objective of applying those that are most cost-effective in terms of outcomes.

Finally, cost-effectiveness information alone is not sufficient to underpin investment decisions by the NHS and public sector partners. The opportunity to develop information on the cost impact and return on investment of implementing NICE guidance should also be explored.

Recommendation 1:
We recommend an overarching tier 1 vital sign to improve disability-free life expectancy (health expectancy), in addition to the existing vital sign indicator on life expectancy. This should be supported by tier 2 vital signs for local agreement on the four major lifestyle factors (smoking, alcohol, physical activity and diet) and psychological wellbeing. These metrics should also be included in national indicators.

Recommendation 2:
The Department of Health should explore with NICE the explicit identification of the impact of clinical and public health interventions on overall life expectancy and on health expectancy, and quality of life for people with disability and long-term conditions. NICE should produce rankings of the most cost-effective clinical and public health interventions, with an expectation of delivery of the most cost-effective. The feasibility to provide assessments of cost impact and return on investment should also be explored.

Recommendation 3:
The impact on health expectancy should be used explicitly to judge the benefits of new policies that impact on health and wellbeing.

4. Lifestyle Interventions and Mental Health

> ***It is important that clear priorities are stated for health and wellbeing. This should start with the biggest lifestyle influences on population health: tobacco, alcohol, physical inactivity and poor diet.***

Four specific lifestyle factors (tobacco, physical inactivity, excess alcohol consumption and poor diet) are among the biggest contributors to most preventable disease, across all social groups and in all areas of England.

These four factors have been selected, in part, since return on investment and cost-effectiveness in these areas make them attractive for initial focus. The prioritisation of the top four was also cognisant of areas otherwise covered by work on long-term conditions. While we propose that the focus should be on these four, we also consider other behavioural risk factors to be vitally important.

The 'top four' of tobacco, physical inactivity, excess alcohol consumption and poor diet are responsible for 42% of deaths from leading causes,[7] and approximately 31% of all disability-adjusted life years (DALYs).[8] Together they account for at least £9.4 billion in annual direct costs to the NHS.[9]

UNITED KINGDOM					
Deaths			DALYs		
	Risk factor	% of total		Risk factor	% of total
1.	Tobacco	24.3	1.	Tobacco	14.2
2.	High blood pressure	19.4	2.	High blood pressure	8.6
3.	High cholesterol	13.3	3.	High cholesterol	6.9
4.	High BMI	8.0	4.	High BMI	6.3
5.	Physical inactivity	5.5	5.	Alcohol	5.2
6.	Low fruit and vegetable intake	4.0	6.	Physical inactivity	3.1
7.	Occupational airborne particulate matter	0.6	7.	Illicit drugs	2.6
8.	Urban outdoor air pollution	0.6	8.	Low fruit and vegetable intake	2.2
9.	Unsafe sex	0.6	9.	Unsafe sex	0.8
10.	Illicit drugs	0.4	10.	Occupational airborne particulate matter	0.6

Deaths and DALYs attributable to the 10 leading causes of death in the WHO European Region, 2002. *The European health report: Public health action for healthier children and populations*, World Health Organization Europe, modified by authors.

If expenses incurred outside the NHS are included, these figures rise further. The social costs of alcohol amount to between 1% and 3% of GDP – estimated at £20 billion per annum;[10] costs attributed to poor diet (cardiovascular disease, diabetes, cancer, dental caries, digestive diseases) stand at £6 billion per annum;[11] and costs due physical inactivity at £1 billion.[12] The direct costs of smoking stand at £5.2 billion per annum,[13] not inclusive of the 34 million working days lost to British industry every year from smoking-related sick leave.[14]

The above figures illustrate the cost of the do-nothing scenario. In fact, projected future costs are higher, associated with all four major lifestyle factors. There will be an increasing burden of cost.

A 0.4% per annum reduction in smoking prevalence has been linked to £13 million[15] savings by 2010/11 through reduced emergency admissions for acute myocardial infarction and stroke. Reduction in length of stay and waiting times from pre-operative smoking cessation would provide net savings of £25 million after one year, and savings at this level would be anticipated for at least the first three years.[16]

It is calculated that brief interventions for alcohol misuse in a primary care setting reduce GP consultation and secondary treatment costs by £50–75 million after one year.[17] A reduction in problematic alcohol drinkers has the potential to reduce alcohol attendances at accident and emergency units by 4% in one year.[18]

Overall savings can be anticipated for a range of interventions linked to diet and exercise over the longer term. The Organisation for Economic Co-operation and Development (OECD) is presently working on a model of obesity prevention for the UK, in collaboration with the UK, providing estimate savings for a range of interventions.

Psychological health is, in many instances, a fundamental determinant of health. Mental health is linked to lower employment levels (estimated to cost £26.1 billion per annum),[19] and early intervention in mental health has been found to save between £64,000 and £150,000 per case through initiatives to address conduct, emotional disorders and social and emotional skills.[20] Recent thinking suggested purpose and rationale for government intervention to improve wellbeing and happiness;[21, 22] and quality of life is associated with mental wellbeing.

Investment in prevention increases the number of healthy years lived, and such investment is generally cost-effective.[23] However, we note the lack of consistent and high-quality data on the broader social effects across lifestyle diseases, and a paucity of information on governmental and NHS payback times on investment in health improvement and wellbeing. Strengthening of the evidence is of critical import.

Prioritisation within lifestyle factors, and within health and wellbeing, has been considered on the basis of currently available information. Where work is ongoing to determine the relative financial impacts and returns on investment for interventions (such as analysis of contributions to all-age all-cause mortality), this should inform future prioritisation.

The effect on important areas of health and wellbeing policy not included in this top list has been considered. The gains to be made from having health and wellbeing focus clearly, as a first priority, on a limited number of areas was judged to be substantial and worthwhile. The aspiration would be for commissioning and prioritisation to deliver against these areas, and for attention then to be turned to other issues.

5. Long-term Conditions

> ***Prevention of the onset and deterioration of long-term conditions will yield significant gains for health in the population; it is, however, vital that the current focus on risk factors is complemented by policy to address common underpinning social determinants.***

Prevention of the onset and deterioration of long-term conditions encompasses a broad range of preventative interventions, and establishment of the priority areas for work on long-term conditions has been undertaken within the Department of Health. The Department considered:

- information on prevalence;
- disease severity and mortality;
- NHS expenditure;
- optimality of treatment; and
- quality of years lost.

Five high-impact groups were identified: circulatory conditions, respiratory conditions, mental health conditions, musculoskeletal conditions and cancers.

This report will not duplicate the dedicated work on long-term conditions already in development, but it does emphasise the extent to which behavioural risk factors and health and wellbeing are core to preventing and reducing the severity of long-term conditions. Tackling behavioural risk factors is often seen as an issue among younger, predominantly healthy people, but behavioural factors are also major risk factors in the onset and relapse of, and premature mortality from, long-term conditions such as diabetes, cardiac disease and respiratory disease, and for increased disability from musculoskeletal conditions and mental ill health. There is also strong evidence that reducing behavioural risk factors in older people significantly increases both quality and length of life, irrespective of any pre-existing long-term condition. With ageing of the population, it is critical that we have a strong focus on improving health and wellbeing in older people.

Physical activity is a powerful example. Diet and exercise have been found to reduce the relative risk of diabetes by 37%.[24] Unplanned care costs and costs of poor downstream management of long-term conditions are dramatic and have large negative effects on the local health and social care economy. The cost-effectiveness of behaviour change is stark in comparison.

The authors seek, additionally, to emphasise the current imbalance in investment in health services. Investment in health services has been skewed towards the final year of life, while opportunities to prevent, delay the onset or reduce the severity of disease have, in comparison, been poorly grasped. There is the potential to shift investment in long-term conditions, where the industrial-scale application of effective preventative interventions would draw finance to the prevention side.

We believe that policy on long-term conditions should incorporate a strong sense and consideration of those people who are affected by multiple environmental and individual risk factors.

Statistical modelling of individual categories related to prevention – fruit and vegetable consumption, drinking, smoking and recreational activity – has indicated that characteristics vary consistently in association with a combination of social determinants (increasing prosperity, social capital and positive mental health).[25]

Social determinants highlighted in the pending Strategic Review of Health Inequalities in England Post-2010 (Marmot Review) should be integrated, where pertinent, into long-term conditions policy.

Section 2 Recommendations to Enable Effective Delivery

6. Strengthened Cross-government and Department of Health Action on Health and Wellbeing

Health and wellbeing requires stronger policy coordination across government and within the Department of Health.

Actions to improve health and wellbeing are frequently undertaken outside the NHS, and mechanisms to ensure cross-government action sometimes appear to lack the impact needed to be most effective.

Physical activity is illustrative, as there is good evidence that it is affected by the physical design of schools, school travel plans, the design of the built environment, the extent to which transport infrastructure encourages physically active travel, access to the natural environment, access to leisure facilities, and interventions in the workplace. It also has beneficial impacts on health and wellbeing at all ages, on educational outcomes and on economic productivity.

Strong health and wellbeing delivery through government departments requires greater understanding of health and wellbeing and its contribution to wider community prosperity, and the actions needed by different government departments to improve health and wellbeing. Other departments' specific delivery responsibilities would be clearer, particularly where action is the collective responsibility of several departments.

This requires strong advocacy and policy coordination across government. The Department of Health should invest in measures to strengthen the expertise and understanding within other government departments and agencies of health and wellbeing, as well as its contribution to wider community prosperity. The aim should be for all government ministers and departments to feel that they have a major stake

in health and wellbeing, and in promoting it through their own policies. Hence, while the Department of Health would have a leadership role, health and wellbeing would be recognised more strongly as an issue for all government departments.

Stronger and more innovative mechanisms should be created to promote cross-government actions to improve health and wellbeing. There should be a genuine ability to influence the actions required of different government departments and to promote integrated commissioning, arrangements to encourage greater shared ownership and accountability for delivery of actions, and recommendations for future shared public service agreement arrangements.

However, we are uncertain of the most practical way to achieve a strengthening of arrangements at a national level, and believe that ministers and other senior officials within the Department of Health will have a better view of what will work. We believe that a range of options may be appropriate, from time-limited cross-government working groups to advise on individual aspects of health and wellbeing policy, to models such as the new national safeguarding delivery unit (NSDU), which supports action to improve children's safeguarding.

Government Offices also have a clear role to facilitate integrated approaches across departments at a regional level.

Recommendation 4:
Stronger and more innovative mechanisms are needed for cross-government actions to improve health and wellbeing, including mechanisms to identify the role of different government departments and their delivery systems.

Effective implementation of health and wellbeing initiatives needs coordinated action at a local level across all NHS activities, as well as in partnership with other public sector bodies. To support this, it would be helpful to identify – at a national level – the evidence for effectiveness and the economic case for action, metrics for judging success, and the means of delivery through world-class commissioning and action across the public sector.

This could be reflected in improved coordination across the Department of Health, with input from teams working on health improvement and protection, NHS workforce, social care, primary care, world-class commissioning, system management, local and regional partnerships, inspection and standards. A single team with a single point of leadership may be an appropriate mechanism.

We have found the national support teams to be extremely valuable in supporting practical local delivery of health and wellbeing outcomes. Their experience should be used to ensure that national approaches are grounded in the reality of delivery, informing the national coordination of policy and expectations of the delivery system.

All current inspection processes should emphasise the importance to the NHS of prevention. The Department of Health should aim for inspections to be coherent and, where possible, aligned so that front-line organisations can set priorities on a consistent basis. We recommend alignment of the world-class commissioning and comprehensive area assessment processes.

Recommendation 5:
A single point of leadership should be considered within the Department of Health, able to draw on expertise across the Department, with the role of ensuring strategic coherence in all areas of health and wellbeing policy and delivery. The experience of national support teams should be used to strengthen this work.

Recommendation 6:
Local health and wellbeing goals should be articulated and reviewed consistently and together within a single approach to inspection.

7. Integrated Commissioning Model for Health and Wellbeing

> ***Existing commissioning systems should be built upon to deliver health and wellbeing outcomes in a more powerful and systematic way.***

We propose that the policy actions identified through the strengthened arrangements across government and within the Department of Health should be implemented through a new integrated local commissioning model for health and wellbeing. This needs to identify explicitly how the NHS and local partners commission jointly to deliver improved health and wellbeing, building on strengthened local joint strategic needs assessments. The specific roles of primary care and different sectors of the NHS, social care and other local authority services, and other public sector partners are key in ensuring effective delivery, as is the role of local area agreements and other partnership arrangements in supporting integrated action on health and wellbeing. We envisage this integrated commissioning model being driven by local strategic partnerships, with localised health and wellbeing strategies and delivery plans being developed in response to local needs.

The vision is that the quality of integrated commissioning would be enhanced at each stage of the commissioning cycle. To assist in this, the national support package offered to assist localities would include improved modelling of lifestyle burdens for primary care trust (PCT) and local authority areas, support for needs assessment (for example, through a needs assessment tool), tools to tailor NICE guidance on health and wellbeing to local populations, more robust information on links between investments and outcomes, and a supporting basket of indicators for health and wellbeing.

The integrated commissioning model for health and wellbeing would aim to ensure that eight objectives are pursued:

1. Increased focus on commissioning for health and wellbeing.
2. Coordinated prioritisation across government departments for health and wellbeing.
3. Joint commissioning and planning of services by local partners.
4. Stronger use of lifestyle burdens information, feeding into health needs assessment.
5. Greater dissemination and uptake of effective interventions.
6. Creation of an overall package of services for each locality that meets levels of lifestyle burdens.
7. Development of supporting measures and indicators on which to assess performance improvement.
8. Ensuring clear links between investments and outcomes.

Leadership and development of the commissioning model should be an inclusive process, driven by practitioners from the front line. This model should, as a priority, be applied to the 'top four' lifestyle issues, mental health, children's health and the prevention of long-term conditions. This should build on existing joint strategic needs assessments and joint commissioning guidance such as that articulated for children in *Securing better health for children and young people through world class commissioning*.[26] The aim should be to deliver against levels of aspiration and opportunity at the local level for health and wellbeing.

Specific steps to achieve the integrated commissioning model include:

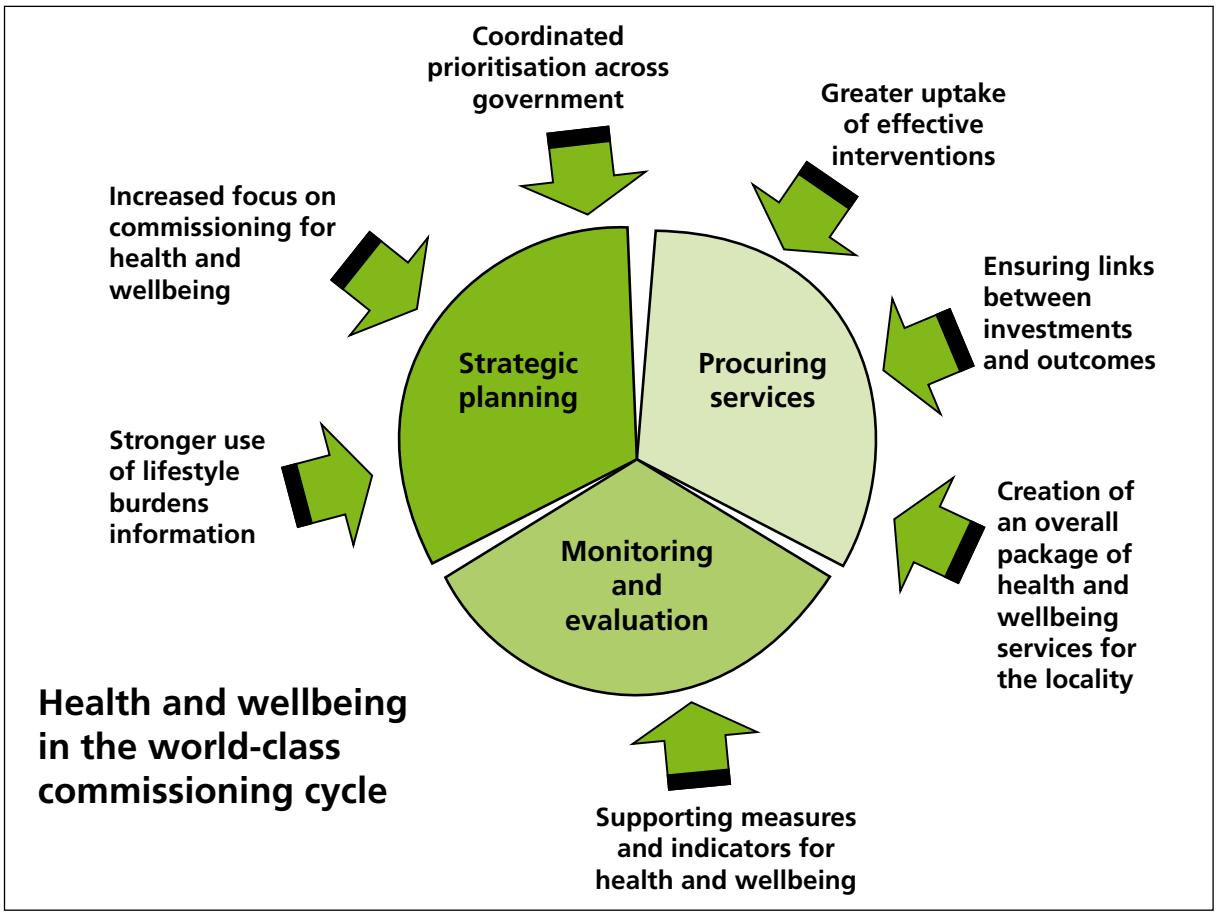
1. Production of a guide on how best to ensure effective commissioning through the use of the integrated commissioning model.
2. Department of Health provision of modelling of the burden of lifestyle factors for each primary care trust and local authority area.
3. A needs assessment tool, which combines lifestyle burden data with evidence of effective interventions, to be used at local level to determine the packages of interventions required to address prevention. This should allow each PCT and local authority to identify the interventions that are appropriate to their demography and the scale of specific services they should commission, and should be used as part of a joint strategic needs assessment.
4. Provision of a basket of indicators to support local services and assist with monitoring and assurance of delivery. This basket of indicators to support integrated commissioning of health and wellbeing should be consistent across the vital signs, national indicator set for local area agreements, Joint Area Review, and Care Quality Commission processes.

Strong leadership across the local public sector is needed to ensure integrated commissioning of health and wellbeing. Integrated leadership development programmes will support this strengthened delivery.

Recommendation 7:
A new integrated commissioning model for health and wellbeing should be developed to improve health and wellbeing outcomes. This model should, as a priority, be applied to the 'top four' lifestyle issues, children's health, and prevention and effective management of long-term conditions.

Recommendation 8:
We recommend the development of integrated public sector leadership development programmes at the local level to ensure delivery of improved health and wellbeing.

Objectives for health and wellbeing in NHS world-class commissioning cycle, 2009



Department of Health (2009), *World Class Commissioning*, DH diagram; amended by authors.

8. Integrated Public Sector Delivery at a Local Level – with a Particular Focus on Children

Fragmentation is particularly noticeable in services for children, despite the critical importance and influence of health and wellbeing in the early years. Children's trusts are an important basis on which to build integrated commissioning, a joined-up view of the children's workforce, and collective purpose.

Health and wellbeing can, and should, be clearly seen as the foundation for societal prosperity and as providing inputs to a flourishing society.

It is, for instance, an input to educational attainment, through reduced depression, anxiety and teenage pregnancy. Improvements in skills and employment are gained through better levels of self-esteem and aspiration.

There are, however, systemic barriers to forming policy across sectors for single population groups – whether defined as communities of interest or by geographical location. In both cases, the key issue is a need to simplify and strengthen focus on those groups and places where investment and reform will have the greatest impact.

Tackling major health and wellbeing issues requires aligned approaches between public sector partners. Strong PCT and local authority partnerships are a foundation for such intensively integrated services. Joint ownership of the Children and Young People's Plan by both the PCT and the local authority is a welcome development, and an important platform for delivering through partnership.

Obvious steps should be taken to establish organisational incentives for collective purpose. It is the authors' sense that local area agreements should be given sufficient time to bed down and consolidate partnership working, and that the alignment of supporting performance frameworks is required between the NHS vital signs and the national indicator set. This aims to move towards collective work for collective rewards and cross-cutting targets.

Barriers have also been noticeable in the case of planning regulations. Enhanced focus is needed at government level to secure maximum health gain from planning. This should particularly address regulations that permit obesogenic environments (such as those environments with a high density of fast-food outlets) and environments not conducive to physical activity. Planning that facilitates walking and cycling is of particular importance. This is a topic where improvements would help multiple local partners achieve healthy places and reduce inequalities in health.

Other local barriers to integrated and coherent working may be identified through the current Total Place pilots. These will look at where barriers to integration can be dismantled. In particular, those pilots that address alcohol, child obesity, teenage pregnancy and child health must be of major import. These pilots will provide feedback to the Government in autumn 2009 on local barriers to delivery and potential opportunities to align services. They will only have the desired impact if they

are evaluated in a way that provides a basis for systematic cost–benefit analysis of interventions. This is a major opportunity to seek systemic integration and motivation for communities to address resilience and achievement in health and wellbeing.

There is an undoubted correlation between the health and life chances of a child in its early years and its future wellbeing, morbidity, mortality and ability to engage to the best of its ability in society. The period between birth and 5 years of age is critical.[27] Ill health or harmful lifestyle choices in childhood can lead to worse health status throughout life, and create ongoing negative individual and social effects.[28]

There is increasing momentum (through the Children's Plan,[29] the Marmot Review,[30] the World Health Organization's *Closing the gap in a generation*,[31] and evaluation of children's centres[32]) for recognition of the crucial nature of multiple-agency interventions for 0–5s. Joint policy between the Department of Health and Department for Children, Schools and Families includes the child health strategy, *Healthy lives, brighter futures*[33] and the *Healthy Child Programme: Pregnancy and the first five years of life*.[34]

There are loud calls for better coordination across agencies, the development of models of services for this age group, and emphasis on holistic 'family' thinking to prevent physical, social and mental developments that are difficult to remedy later.

There is not a single, coordinated link to each child under the age of 5, and minimal interventions are currently mandatory for this age group. As a result, current chances to intervene on a holistic and cross-cutting prevention agenda are not maximised.

Children's access to interventions to promote their wellbeing is patchy, and under the age of 5 (when school attendance becomes compulsory) is most often dependent on parental engagement. This frequently leads to a situation where the children most in need of health and wellbeing assistance do not receive it, as their parents are the least engaged.

It is possible for the platforms for intervention currently available, such as children's centres, to be further developed. This recognises the fact that pockets of deprivation exist alongside whole areas of deprivation. Children's centres are seen as a valuable potential health and wellbeing platform from which to engage with parents and raise their wellbeing, their aspirations for better physical and mental health for their children, and better outcomes for their families.

We are of the view that a strengthened children's workforce, with better integration between professions, such as health visiting and social care, is needed to underpin interventions for children up to the age of 5 across a geographical area. One possibility that could be considered is a new profession of children's worker, integrating health and local authority roles.

People in the children's workforce need to be skilled in signposting health and social support, parenting skills, wider skills, and support services where necessary, intervening assertively when required, and providing cross-agency coordination and expertise in early years support. The authors welcome the targeted approach to public sector intervention for 0–5s where this is needed, such as in the Family Nurse Partnership Pilots, with their greater emphasis on parenting skills. We consider that the learning gained from these pilots needs to underpin the development of the children's workforce.

For the public sector to systematically assist those with greatest needs, better data on children is required. Sweden operates a system where a single national identifying number – used across all partners – enables all services to know from birth where children are living, and to record information on what services are being accessed for that child. This allows monitoring of children, with intervention scaled to level of risk.

At present, England has two relevant information systems available. The first system, ContactPoint, is a universal database, which holds basic information and operates as a directory for professionals who need to know who else is working with the same child. The success of this potentially extremely valuable system hinges on the commitment of professionals to enter a record when contact is made with a child. To date, in very many geographical areas primary care trusts, health practitioners and managers have had limited engagement with their local authorities, and there is a need to improve healthcare worker recording on the system. Greater partnership work must be undertaken so that the database is well populated and at-risk children are more likely to be detected through the system. There is also a need for commitment to ensure effective use of ContactPoint by practitioners in health settings.

The second system is the electronic enablement of the Common Assessment Framework (National eCAF). CAF is a tool to support early intervention and integrated front line service delivery for children and young people with additional needs, where those needs are not being met by their current service provision. It is a process through which practitioners assess needs, identify what services need to be involved in meeting those needs and what interventions are appropriate. The process takes place with the involvement and consent of the child, young person and/or family. National eCAF is due to be rolled out to early adopters from spring 2010.

Consistent use by health professionals of both these systems would promote safeguarding and enhancement of children's health and wellbeing.

We also consider that increased support for delivery through general practice at a local level would be of benefit. Steps that could support this include consistent training for all GPs on health and wellbeing in children, better data sharing, shared incentives through alignment of vital signs and national indicator set measures, and joint training on basic skills and understanding of health and wellbeing, recognising the importance of motivation and behaviour change skills. Language to describe the health and wellbeing agenda needs to be inclusive and overtly aim to avoid alienating key partners in the delivery of health and wellbeing.

Recommendation 9:
We recommend strengthening the integration of the workforce for children's health and wellbeing, reflecting an emphasis on health and wellbeing outcomes, early intervention, and intensive case management wherever needed.

Recommendation 10:
We recommend stronger support and encouragement for NHS staff to record their involvement with children on ContactPoint, and to use it to support their practice in working with other practitioners, as well as to assist child protection.

9. A Renewed Vision for Primary Care and General Practice

The role of general practice is fundamental to promoting prevention. It is acknowledged that GPs' unique role and level of access to the population can allow for improved case management, self-care and coherence across the public sector.

Primary care has a key role to play in improving health and reducing health inequalities. General practice can build from its strengths as the main point of contact between the public and the NHS to reduce the likelihood of ill health and reduce health inequalities.

While health and wellbeing requires action across the whole public sector and government, the role of general practice is fundamental to prevention at an individual and a community level. It is acknowledged that its unique role and access to the population can allow for improved case management, self-care and coherence with other local professionals.

We would recommend enhancing the role of GPs in supporting change in behavioural risk factors and mental wellbeing. There needs to be provision of weight management services appropriate to children and their families, as well as to adults, interventions to improve diet and physical activity, support to stop smoking and to drink within sensible limits, and psychological therapies.

To ensure services meet evidence of best practice, we consider that a list of approved health and wellbeing services should be developed locally. Inclusion of health and wellbeing services in Choose and Book would promote referrals and intervention on issues of health and wellbeing.

We consider that models for general practices should be explored in which the 'deal' for signing on with a particular practice includes the GP assertively addressing behavioural risk factors with patients – akin to the approach taken by some health maintenance organisations in the USA. This could be identified explicitly as a reason for patients choosing their GP. It should be supported by the development of tools to identify the reductions in healthcare expenditure that will result from reductions in behavioural risk factors in the practice population (such as smoking), in order to illustrate the potential savings to practice-based commissioning budgets.

Systematic approaches to early intervention on risk factors and to secondary prevention to support improved wellbeing in people with long-term conditions is also vital. The role of general practice in targeted case finding and proactive management of major long-term conditions should be strengthened. This, and improved support for self-care, has the potential to save considerable health and financial costs of acute and secondary care, by bringing about a reduction in complications and emergency admissions.

We are concerned that the Quality and Outcomes Framework does not offer an incentive to provide care for the whole population (reflected in the targets for many quality indicators to cover 70% or 80% of the practice population). While we understand the rationale, the most needy, with the poorest health and wellbeing, are significantly over-represented in the other 20% to 30%. We are not sure of the best solution to this, but we consider that primary care professional groups, including the Royal College of General Practitioners, the NHS Alliance and others, should be invited to co-produce a renewed vision for primary care, including the role of primary care teams in both the individual health of their patients and the health of the communities that they provide care for.

Primary care quality is also paramount. Interventions based on the medical model, particularly for blood pressure and cholesterol, have large-scale impacts on prevention if implemented systematically. There has, however, been a failure among those potentially most in need and disadvantaged to become engaged in the process and for provision to be made to control their risk factors. Moreover, there is a rationale for any transformation of the system to focus on supporting people to stay healthy, with very early intervention on potential risk factors, in addition to case management. Recording and intervention on body mass index, diet and nutrition, levels of physical activity and tobacco use should be a priority for general practice. Intervention on the 'top four' lifestyle risks should be financially incentivised for the whole of a practice population, and incentives should increase for those patients who are most difficult to engage with.

GPs' training should be carefully considered to increase their skills for health and wellbeing, such as the ability to undertake brief intervention and motivational training. The weakness of the current training in paediatric issues should be rectified, in view of the critical import of this link to families, particularly those in vulnerable or disadvantaged groups.

This view has also been reiterated in recent consideration of the role of the doctor by the Royal College of Physicians: working group recommendations on outreach and education recommended that 'doctors could and should do more to outreach to socially disadvantaged and marginalised communities and groups; engage more in, and promote, health education; and improve the public health component of individual consultations'.[35]

GPs have a role in driving partnerships for prevention, with bespoke packages of public service intervention and effective practice-based commissioning. Practice-based commissioning should place an emphasis on GPs working with other contractors, having a key role to play in coordinated services for positive impacts on people and places at the neighbourhood level. Through their practice populations, GPs can provide a cornerstone for holistic and integrated public service engagement with local populations.

Supporting people to stay healthy with intervention on behavioural risk factors will not be possible without improved skills at the practice level, reflected in enhanced roles for nursing, pharmacist and other practice staff. Amended or enhanced roles for nursing, pharmacist and practice staff may be crucial to achieving strong multi-disciplinary teams at ward and practice-population level, equipped to provide holistic and integrated public service engagement with local populations. Provision should include the ability to navigate people to services, promote case finding, signposting and self-care.

Availability of GPs in those areas with consistently low numbers of GPs per 100,000 population remains an important factor in the quality of the health and wellbeing services that can be achieved for the population.

Recommendation 11:
A renewed vision for the future role of general practice needs to be developed in consultation with the Royal College of General Practitioners, the NHS Alliance and other key partners.

Recommendation 12:
The Choose and Book system should be expanded to offer GPs the option to refer to health and wellbeing services. A directory of approved services for the major behavioural risk factors and psychological therapies should be developed; this would point GPs and other health professionals to where evidence-based services are available.

Recommendation 13:
Tools should be developed that enable practices to understand the business case for improved health and reduced costs of healthcare by addressing behavioural risk factors in the practice population. These will support practice-based commissioning and underpin a potentially assertive model of practice intervention.

Recommendation 14:
The role of general practices in targeted case finding, proactive management of long-term conditions and support for self-care should be prioritised and supported through commissioning arrangements.

10. Focusing the NHS on Prevention

The NHS needs to be strengthened in its role as a health service rather than a sickness service, and needs to promote health and wellbeing by staff and other public sector bodies. To do this a culture change is needed towards better 'NHS Prevention'. Stronger corporate emphasis, incentives, staff skills and knowledge should be particularly emphasised.

There is a strong commitment across the NHS to improve health and to be fully engaged in prevention, as well as treatment. However, there is still a gap between this commitment and the rhetoric that accompanies it, and the practical reality of NHS performance and delivery. The profile of prevention should be improved across the NHS. The Wanless reports identify the importance of prevention and engagement of the population in their own health to ensure long-term sustainability of the NHS, and currently prevention and cross-public sector initiatives are insufficiently elaborated or prioritised through the Quality, Innovation, Productivity and Prevention process.

Awareness of main health and wellbeing drivers (such as vital signs and key performance aims) is limited across the front line. This feeds a tendency for the NHS to see this as a broader environmental and social problem. Individual professional staff, in line with the overall culture of the NHS, default to focus on performance measures related to clinical interventions.

The organisational goals for NHS Prevention should be clearly articulated (such as increased referrals across the organisation to NHS Stop Smoking Services) and awareness of them promoted. Additionally, NHS staff need assistance in identifying their individual roles in improving prevention.

Within secondary care, the payment system provides little impetus for NHS staff to contribute to prevention. For example, hospital hand clinics dealing with broken bones from alcohol-related injury have no incentive to provide prevention advice or to refer to alcohol treatment services. A recent study showed that patients at an acute hospital are routinely asked whether they smoke, but it is rare for support to be offered to help them stop, even though nurses want to be able to help and patients expect to be offered support.[36] These are clearly missed opportunities. Mobile services and outreach services set up by secondary care are also limited by the rewards and incentives, despite the fact that hard-to-reach groups need broader outreach services in a different delivery system model.

There should be consideration by the Department of Health of introducing contractual incentives into secondary care to maximise brief interventions, referral and opportunistic intervention. There should be an incentivised tariff to inform trusts how much to pay for the provision of preventative services.

We wish to re-emphasise the Boorman Review's interim findings that all NHS professional staff should have a good understanding of staff health and wellbeing issues, and that there is a need for improved education in staff health and wellbeing.[37] We believe the NHS could be an example in this area, but also that increased staff awareness of health and wellbeing will have additional benefits for patients and the wider public.

Current pilot programmes in secondary care are showing the remarkable effects that NHS staff training and development on brief intervention, referral and opportunistic intervention can have on public health outcomes.[38] Often, there are barriers in perception: the most common reasons why staff do not undertake more brief interventions include lack of time, feeling unable to convince a patient to improve their lifestyle, worries that patients will take the advice badly, or recognition that they themselves exhibit behavioural risk factors of concern. Training can address the knowledge and skills needed to undertake brief interventions, and improve the willingness to intervene. It would be valuable to have a set of examples of practical ways of supporting people to alter their lifestyle through the training of all healthcare professionals.

Organisations other than the NHS have a very great influence on the determinants of health, major links to the public and control of the training of public sector staff. These opportunities should not be neglected, and local areas should aim to develop joint programmes to increase skills for prevention.

Consideration should be given to an accreditation scheme that rewards levels of staff training, organisational engagement in health and wellbeing, and strategic leadership on this agenda. The accreditation should also be relevant and available to other public sector bodies, particularly local authorities, where staff training and access to hard-to-reach groups are valuable.

A fundamental understanding of the importance of behavioural risk factors to levels of illness, causation of illness and the contribution to likely ill health and low quality of life should be core to all professionals' education. That would provide a grounding on which leadership on this agenda and broad NHS recognition of the importance of prevention can be based.

Skills are needed across the NHS and the public sector on behaviour change, improving motivation, understanding of health and wellbeing, confidence and ability to undertake brief and opportunistic intervention and referral.

Consideration should be given to the idea of an award to recognise that an NHS or other public sector body has achieved a certain level of staff training and engagement in health and wellbeing.

This is a large agenda. Coordination of training across front-line staff (including health and wellbeing activity across secondary care), improving employee health, seeking accreditation and realising senior stakeholder engagement will need dedicated and systematic effort.

We consider that it is possible to develop a service – which could be called 'NHS Prevention' – that will help translate into reality the aspirations for NHS staff to address health and wellbeing into reality. This was identified as a priority in the NHS Next Stage Review, but the model for implementation has not been consistently identified. Each PCT would draw up its directory of approved services for health and wellbeing, as identified in recommendation 12.

Health trainers (or health advocates), trained in supporting people to change behaviour, would work with individuals and help them address these risk factors, referring to services, as appropriate, from the directory of approved services. The health trainers (or health advocates) would include people based within communities (such as the currently prevailing health trainer model, targeted on the most deprived communities), but the model could be extended so that existing staff could develop this role – for example, nurses or other staff within practices, staff on acute hospital wards or within mental health services. This would act as a professional development to existing staff roles, and trusts and practices could identify this service as a reason to choose their hospital or service for care.

'NHS Prevention' developed in this way could support changes to behavioural risk factors in patients with other health conditions, such as heart disease, and form part of the range of interventions available following NHS life checks. The health advocates could champion and offer support to other NHS staff to improve their own health, and therefore contribute to future work based on the interim report of the recent review of health of the NHS workforce by Dr Steve Boorman. The model could also be extended to social care and public and private sector employers, to improve the health of their staff.

While the business case to support this model needs to be fully worked up, we consider it likely that there is a strong case for developing the model for 'NHS Prevention' on the basis of an extension and development of existing staff roles, given existing evidence of the high cost-effectiveness of reducing the major behavioural risk factors for health, and of improving psychological wellbeing.

Recommendation 15:
The model for 'NHS Prevention', and the business case to support it, should be developed urgently, as a means of embedding health and wellbeing further into the culture of the NHS.

It is the authors' view that these proposed changes to delivery systems will significantly reduce barriers to the ability of front-line organisations to improve health and wellbeing.

Annex A: Summary of Recommendations

Summary of recommendations	
Priorities and objectives	**Recommendation 1:** **We recommend an overarching tier 1 vital sign to improve disability-free life expectancy (health expectancy), in addition to the existing vital sign indicator on life expectancy. This should be supported by tier 2 vital signs for local agreement on the four major lifestyle factors (smoking, alcohol, physical activity and diet) and psychological wellbeing. These metrics should also be included in national indicators.** **Recommendation 2:** **The Department of Health should explore with NICE the explicit identification of the impact of the clinical and public health interventions on overall life expectancy and health expectancy, and quality of life for people with disability and long-term conditions. NICE should produce rankings of the most cost-effective clinical and public health interventions, with an expectation of delivery of the most cost-effective. The feasibility to provide assessments of cost impact and return on investment should also be explored.** **Recommendation 3:** **The impact on health expectancy should be used explicitly to judge the benefits of new policies that impact on health and wellbeing.**
Strengthened cross-government and Department of Health action on health and wellbeing	**Recommendation 4:** **Stronger and more innovative mechanisms are needed for cross-government actions to improve health and wellbeing, including mechanisms to identify the role of different government departments and their delivery systems.** **Recommendation 5:** **A single point of leadership should be considered within the Department of Health, able to draw on expertise across the Department, with the role of ensuring strategic coherence in all areas of health and wellbeing policy and delivery. The experience of national support teams should be used to strengthen this work.** **Recommendation 6:** **Local health and wellbeing goals should be articulated and reviewed consistently and together within a single approach to inspection.**
The need for a new integrated commissioning model at a local level	**Recommendation 7:** **A new integrated commissioning model for health and wellbeing should be developed to improve health and wellbeing outcomes. This model should, as a priority, be applied to the 'top four' lifestyle issues, children's health, and prevention and effective management of long-term conditions.** **Recommendation 8:** **We recommend the development of integrated public sector leadership development programmes at the local level to ensure delivery of improved health and wellbeing.**

Summary of recommendations	
Integrated public sector delivery at a local level – with a focus on children	**Recommendation 9:** **We recommend strengthening the integration of the workforce for children's health and wellbeing, reflecting an emphasis on health and wellbeing outcomes, early intervention, and intensive case management wherever needed.** **Recommendation 10:** **We recommend stronger support and encouragement for NHS staff to record their involvement with children on ContactPoint, and to use it to support their practice in working with other practitioners, as well as to assist child protection.**
A renewed vision for primary care and general practice	**Recommendation 11:** **A renewed vision for the future role of general practice needs to be developed in consultation with the Royal College of General Practitioners, the NHS Alliance and other key partners.** **Recommendation 12:** **The Choose and Book system should be expanded to offer GPs the option to refer to health and wellbeing services. A directory of approved services for the major behavioural risk factors and psychological therapies should be developed; this would point GPs and other health professionals to where evidence-based services are available.** **Recommendation 13:** **Tools should be developed that enable practices to understand the business case for improved health and reduced costs of healthcare by addressing behavioural risk factors in the practice population. These will support practice-based commissioning and underpin a potentially assertive model of practice intervention.** **Recommendation 14:** **The role of general practices in targeted case finding, proactive management of long-term conditions and support for self-care should be prioritised and supported through commissioning arrangements.**
Focusing the NHS on prevention	**Recommendation 15:** **The model for 'NHS Prevention', and the business case to support it, should be developed urgently, as a means of embedding health and wellbeing further into the culture of the NHS.**

Annex B: Terms of Reference

Following on from the Secretary of State for Health's speech on health and wellbeing of 19 March 2009, an independent piece of work has been commissioned in relation to health and wellbeing, specifically focusing on the prevention of ill health.

This work will cover three particular aspects:

- what the role of the state should be in relation to people's health and wellbeing, specifically focusing on the prevention of ill health;
- the lessons we can learn about influencing healthier lifestyle choices from fields such as behavioural economics, psychology and marketing; and
- what the Department and the NHS can do to enhance delivery of front-line services to improve people's health and wellbeing.

These three workstreams will report back to the Secretary of State, and are requested to cover the following content.

The role of the state

In the light of public attitudes and the perspectives of a range of leading thinkers:

- What narrative could we set out around the current role of the state in supporting people's health and wellbeing?
- What are the implications of public attitudes and the views of leading thinkers for our current approach?
- Where might the state do more, refocus or even do less? At what stage might the strongest forms of intervention – legislation and regulation – be justified? What would public/expert views be on this and how might we engage with the public/make the case for this?
- Provide advice on what our narrative on the role of the state should be in the future, and the policy implications of this.

Behaviour change

- Review the latest evidence and thinking on how to use insights into human behaviour to influence health choices and outcomes.
- On the basis of this, make a small number of recommendations about how the Department and the NHS could improve its approaches to health and wellbeing.

Enabling effective delivery

In the light of input from the front-line and recent evidence on which approaches work best (in terms of health impact and cost-effectiveness):

- Make a small number of recommendations on the future priorities for health and wellbeing.
- Make a small number of recommendations on what DH can do to best enable effective delivery on the front line.

Annex C: Consultation

This review held the following consultation events:

17 June 2009 Faculty of Public Health Conference, Scarborough
Workshop event with the specialist public health workforce, asking wide-ranging questions on where the barriers to delivery of health and wellbeing are at the policy and implementation levels.

16 July 2009 Tacit Knowledge Session with the Public Health Interventions Advisory Committee (PHIAC), National Institute for Health and Clinical Excellence, at the British Medical Association, London.
A seminar and dinner event discussing the current range of interventions for health and wellbeing, and their supporting evidence base. The seminar addressed the methods and rationale for prioritisation of public health interventions.

24 July 2009 Enabling Effective Delivery Seminar with front-line stakeholders, at the King's Fund, London.
Workshop and input on the key themes and proposed focus of the report, with front-line NHS, local authority, private sector and third sector stakeholders. A discussion of perceived problems with current delivery, articulation of barriers to delivering outcomes and joint working, and recommendations.

As well as these main events, the leads of this project sought views and met the following stakeholders:

David Nicholson, Chief Executive, NHS

Michael Dixon, Chairman, NHS Alliance

Steve Field, Chairman, Royal College of General Practitioners

Cross-government policy leads

Mike Kelly, Director, Public Health Centre of Excellence, NICE

Marmot Review Team, University College London

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Influencing healthy behaviour change in the new world

James Farnham

6 October 2010

The case for change

- The current system is unsustainable
- The health system in which marketing operates is changing
- The new government marketing agenda
- Some implications for health marketers

The current system is unsustainable……

DH/NHS Social Marketing Review

Oxford Strategic Marketing



Hear Expert Views

C.50 Expert Interviews

Stakeholder Engagement – c. 150 people



Investigate Local Practice

Detailed Questionnaire – 75 PCT responses

3 Day 'Deep Dives' – 4 PCTs spend/ MO

100 Exemplar Case Studies



Gather Core Data

Analysis of c.200 Seminal Documents

Worldwide Review of Social Marketing

'System' Spend and Media Share-of-voice

Duplication in the system

Chlamydia









Health Trainers













Source: Oxford Strategic Marketing DH/NHS Social Marketing Review 2010

A complex, loosely coordinated 'system'

'System' has 3 levels generating options . . .

Generating up to 70 competing 'calls to action' across 35+ issues . . .

Many developers of new brands etc . . .

. . . and limited capacity to deliver

RESULT- A bemused, bombarded public

	DH Department of Health	NHS		
National	18-20 National per month	+7 extra	Public Health	HCPs pharmacists etc.
Regional	7 Regional Priorities	+5 extra	Comms	Work forces
Local	31 Local Priorities	+12 extra	Social Marketing	LAs and public partners
DH /NHS/ OGDs			WCC	Private partners
SHAs, RAs etc			HCPs	
PCTs, LAs etc.				

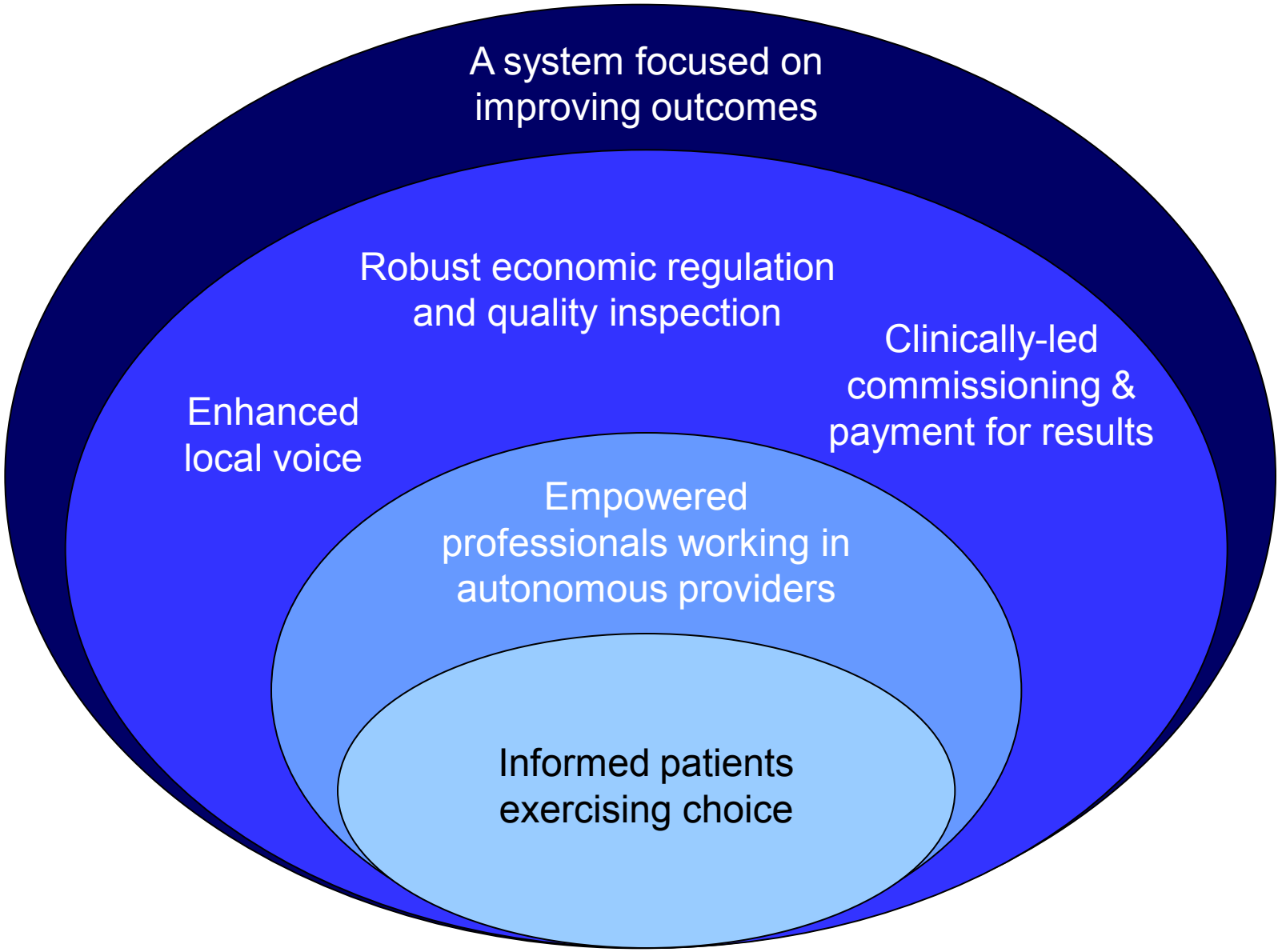
Receiving thousands of messages across hundreds of media



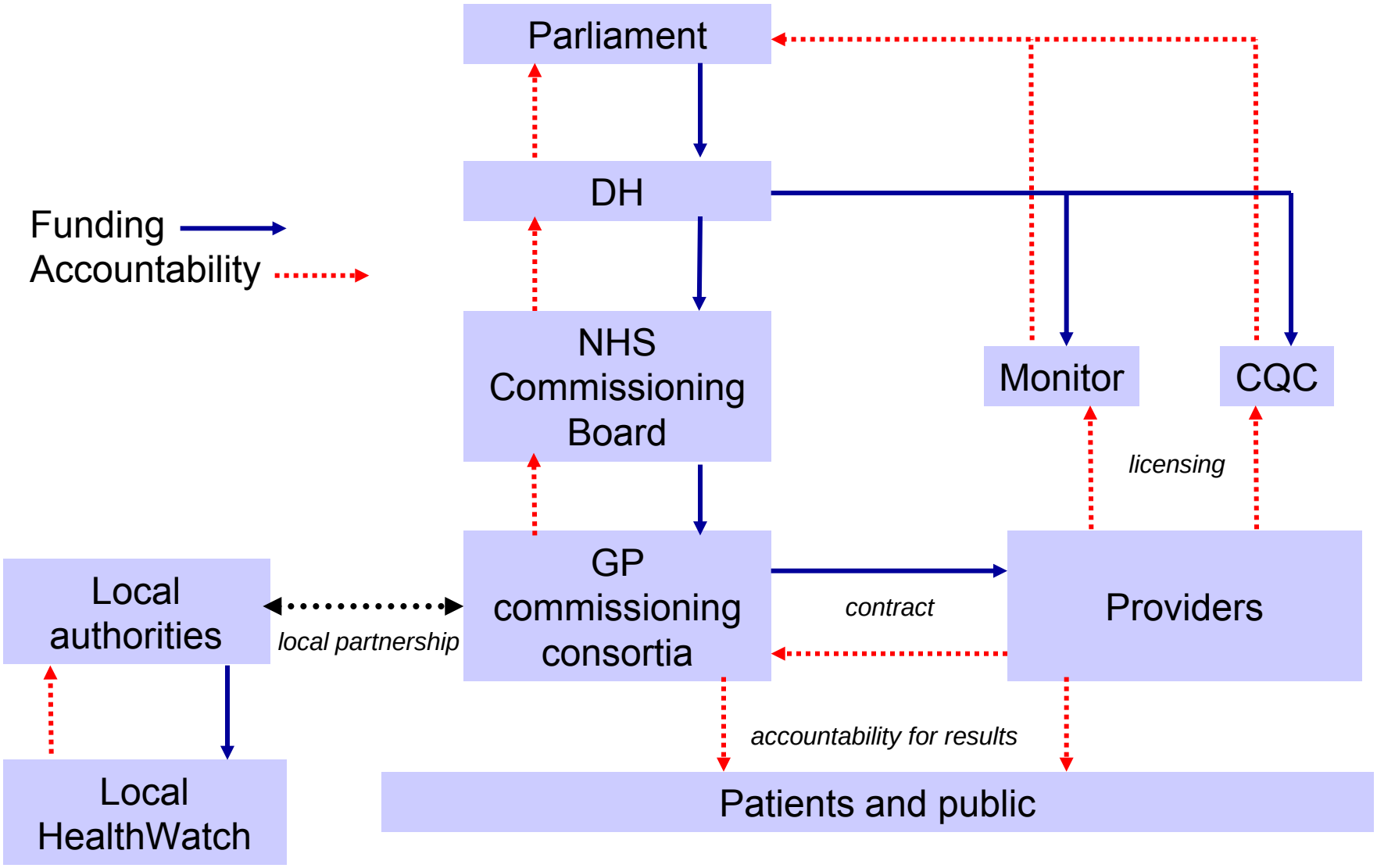
Source: Oxford Strategic Marketing DH/NHS Social Marketing Review 2010

The health system in which marketing operates is changing……

Health White paper summary

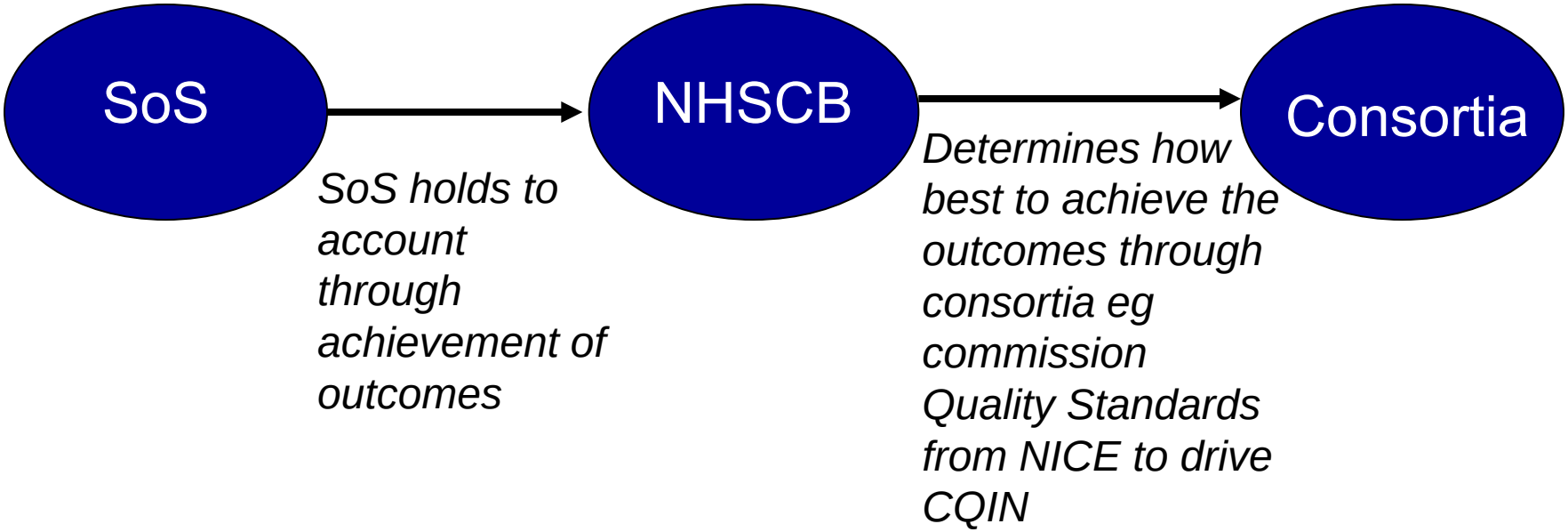


The new health system



Source: Equity and excellence: Liberating the NHS

Targets are dead! but the outcomes framework may shape future marketing in much the same way as PSAs



Outcomes framework – DOMAIN 1: preventing early death

COI

Overarching Indicator
Frames NHS Commissioning Board's broader responsibilities

Improvement Areas Outcome Indicators
SofS holds NHS Commissioning Board to account for progress

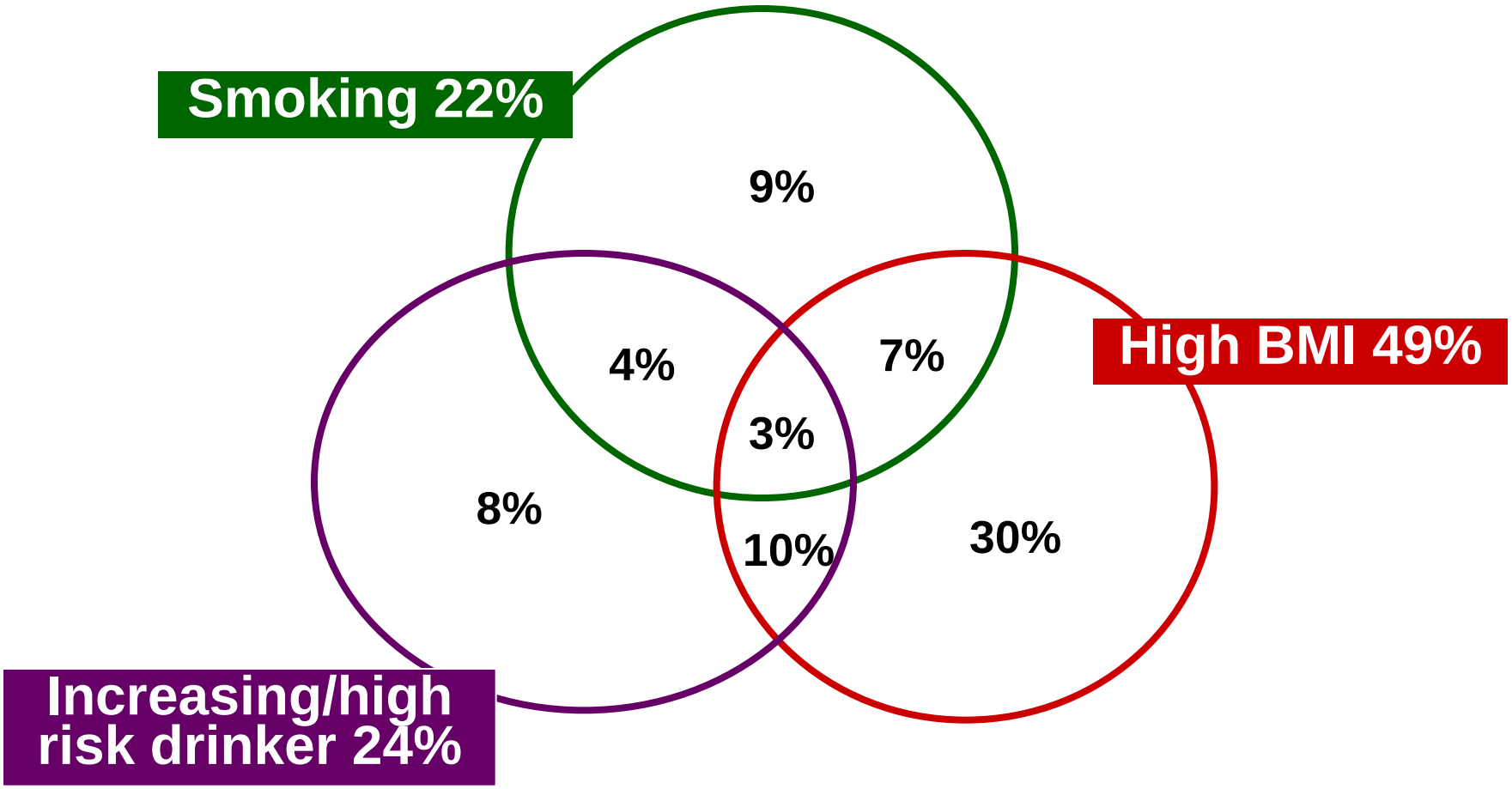
Supporting Quality Standards
Support commissioning of high quality service

e.g. Mortality amenable to Healthcare

- **Heart disease**
  e.g. premature mortality
- **Cancer**
  e.g. 1 and 5 yr survival
- **Stroke**
  e.g. premature mortality
- **e.g. Children**
  e.g. infant mortality; respiratory disease
- **e.g. Older people**
  e.g. healthy life expectancy age 65

A suite of quality standards will support the delivery of improved outcomes in this domain

The relevance of poly behaviours



Base: Healthy Foundations - All respondents who do at least one negative health behaviour (unwtd 4909, wtd 4895)

The new government marketing agenda……

A new paradigm

COI

Big Government → Big Society

The Big Society is one in which we all try and do more. We don't just look to Government to solve the many problems that we have, we actually look to ourselves, to voluntary bodies, to companies, to charities, to all of those things to build a bigger, richer country



A changing role of Gov't marketing across a broader spectrum of needs and across time

COI

Responsibility: **Central Government** (National)	Responsibility: **Big Society** (Community)	Responsibility: **Individual** (Personal)
To direct (Necessary)	**To enable (Valuable)**	**To inform (Your choice)**

Government led objectives
Government as author
VFM scrutiny
Fewer, well-branded, coordinated programmes focusing on fewer strategic themes

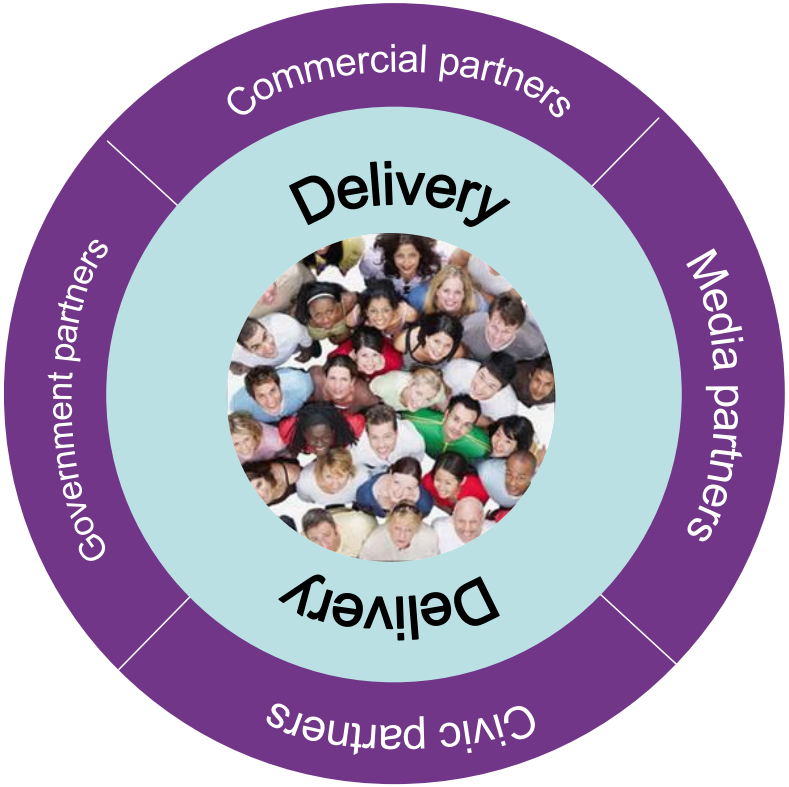
Devolved responsibility
Citizen/partner led objectives
Collaborative, co-produced, flexible, transparent
Government facilitates, coordinates, partners and seed funds



A new paradigm for relationships

COI

From	To
Command and control	Collaboration
The passive citizen	Active participation
I invent I direct I do	I invite We invent We or you do



But how will society expand as government withdraws?

A new collaborative model to make Big Society happen



- Do more with less
- New incentives
- Using more subtle “levers”
- Tackling greater complexity
- Unproven

How can Marketing help?

Marketing has evolved to become a process of empowering the consumer

COI

Marketing is about creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large

American Marketing Association

Conversation

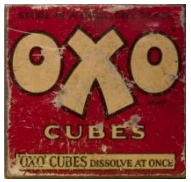
Control

Provider

Persuader

Partner

Early 20C
Marketing is about providing products people need



1960s-80s
Marketing is about persuading people through messages

BRITISH AIRWAYS

1980s-2000s
Marketing is about making people feel one to one relationship



Now and the future ~
Marketing is about engaging with and mobilising audiences as an equal

A new opportunity for Government Marketing

COI

"The last government thought the answer to everything was to launch an advertising campaign…we will look at new, more efficient ways of delivering government communications" (Francis Maude, July 27th 2010)



- Much less spend
- Broadcast to narrowcast
- Supporting and enabling
- More focussed, cogent and sparing

- More disciplined planning
- More targeted objectives
- New model assumptions
- VFM driven

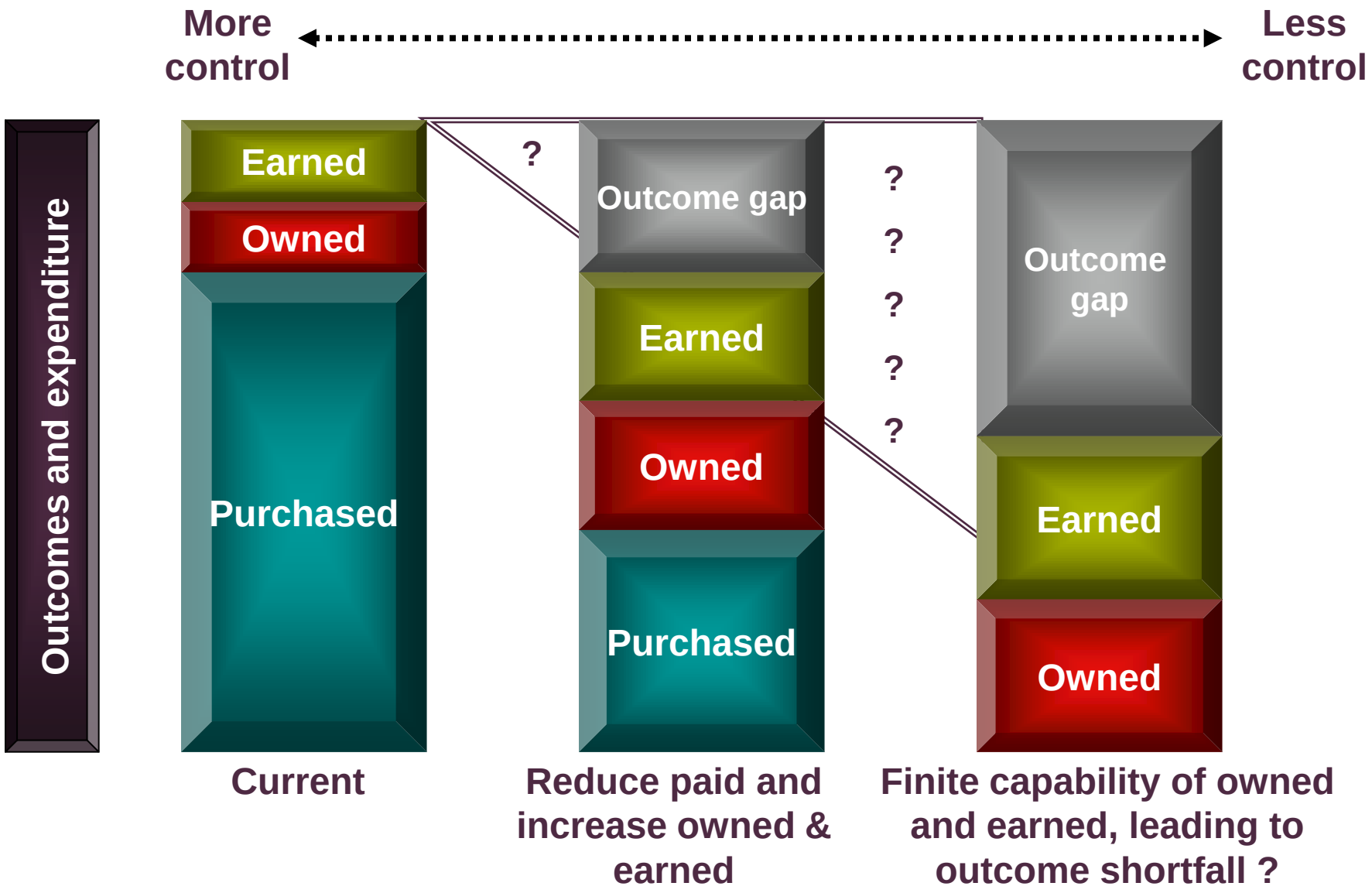
LESS MARKETING £
BUT
MORE MARKETING SKILLS

Four pillars for new outcomes from Government marketing

- **Behavioural insights**
- **Partnerships**
- **Channel balance**
- **Value and evaluation**



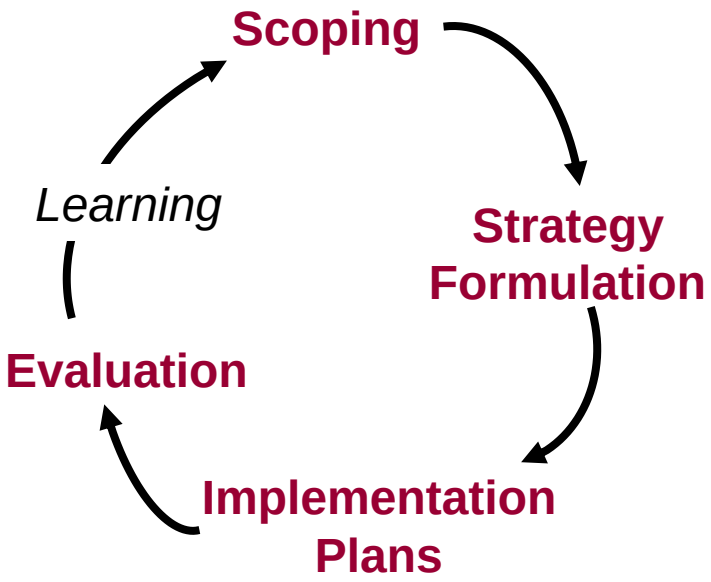
Changing channel balance……



Some implications for health marketers……

1. A co-ordinated approach to marketing planning

- An annual cycle that is co-created between central and local teams, with robust, transparent planning, and is co-ordinated and cascaded out effectively
- All activities to be based on established segmentation and insight, and drawing from a wide range of levers to best deliver behaviour change



'Blueprinting' - horizontal as well as vertical models

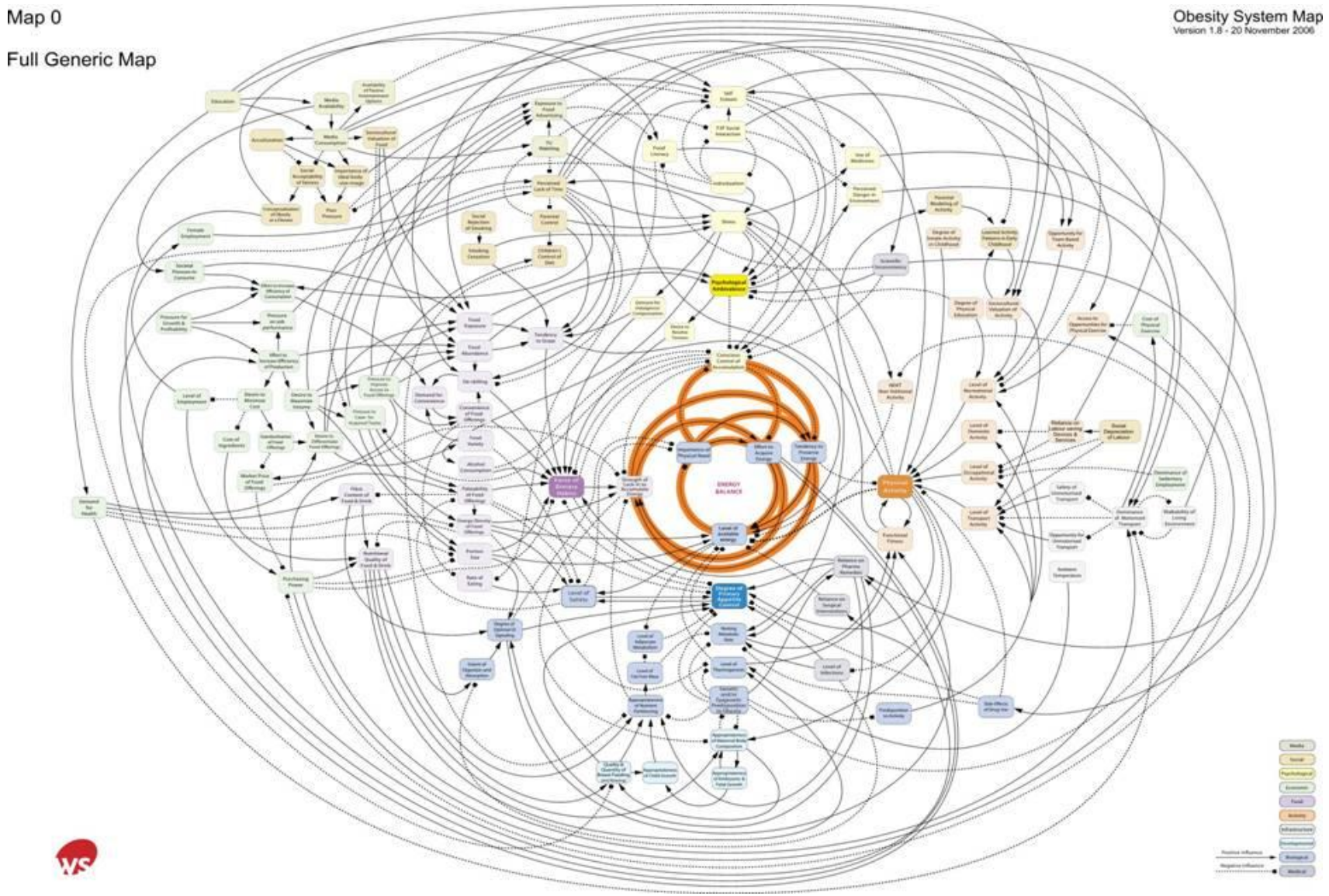
'Do it once' - making it quicker and easier to adopt and adapt than re-invent

Activation Roles

- Lead and pioneer
- or Steal with pride
- or borrow and adapt to suit local needs

Source: Based on OSM DH/NHS Social Marketing Review 2010

2. Ensure hypothetical behaviour change models drive the planning and evaluation process



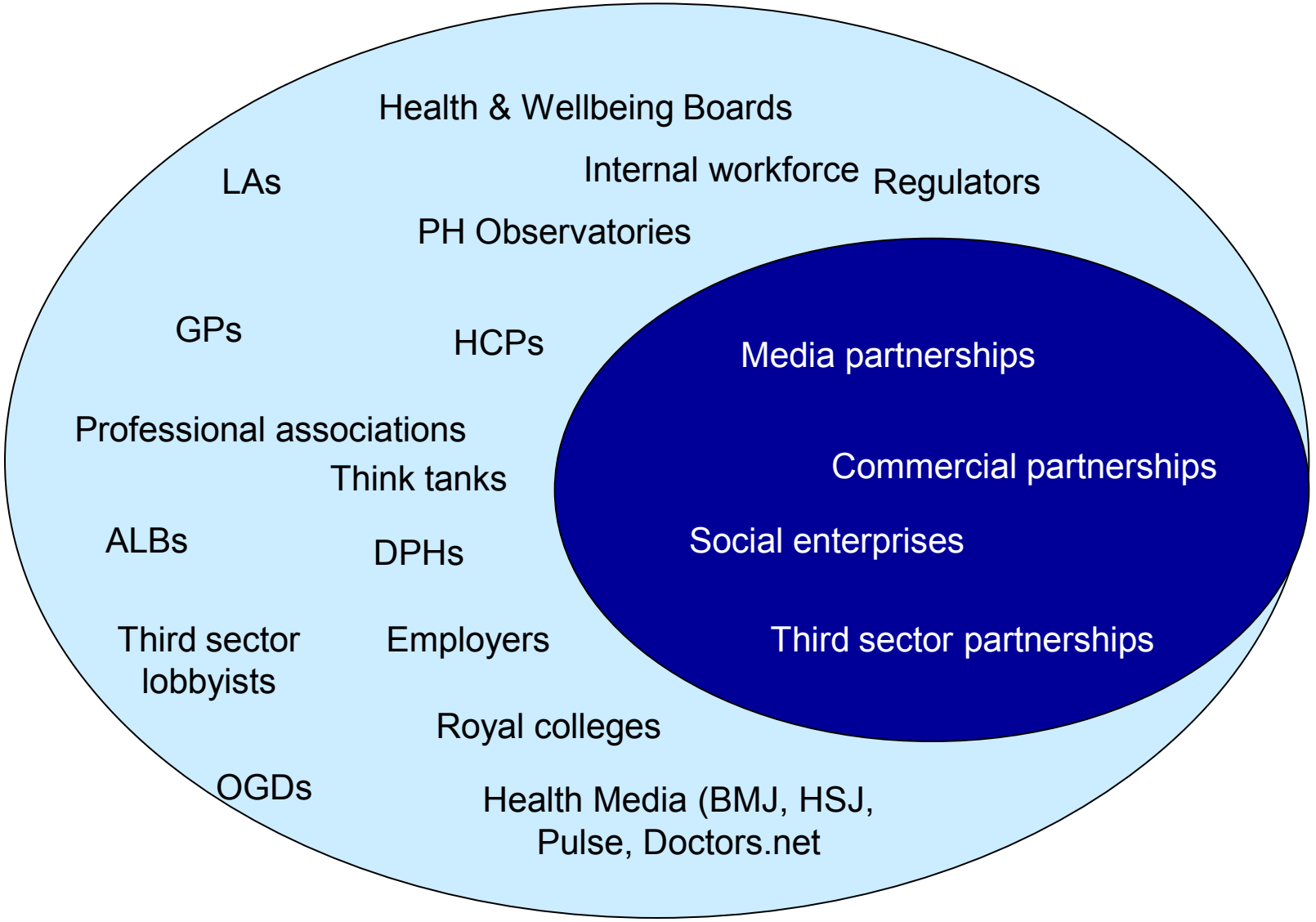
3. Connect theory to reality in behaviour change

In OSM's analysis, the most successful interventions clearly operated at least 5-6 of these principles

	OSM behaviour change principles
1	Make it as **easy and pleasant** for people to act
2	Create/restate the **social norm** so people 'follow the herd'
3	Create fast **benefits** & reward 'good' behaviour instantly
4	Make it **interesting** to gain momentum and 'viral spread'
5	**Avoid fear** /recrimination unless people resist the positive
6	Get tangible **commitment** – don't let people delay acting
7	Chunk up action in easy steps -make success **achievable**
8	Give **alternatives** not big sacrifices – swaps not costs
9	Use **insight** into how people think to engage emotionally
10	Remove excuses – erect **barriers** to back-sliding
11	Build **coalitions** for impact and credibility

Source: Oxford Strategic Marketing DH/NHS Social Marketing Review 2010

4. Step-change in intermediary marketing, emphasising partnerships with co-authored delivery



4. Step-change in intermediary marketing, emphasising partnerships with co-authored delivery

COI

KEY TASKS

- Strategy formulation including objectives
- Identification of appropriate partners at both a national and local level
- Negotiation with partners
- Co-creation
- Plan development and monitoring
- Oversight of effective delivery of partnership to achieve objectives
- Evaluation of partnership effectiveness
- Ensure partnership synergies across the health sector, avoiding unhelpful duplication

"Wherever possible, we want people to call the shots over the decisions that affect their lives". Coalition Document

KEY CHALLENGES

- Joining up national/regional/local
- Robust evaluation
- Trade off between control and energy
- Co-ordination

CSFs

- Supreme account management, brokering and negotiation skills
- Planned, co-ordinated approach
- Reaching agreement on price and other terms of the offer

5. Catalysing and facilitating the Big Society

COI

Give communities more powers

Encourage people to take an active role in their communities

Transfer power from central to local government

Support co-ops, mutuals, charities and social enterprises

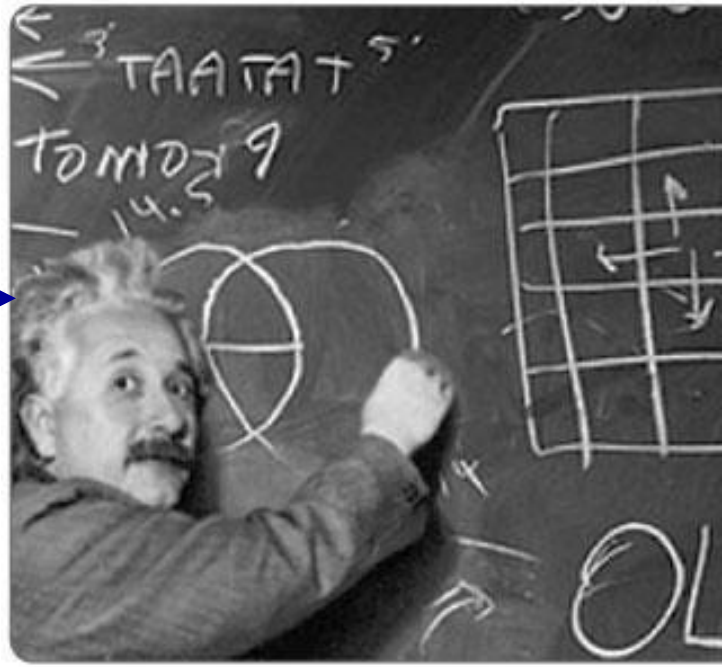
Publish government data

- **Nurturing the early shoots of emerging big society - groups or interested individuals**
- **Identify topics of mutual interest, make contacts, share ideas and provide support**
- **Supporting volunteers and activists attempting to run new projects**
- **Bringing alive user-generated content**

6. Capturing and sharing knowledge, then reapplying it effectively

- Incentivise the knowledge culture
- Reduce duplication
- Identify and link ‘statistical neighbours’
- Flexible, searchable interactive
- Encouraging ‘horizontal’ models





Many uncertainties……..

- Inherent tension between the thirst for efficiency (eg avoiding duplication) and the devolved model
- Will the serious appetite for innovation become a reality in tough times?
- Will providing information be enough?
- Which metrics need to be developed for the new world marketing?
- Is the Big Society a social movement or a collection of social movements?



COI white paper discussion seminars

COI

What Patients Want

Making Sense of Data

Accountable start-ups

Public health Effectiveness and Efficiency

Social Care and Disability

How to engage GPs

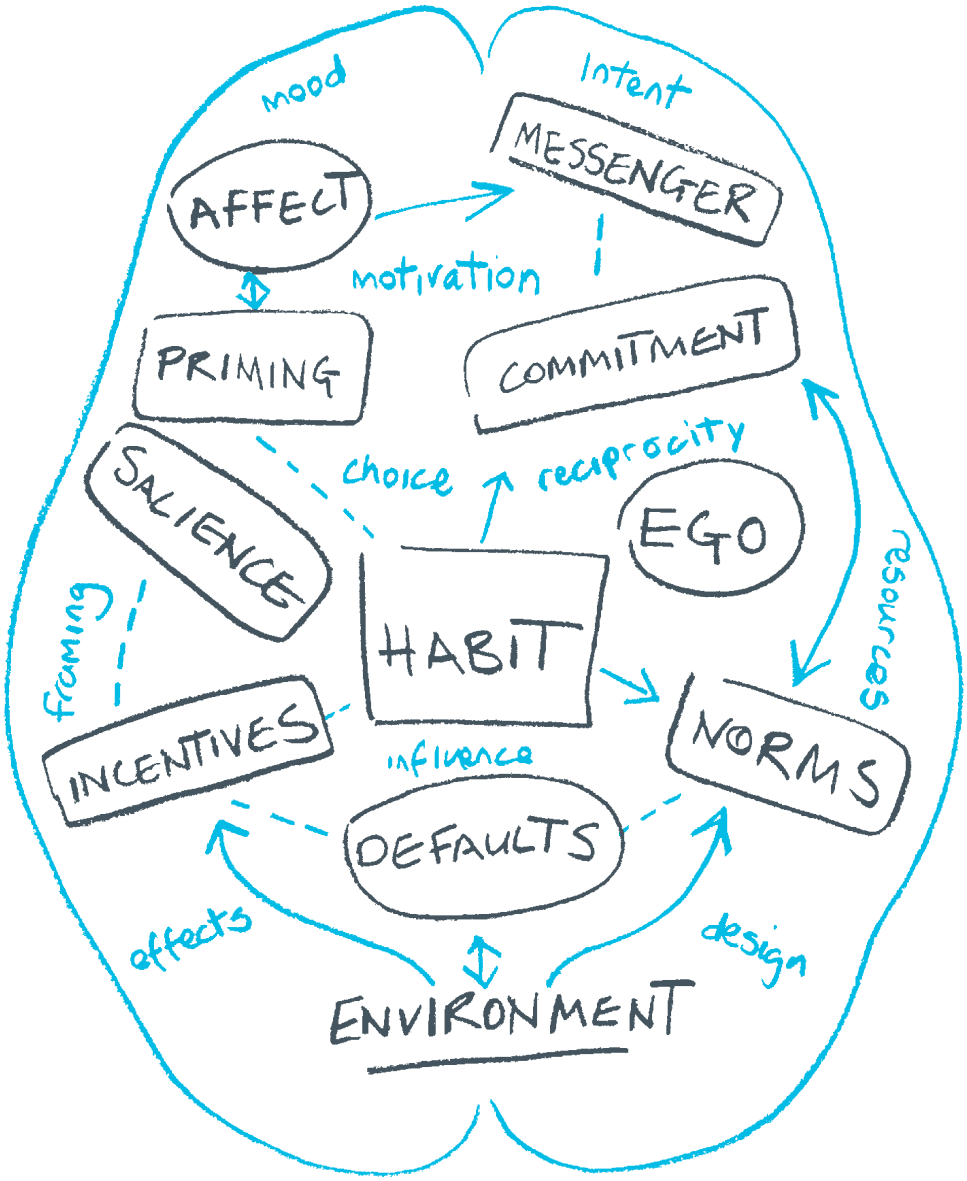
➔ *if you are interested in attending please email james.farnham@coi.gsi.gov.uk*

CabinetOffice

INSTITUTE FOR GOVERNMENT

MINDSPACE

Influencing behaviour through public policy



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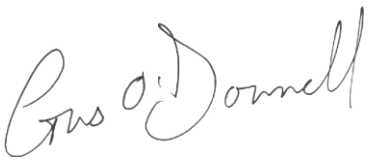
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Foreword

Influencing people's behaviour is nothing new to Government, which has often used tools such as legislation, regulation or taxation to achieve desired policy outcomes. But many of the biggest policy challenges we are now facing – such as the increase in people with chronic health conditions – will only be resolved if we are successful in persuading people to change their behaviour, their lifestyles or their existing habits. Fortunately, over the last decade, our understanding of influences on behaviour has increased significantly and this points the way to new approaches and new solutions.

So whilst behavioural theory has already been deployed to good effect in some areas, it has much greater potential to help us. To realise that potential, we have to build our capacity and ensure that we have a sophisticated understanding of what does influence behaviour. This report is an important step in that direction because it shows how behavioural theory could help achieve better outcomes for citizens, either by complementing more established policy tools, or by suggesting more innovative interventions. In doing so, it draws on the most recent academic evidence, as well as exploring the wide range of existing good work in applying behavioural theory across the public sector. Finally, it shows how these insights could be put to practical use.

This report tackles complex issues on which there are wide-ranging public views. We hope it will help stimulate debate amongst policy-makers and stakeholders and help us build our capability to use behaviour theory in an appropriate and effective way.





Sir Gus O'Donnell

Cabinet Secretary and
Head of the Home Civil Service

Sir Michael Bichard

Executive Director,
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Ivo Vlaev is a Senior Lecturer in Psychology in the Faculty of Medicine at Imperial College London. His research focuses on studying human judgment and decision-making by exploring models and methods from experimental psychology, behavioural economics, and neuroscience. His specific research topics are behaviour change, risk attitudes, consumer behaviour, cooperation, and well-being.

This report represents a truly collaborative effort between the five of us and, in the economists' tradition, we are listed alphabetically.

About this report

In 2009, Sir Gus O'Donnell, Cabinet Secretary and Head of the Home Civil Service, asked Matt Tee, Permanent Secretary for Government Communication, to review the implications of behavioural theory for policy-making. The Cabinet Office commissioned the Institute for Government to produce this report, exploring the application of behavioural theory to public policy for senior public sector leaders and policy-makers. It is a key part of a programme of work designed to build capacity and capability in this area across the Civil Service.

We have approached the topic collaboratively. The programme began with a behaviour change summit in May 2009, which brought together senior policy, strategy and insight officials from across government, alongside a number of external experts.

We approached the report by first developing an understanding of how and where behavioural theory is currently being used in public services, and the challenges it presents. The report is grounded in a series of interviews with senior civil servants, academics and behaviour change experts but the views expressed in the report are those of the authors and Institute for Government. Our thanks go to the many people we interviewed as part of our research. We would also like to thank Dr Robert Metcalfe for his work analysing the effects that underpin MINDSPACE.

This is the full version of the report. Those looking for a summary of the main practical applications may wish to consult the Short Version, also available at www.instituteforgovernment.org.uk.

Executive summary

Influencing behaviour is central to public policy, and government can draw on a potentially powerful new set of tools

Influencing behaviour is central to public policy. Recently, there have been major advances in understanding the influences on our behaviours, and government needs to take notice of them. This report aims to make that happen.

For policy-makers facing policy challenges such as crime, obesity, or environmental sustainability, behavioural approaches offer a potentially powerful new set of tools. Applying these tools can lead to low cost, low pain ways of "nudging" citizens - or ourselves - into new ways of acting by going with the grain of how we think and act. This is an important idea at any time, but is especially relevant in a period of fiscal constraint.

Recently, many books and reports have highlighted the potential benefits that behavioural approaches can bring to public policy. This report is not just an overview of theory; it addresses the needs of policy-makers by:

- Condensing the relevant evidence into a manageable "checklist", to ensure policy-makers take account of the most robust effects on our behaviour
- Demonstrating how behavioural theory can help meet current policy challenges, including full case studies of its application in the UK
- Showing how government can build behavioural theory into its current policy-making practices
- Exploring important issues around the need for public permission and the role of personal responsibility

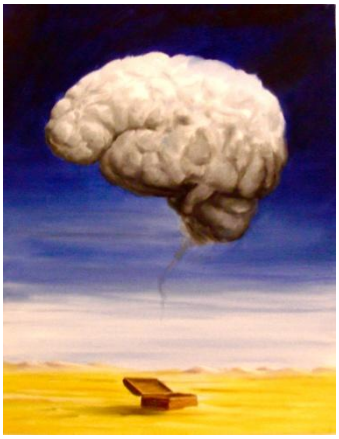
Policy-makers are interested, but need help in applying insights in practice

This report has emerged from many discussions with senior civil servants and ministers. All indicated that there was a real appetite to absorb and apply the latest thinking, in order to equip the civil service to meet the pressing challenges ahead. But they also felt that more help was needed to translate this appetite into action. In practice, how can these ideas actually help government make policy better? They are interesting effects but, fundamentally, "So what?"

This report tries to answer the "so what?" question for policy-makers.

MINDSPACE: a checklist for policy-makers

The vast majority of public policy aims to change or shape our behaviour. And policy-makers have many ways of doing so. Most obviously, they can use "hard" instruments such as legislation and regulation to compel us to act in certain ways. These approaches are often very effective, but are costly and inappropriate in many instances. So government often turns to less coercive, and sometimes very effective, measures, such as incentives (e.g. excise duty) and information provision (e.g. public health guidance) – as well as sophisticated communications techniques.



Why, then, is there a need to change anything? Behavioural theory suggests two reasons. First, the impact of existing tools such as incentives and information can be greatly enhanced by new evidence about how our behaviour is influenced (some of which has already been incorporated into government communications). Second, there are new, and potentially more effective, ways government could shape behaviour.

Tools such as incentives and information are intended to change behaviour by "changing minds". If we provide the carrots and sticks, alongside accurate information, people will weigh up the revised costs and benefits of their actions and respond accordingly. Unfortunately, evidence suggests that people do not always respond in this 'perfectly rational' way.

In contrast, approaches based on "changing contexts" - the environment within which we make decisions and respond to cues - have the potential to bring about significant changes in behaviour at relatively low cost. Shaping policy more closely around our inbuilt responses to the world offers a potentially powerful way to improve individual wellbeing and social welfare.

MINDSPACE is a checklist of influences on our behaviour for use when making policy

With this in mind, we set out nine of the most robust (non-coercive) influences on our behaviour, captured in a simple mnemonic – MINDSPACE – which can be used as a quick checklist when making policy.

Messenger	we are heavily influenced by who communicates information
Incentives	our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
Norms	we are strongly influenced by what others do
Defaults	we 'go with the flow' of pre-set options
Salience	our attention is drawn to what is novel and seems relevant to us
Priming	our acts are often influenced by sub-conscious cues
Affect	our emotional associations can powerfully shape our actions
Commitments	we seek to be consistent with our public promises, and reciprocate acts
Ego	we act in ways that make us feel better about ourselves

Meeting policy challenges

We show how this framework can help tackle challenges in three major areas of policy: crime and anti-social behaviour; pro-social behaviour, such as voting and volunteering; and healthy and prosperous lifestyles. For each policy area we give case studies of innovative evidence-based interventions, including:

- How the logic of gang membership was used to combat gang violence (Norms)
- How inertia helped us save more for retirement (Defaults)
- How giant bananas reduced littering (Salience)

We also show how MINDSPACE can generate new approaches to specific policy problems.

Building MINDSPACE into policy-making

MINDSPACE builds on existing methods of policy-making

Applying MINDSPACE in practice builds on existing methods of policy-making. To illustrate this, we have drawn on the "4Es" policy framework, originally developed by DEFRA. The 4Es are four actions that should underpin government's attempts to change behaviour: Enable, Encourage, Engage and Exemplify. MINDSPACE requires two supporting actions: Explore, which takes place before policies are implemented, and Evaluate, which judges the success of the policy.

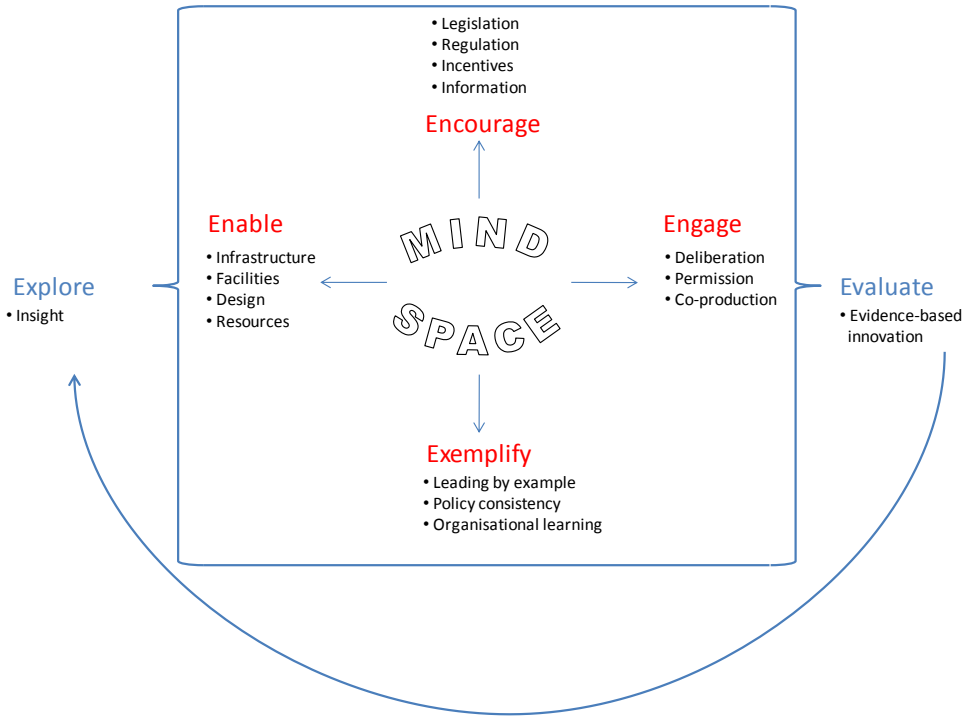


Figure 1: The 6 Es framework for applying MINDSPACE

In basic terms, MINDSPACE represents the tools for changing behaviour, and the 6 Es constitute the framework within which they can be applied. Bringing them together allows policy-makers to address the over-arching "so what?" question in practical ways.

Civil servants need to better understand the behavioural dimension of their actions

But when applying MINDSPACE in practice, it should not simply be seen as an alternative to existing methods. "Behaviour Change" is *part of* policy-making, rather than a novel alternative that can be bolted onto policies. Therefore, civil servants need to better understand the *behavioural dimension* of their policies and actions. MINDSPACE can help them do so in three different ways:

- **Enhance.** MINDSPACE can help policy-makers understand how current attempts to change behaviour could be improved, for example through a better understanding of how people respond to incentives and which types of information are salient. The logic here is that if government is already attempting to shape behaviour, it should do so as effectively as possible.
- **Introduce.** Some of the elements in MINDSPACE are not used extensively by policy-makers, yet may have a considerable impact. For example, there is room for more innovative use of social norms and commitment devices in policies. Of course, introducing new measures in this way may require significant efforts to ensure there is public permission for the approach.
- **Reassess.** Government needs to understand the ways it may be changing the behaviour of citizens unintentionally. It is quite possible that

government produces unintended – and possibly unwanted – changes in behaviour. The insights from MINDSPACE offer a rigorous way of analysing whether and how government is shaping the behaviour of its citizens.

Public permission and personal responsibility

The public need to give permission and shape how these tools are used

The use of MINDSPACE (or other 'nudge' type policy tools) may require careful handling – in essence, the public need to give permission and help shape how such tools are used. With this in mind, we consider issues around gaining democratic permission for behaviour change policies. We explain how three factors are particularly useful for understanding controversy around behaviour change: **who** the policy affects; **what** type of behaviour is intended; **how** the change will be accomplished.

Behaviour change is often seen as government intruding into issues that should be the domain of personal responsibility. However, it is possible for government just to supply the trigger or support for individuals to take greater personal responsibility. And we suggest that evidence from behavioural theory may, in some areas, challenge accepted notions of personal responsibility.

Conclusion

MINDSPACE complements and improves conventional policy tools, rather than replacing them entirely

New insights from the science of behaviour change could lead to significantly improved policy outcomes, and at lower cost, than the way many conventional policy tools are currently used. For the most part, however, MINDSPACE powerfully complements and improves conventional policy tools, rather than acting as a replacement for them. MINDSPACE may also help identify any barriers that are currently preventing changes in behaviour.

But there is still much that we do not know. There remains uncertainty over how lasting many of the effects are; how effects that work in one set of circumstances will work in another; and whether effects that work well with one segment of the population will work with another, including their potential impact on inequalities – though there are grounds to think that going with the grain will help to reduce them.

There are also questions about how far such techniques should be employed by central government or left to local policymakers, professionals and communities. One of the most important roles for central government in the coming years will be to ensure that local and professional applications of behavioural approaches are rigorously evaluated, and the results made available for communities to debate and adopt as they see fit. When the cost-effectiveness for an application is clearly shown, and the public acceptability has been established, central government might them move to national implementation – be this to reduce crime, strengthen communities, or support healthy and prosperous lives.

Whether reluctantly or enthusiastically, today's policymakers are in the business of influencing behaviour, and therefore need to understand the various effects on behaviour their policies may be having. MINDSPACE helps them do so, and therefore has the potential to achieve better outcomes for individuals and society.

Introduction: Understanding why we act as we do

There's no such thing as a free lunch

"Want to grab some lunch?" ask a couple of colleagues as they walk past your desk.

"Sure," you say, as you save the Healthy and Green document you're working on and join them as they head to the lifts. The lifts are busy, and you think about walking over to the stairs - but you're already standing there, so you just wait.

Down in the canteen you pick up your tray and join the line. It smells good. You smile to the man behind the counter and he puts the beef stew on a hot plate and hands it to you. You move along past the vegetarian option, and add a heap of potatoes and carrots to your plate. Putting your plate back on the tray, you pause briefly at the salad bar before adding a bowl of pudding to your tray. As you head to the till, you glance at the bit of space left on your tray and add a can of drink.

"Here you go," your colleague says, as he puts some cutlery and a glass on your tray and you join the queue together. "Damn, I left my card upstairs."

"Here, use mine," you say.

Finally, you make your way towards an empty table. You spot the Perm Sec. It would be great to ask her about that new job. She's at a table for four with just one other person, but somehow you just walk on by and join your colleagues. "I'll catch her another day," you mumble to yourself.

Whether we like it or not, we are continually buffeted by a myriad of influences that shape our behaviour. Some of them are obvious, but many go largely unnoticed. There were many gentle effects on behaviour at your lunch in the canteen. Here are just a few:

- **Social influence and norms.** You joined your friends, of course. You also stood with them by the lifts and waited – but if they headed for the stairs you'd probably have followed (or they would have followed you, if you led).
- **Salience and priming.** The food you chose and how much you took was substantially shaped by what happened in the canteen. The smell primed your hunger, but so too did the size of your plate and the fact that you had a tray. Larger plates can make us take larger portions, and trays substantially increase the total of volume of food we take. And perhaps there is slightly more chance that you would have chosen the vegetarian option if it had come first.
- **Commitment and reciprocity.** One of the factors that kept you and your colleagues at the lift was that you had already psychologically committed to

the idea. A related effect is how readily you paid for your colleague once he had shown you the kindness of getting your cutlery.

- **Incentives and choice environment.** The psychological barrier of joining the four-person table with your boss was too great – despite the potential gains, you were worried about making a fool of yourself. In other words, you were loss-averse, and stuck with the familiar company of your friends. But if the table had eight places or more, with just the two occupied, you might have joined her. The physical environment often subtly shapes our behaviour and the ways in we interact with others.

Many of these influences are now well understood. Others have been demonstrated in experiments, but their impact in everyday contexts is still unclear. For example, we tend to like people more if they give us a hot drink rather than a cold drink – did the warm plate make us feel more positively about the person who gave us our lunch?

There is much more that we need to find out, but we do know enough to set out the main effects on behaviour and to show how they can help policymakers in practice. This report does not just explain theory; it offers tools for government.

Behaviour change and policy

Influencing behaviour is central to public policy

In fact, influencing behaviour is central to public policy. As citizens, communities and policymakers, we want to stop 'bad behaviours': people vandalising our cars, stealing our possessions, or threatening our children. We want to encourage 'good behaviours': volunteering, voting, and recycling. We even sometimes want a little help ourselves to 'do the right thing': to save a little more, eat a little less, and exercise a little more – though we may be ambivalent about how aggressively we want the state intervene in these behaviours.

Sometimes we can agree on how we would like policymakers to change our behaviour – and sometimes they 'nudge' in those directions. But other times those nudges have unintended consequences. Information about how many people are obese may actually encourage more people to join a "club" of which there are many members, while introducing financial incentives to behave a certain way could actually make people less likely to behave that way for free.

There is increasing understanding about the factors that shape our behaviour

Over the last decade, behavioural economics, which seeks to combine the lessons from psychology with the laws of economics, has moved from a fringe activity to one that is increasingly familiar and accepted.[1] More generally, there is increasing understanding across the behavioural sciences about the factors that shape and affect our behaviour.

Drawing on the most recent evidence, this report sets out the most robust effects that influence individual behaviour; demonstrates how these have been applied to major policy issues – and what more can be done; and considers the practical implications and political concerns about applying these methods. By applying these advances to the real challenges that government faces today, it tries to answer the 'so what?' question for policy-makers.

This report complements the Government Social Research guide to Behaviour Change (which outlines various models for understanding and applying different models of behaviour), the Central Office of Information's Communications and Behaviour Change (which focuses specifically on the implications for Communications), and the Cabinet Office's Guide to Segmentation.[2]

One obvious answer to the 'So what?' question concerns value for money. Fiscal challenges may sharpen interest in behaviour change further, as policymakers and public service professionals wrestle with the challenge of how to achieve 'more

with less' – though it could also lead to some services and local areas abandoning more innovative approaches to behaviour change altogether.[3]

"Doing nothing" is never a neutral option

Whether we like it or not, the actions of policymakers, public service professionals, markets and our fellow citizens around us have big, and often unintended, impacts on our behaviour. 'Doing nothing' is never a neutral option: we are always busy shaping each other's behaviour. For example, if governments keep a distance, markets may emerge to satisfy our preferences. While this often does not cause major problems, it can do – markets rarely account properly for the good and bad spill over effects of our own behaviour on others.[4]

This picture shows the need to recognise that government is just one influence on our behaviour amongst many others. And, indeed, commentators have been sceptical about government's abilities in this area: most famously, David Hume argued that 'all plans of government which suppose great reformation in the manners of mankind are plainly imaginary'.[5]

Such sweeping scepticism is unfounded, since there have been many policy successes in changing behaviour: for example, reducing drink driving, preventing AIDS transmission and increasing seatbelt usage. Nevertheless, some behaviours – such as antisocial behaviour and lack of exercise - have remained resistant to policy interventions. We need to think in more integrated and innovative ways about how policymakers can intervene in ways that help people help themselves – and that also help society reduce inequalities in health and wellbeing that are avoidable and considered unfair.

The most effective and sustainable changes in behaviour will come from the successful integration of cultural, regulatory and individual change

We recognise that the most effective and sustainable changes in behaviour will come from the successful integration of cultural, regulatory and individual change – drink driving demonstrates how stiff penalties, good advertising and shifting social norms all combined to change behaviour quite significantly over a couple of decades.[6] Here we focus on the role that behavioural economics can play in shaping individual behaviour, rather than on the ways in which the legal and regulatory systems can be used to compel us to behave in particular ways. We are interested in the soft touch of policy rather than its heavy hand: going with the grain of human nature, rather than rubbing us up the wrong way.

The basic insight from behavioural economics

Drawing on psychology and the behavioural sciences, the basic insight of behavioural economics is that our behaviour is guided not by the perfect logic of a super-computer that can analyse the cost-benefits of every action. Instead, it is led by our very human, sociable, emotional and sometimes fallible brain. Psychologists have been studying these characteristics for more than a century, and writers and thinkers for much longer.[7]

Skimming the titles of recent best-sellers on the topic gives a rapid sense of what this century of research, and particularly that of the last 30 years, has concluded. The Noble Prize winner Daniel Kahneman's ideas around *Heuristics and Biases – the psychology of intuitive judgement* – has been especially influential, though few policymakers have read his work in the original. We are *Predictably Irrational* – prone to reliable misjudgements.[8]

Often the decisions we make in make in the *Blink* of an eye serve us well in everyday life.[9] But for some of the more complex decisions we face in the modern world, our unseen patterns of thought leave us puzzling and frustrated over our own decisions - *Stumbling on happiness* rather than confidently making choices that get us there.[10] These insights can be used by marketers and others to *Influence*[11] or *Nudge*[12] what we do and what we choose.

In a nutshell, the sophisticated mental shortcuts that serve us so well in much of life can also get us into trouble, both as individuals and as societies as a whole.

Changing behaviour

Broadly speaking, we can focus on 'changing minds' or 'changing the context'

In broad terms, there are two ways of thinking about changing behaviour. The first is based on influencing what people consciously think about. We might call this the 'rational' or 'cognitive' model. Most traditional interventions in public policy take this route, and it is the standard model in economics. The presumption is that citizens and consumers will analyse the various pieces of information from politicians, governments and markets, the numerous incentives offered to us and act in ways that reflect their best interests (however they define their best interests, or - more paternalistically - however policymakers define them).

The contrasting model of behaviour change focuses on the more automatic processes of judgment and influence – what Robert Cialdini calls 'click, whirr' processes of mind. This shifts the focus of attention away from facts and information, and towards altering the context within which people act. We might call this the 'context' model of behaviour change. The context model recognises that that people are sometimes seemingly irrational and inconsistent in their choices, often because they are influenced by surrounding factors. Therefore, it focuses more on 'changing behaviour without changing minds'. This route has received rather less attention from researchers and policymakers.

These two approaches are founded on two different ways of thinking. Psychologists have recently converged on the understanding that there are two distinct 'systems' operating in the brain:[13]

System	**Reflective**	**Automatic**
Characteristics	Controlled	Uncontrolled
	Effortful	Effortless
	Deductive	Emotional
	Slow	Fast
	Self-aware	Unconscious
Examples of use	*Learning a foreign language* *Planning an unfamiliar journey* *Counting calories*	*Speaking in your mother tongue* *Taking the daily commute* *Desiring cake*

The two systems have different capabilities: the reflective mind has limited capacity, but offers more systematic and 'deeper' analysis. The automatic mind processes many things separately, simultaneously, and often unconsciously, but is more 'superficial': it takes short-cuts and has ingrained biases. As one academic source explains, 'once triggered by environmental features, [these] preconscious automatic processes run to completion without any conscious monitoring'.[14]

In practice, this distinction is not so clear-cut: a mix of both reflective and automatic processes govern behaviour. When reading a book, for example, we can concentrate and ignore our surrounding environment – but if someone calls our name, we break off and look at them. Our *reflective* system is ignoring everything but the book, but our *automatic* system is not.[15] Policy-makers attempting to change behaviour need to understand how people use these different systems and how they affect their actions.

This report focuses on the more automatic or context-based drivers of behaviour

This report focuses on the more automatic or context-based drivers of behaviour, including the surrounding 'choice environment'. There are three main reasons for doing so. First, these automatic processes have been relatively neglected in policy discussions, perhaps because 'environmental effects on behaviour are a lot stronger than most people expect'.[16] Second, because of questions about the effectiveness and cost-effectiveness of interventions designed to change behaviour by changing minds. Third, because of the possible value for money that this type of behaviour change may offer. The following two sections address the latter two points.

The limits to information

Not all government communications focus on simple information provision; often they draw on more sophisticated techniques of persuasion. Nevertheless, giving out information has become a prominent part of the policymaker's tool kit, and its importance is set to increase further.[17] Across the world, policymakers are giving citizens more and more information about the performance of schools, hospitals and other public services, to be mashed and re-circulated in a myriad of innovative and personalised ways.

The increased availability of information has significant effects, most of them positive. For example, despite initial controversies, the wider availability of information on surgical survival rates has been shown to drive up outcomes.[18] The release of public data could lead to a significant increase in economic growth.[19] And information is obviously important in its own right, as it leads to more fully informed consumers and citizens - even if the information has no direct effect on behaviour.

Simply providing information often has modest and sometimes even unintended impacts

But we also know that providing information *per se* often has surprisingly modest and sometimes even unintended impacts when it attempts to change individuals' behaviour – at least when viewed through the conventional rational model of behaviour, and perhaps also when viewed by a policy-maker charged with getting value for money and in reducing inequalities.

After public warnings of an 'obesity epidemic', New York State passed legislation that made restaurants post the calorific content of all regular menu items. Initial studies found no detectable change in calories purchased after the introduction of labelling.[20] The reason for this may be that to most New Yorkers this information does not mean anything much, or – according to one early analysis - they are not aware of what levels of calories are good or bad. New York City has subsequently initiated an educational campaign that informs residents that '2,000 calories a day is all most adults should eat'.

More generally, it has been found that existing 'changing minds' theories and methods leave a substantial proportion of the variance in behaviour to be explained.[21] For example, one meta-analysis of pro-environmental behaviours reported that at least 80% of the factors influencing behaviour did not result from knowledge or awareness.[22] And insofar as the better educated, higher income, more advantaged minds are the first and easiest minds to change, inequalities in health and wellbeing may be widened by information campaigns. We therefore need to see if accounting for and influencing the context – the 'Automatic System' – can help use resources more efficiently and fairly.

Value for money

"Behaviour Change" is often seen as attractive because it appears to offer similar or better outcomes at less cost. The obvious rationale for this is that, since government spends a considerable amount of money on influencing behaviour, its success in doing so will be maximised if it draws on robust evidence of how people

The money government spends trying to change behaviour will be maximised if it draws on evidence of how people actually behave

actually behave. Indeed, there is also some evidence to back up the view that changing the context, rather than people's minds, may be more cost-effective. For example, one study evaluating the cost effectiveness of physical activity programmes found that context-altering interventions had the potential to be more cost-effective than more information-based ones (such as phone or paper materials, consultations with an exercise development officer, counselling sessions).[23] Indeed, the most cost-effective intervention was one that introduced bicycle and pedestrian trails to encourage healthy behaviours.[24]

This type of intervention is similar to the 'nudges' outlined by Thaler and Sunstein, which often involve apparently minor alterations to the choices and environment in which people act. For example, one intervention tried to provoke drivers to reducing their driving speed by painting a series of white stripes onto the road that are initially evenly spaced but get closer together as drivers reach a dangerous curve. This environmental design gives the sensation that driving speed is increasing (even when the speed does not really change), which in turn triggers the driver's natural instinct to slow down. The cost of sending such a visual signal is close to zero, but the effectiveness is very significant.[25]

Perhaps the strongest argument for cost-effectiveness is that, quite simply, there is no neutral option for government interventions – government influences behaviour no matter what it does, and therefore it's likely that this ever-present behavioural dimension can be harnessed at little cost. Defaults are the most obvious candidates here: if government has to produce a particular form, it might as well be structured in a way that may benefit both the user and the state.[26] Such thinking has obvious value in a constrained fiscal climate.

The structure of this report

This report outlines some of the most reliable tools that policymakers may wish to use for what we have termed 'soft' behavioural change (as opposed to legislation and regulation). One weakness of the literature around behavioural economics is that there are now literally hundreds of different claimed effects and influences. Some of the claims in the literature are based on just one or two studies or interventions or may not translate well to different target audiences.

Outlining robust effects on behaviour

Chapter 2 highlights a cluster of the most robust effects that have been repeatedly found to have strong impacts on behaviour. We discuss these effects according to the acronym MINDSPACE (**M**essenger, **I**ncentives, **N**orms, **D**efaults, **S**alience, **P**riming, **A**ffect, **C**ommitment and **E**go). We stress that this may not reflect an exhaustive categorisation, but it does reflect where most policy interventions are likely to focus. We give a graphical illustration of the effects underpinning MINDSPACE in Annex 1. There is considerable overlap between the effects and the most effective interventions will certainly combine different elements.

Relevance to policy

Chapter 3 applies the framework set out in Chapter 2 to policy. We focus on three important areas of policy: safer communities, the good society, and healthier and more prosperous lives. There have been many attempts to influence behaviour through cognition (changing minds) in these areas, sometimes with quite limited success. We therefore draw on case studies that are known to have worked, and also point to innovative pilots and more speculative ideas that follow from the elements of MINDSPACE.

Applying the framework in practice

Chapter 4 demonstrates how MINDSPACE could be applied in practice. Building on work by DEFRA, we show that there are six main actions that need to be taken: Explore, Enable, Encourage, Engage, Exemplify and Evaluate. We explain each of these actions and give examples to show how they fit together as a framework.

Public permission and personal responsibility

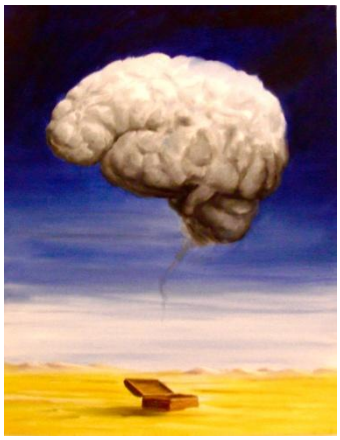
Chapter 5 considers the wider democratic and political implications of applying behavioural economic principles to policy. It discusses the value judgements of

citizens and policymakers about the extents and limits of personal responsibility and the appropriate role of the state in influencing behaviour. As the profile of behavioural economics has grown in recent years, so too has controversy about its acceptability and application to public policy.

Conclusions and future challenges

Chapter 6 summarises where we have got to and shows what more needs to be done. Perhaps the greatest impact of behavioural economics will be improving the effectiveness and acceptability of many of our existing policy tools. For example, it offers the promise of making information and incentives – communications, social marketing, fines, benefits and so on – more effective and cost-effective. Chapter 6 also provides some clear analysis of future challenges and likely developments.

MINDSPACE: A user's guide to what affects our behaviour



The elements described here are those that we consider to be the most robust effects that operate largely, but not exclusively, on the 'Automatic System'. They illustrate some of main tools at the disposal of individuals and policymakers in influencing behaviour. We do not claim to cover all of the possible effects on behaviour, and we do not deal with more traditional interventions that rely on providing information and education.

We outline nine robust influences on human behaviour and change. These principles are underpinned by considerable research from the fields of social psychology and behavioural economics. They are therefore presented as the most robust effects that policy-makers should understand and, if appropriate, use. The following sections briefly explain these effects, which we have arranged according to the acronym: **MINDSPACE.**

Messenger	we are heavily influenced by who communicates information
Incentives	our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
Norms	we are strongly influenced by what others do
Defaults	we 'go with the flow' of pre-set options
Salience	our attention is drawn to what is novel and seems relevant to us
Priming	our acts are often influenced by sub-conscious cues
Affect	our emotional associations can powerfully shape our actions
Commitments	we seek to be consistent with our public promises, and reciprocate acts
Ego	we act in ways that make us feel better about ourselves

Some of the elements have been developed to explain largely automatic effects on behaviour (e.g. N, D, S, P, A) while other effects relate to elements that draw more on reflective processing (e.g. M, I, C, E).[27] We recognise there are important lessons for policy-makers coming from more traditional theories of behaviour change that relate to the Reflective System. But we can only understand how incentives work, for example, when we account for the automatic effects of loss aversion alongside the more considered weighing up of costs and benefits.

MINDSPACE is our judgment of how best to select and categorise the effects so policy-makers can use them. But it does not offer a clearly logical order, and there is some overlap between the effects. Annex 1 gives a diagram that maps the conceptual space underlying the elements in MINDSPACE and also presents the interrelationships between them.

The follow sections explain each effect in turn.



Messenger

We are heavily influenced by who communicates information

The weight we give to information depends greatly on the reactions we have to the source of that information. We are affected by the perceived authority of the messenger (whether formal or informal). For example, there is evidence that people are more likely to act on information if experts deliver it. One study showed that health interventions delivered by research assistants and health educators were more effective in changing behaviour compared with interventions delivered by either trained facilitators or teachers – and health educators were usually more persuasive than research assistants.[28]

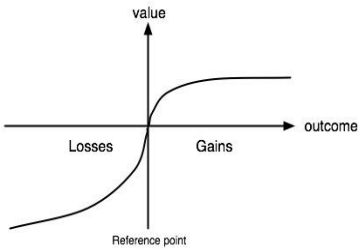
It has also been shown that demographic and behavioural similarities between the expert and the recipient can improve the effectiveness of the intervention. Importantly in relation to addressing inequalities, those from lower socioeconomic groups are more sensitive to the characteristics of the messenger, and this highlights the need to use messengers from diverse demographic and behavioural backgrounds.[29]

Whilst expertise matters, so do peer effects. The 'Health Buddy' scheme involved older students receiving healthy living lessons from their schoolteachers. The older students then acted as peer teachers to deliver that lesson to younger 'buddies'. Compared with control students, both older and younger 'buddies' enrolled in this scheme showed an increase in healthy living knowledge and behaviour and beneficial effects on weight.[30] Another study found a 1,000% increase in smoking amongst teenagers if two of their peers smoke, compared to a 26% increase if a parent does.[31]

We are also affected by the feelings we have for the messenger: for example, we may irrationally discard advice given by someone we dislike.[32] Feelings of this kind may override traditional cues of authority, so that someone who has developed a dislike of government interventions may be less likely to listen to messages that they perceived to come from 'the government'. In such cases, the most effective strategy for changing behaviour may be to use third parties or downplay government involvement in a campaign or intervention.

We also, of course, use more rational and cognitive means to assess how convincing a messenger is. For example, we will consider such issues as whether there is a consensus across society (do lots of different people say the same thing?) and the consistency across occasions (does the communicator say the same thing in different situations?).[33]

As with other effects, combining the lessons from context with those from cognition will lead to the most effective behaviour change interventions. In particular, we should think more carefully about which messengers to mobilise,[34] in which circumstances, and whether they should focus mainly on the Automatic or Reflective ways of thinking.



Incentives

Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses

Incentives are used across local and central government as a mechanism to motivate behaviour change. The impact of incentives clearly depends on factors such as the type, magnitude and timing of the incentive. Behavioural economics suggests other factors can affect how individuals respond to incentives, which can

allow us to design more effective schemes. We stress that although our examples mainly concern money, incentives often do not involve money but more generally change the costs and benefits of behaving in particular ways.

The five main, related insights from behavioural economics are that:

1. Losses loom larger than gains.

We dislike losses more than we like gains of an equivalent amount. Most current incentive schemes offer rewards to participants, but a recent review of trials of treatments for obesity involving the use of financial incentives found no significant effect on long-term weight loss or maintenance.[35] An alternative may be to frame incentives as a charge that will be imposed if people fail to do something. One recent study on weight loss asked some participants to deposit money into an account, which was returned to them (with a supplement) if they met weight loss targets. After seven months this group showed significant weight loss compared to their entry weight. The weight of participants in a control group was not seen to change.[36] The fear of losing money may have created a strong incentive to lose weight. Therefore, policy-makers could emphasise the money that people will lose by not taking an action, rather than the amount they could save.

2. Reference points matter.

Economic theory assumes that we care only about final outcomes. But, just as objects appear to be larger the closer they are, evidence suggests that the value of something depends on where we see it from – and how big or small the change appears from that reference point. If the utility of money is judged relative to very locally and narrowly determined reference points, a small incentive could have a great effect.[37] As possible evidence of this, incentives were used in Malawi to encourage people to pick up their HIV result (many do not otherwise): take-up was doubled by incentives just worth one-tenth of a day's wage. Although take-up did increase slightly when more money was offered, this was to a much lesser degree (and to a much lesser extent than would be suggested by standard models of diminishing marginal utility of income). This suggests that policy-makers could make effective use of incentives by framing the reference point.

3. We overweight small probabilities.

Economic theory assumes that we treat changes in probability in a linear way – the change from 5% to 10% probability is treated the same as the change from 50% to 55%. But evidence suggests that people place more weight on small probabilities than theory suggests.[38] There are some obvious implications of this for government: lotteries may act as a powerful motivation (since people overweigh the small chance of winning), while people are likely to overemphasise the small chance of, say, being audited, which may lead to greater tax compliance than rational choice models predict.

4. We mentally allocate money to discrete bundles.

We think of money as sitting in different "mental budgets" – salary, savings, expenses, etc. Spending is constrained by the amount sitting in different accounts[39] and we are reluctant to move money between such accounts. Mental accounting means that identical incentives vary in their impact according to the context: people are willing to take a trip to save £5 off a £15 radio, but not to save £5 off a refrigerator costing £210.[40] This means that policies may encourage people to save or spend money by explicitly 'labelling' accounts for them, without removing their control over exactly how the money is used. The impact of particular expenditure could be boosted by linking it to one mental account rather than another.[41]

5. We live for today at the expense of tomorrow.

We usually prefer smaller, more immediate payoffs to larger, more distant ones. £10 today may be preferred to £12 tomorrow. But £12 in eight days may be preferred to £10 in a week's time. This implies that we have a very high discount rate for now compared to later, but a lower discount rate for later compared to later still. This is known as 'hyperbolic discounting' and it leads people to discount the future very heavily when sacrifices are required in the present – for example, to ensure improved environmental outcomes in the future.[42] There is evidence that the immediacy of reward has an impact on the success of schemes to treat substance misuse disorders.[43] Understanding hyperbolic discounting will allow policy-makers designing incentive schemes to calibrate the size and timing of rewards offered more effectively.

Financial incentives and 'crowding out/in'

Behavioural economics can also provide arguments against using financial incentives. It is claimed that monetary compensation can lead to feelings that an activity is worthy in itself ('intrinsic' motivations) being 'crowded out' or partially destroyed. Once an activity is associated with external reward ('extrinsic' motivations), individuals are less inclined to participate with the activity in the future without further incentives.[44] An implication of this may be that if we provide an incentive for people to stop smoking, they may be unlikely to give up other damaging activities (e.g. alcohol misuse) without similar rewards.

Conversely, incentives could 'crowd in' desirable behaviour. The congestion charge, for example, may have acted as a signal not to use cars in the centre of London, and built up a cumulative behavioural response that extended beyond the financial incentive *per se*.[45] We need to develop a better understanding of where incentives have negative and positive spill over effects and design our research and policy efforts accordingly.



Norms

We tend to do what those around us are already doing

Social and cultural norms are the behavioural expectations, or rules, within a society or group. Norms can be explicitly stated ('No Smoking' signs in public places) or implicit in observed behaviour (shaking the hand of someone you meet for the first time). People often take their understanding of social norms from the behaviour of others, which means that they can develop and spread rapidly.

Some social norms have a powerful automatic effect on behaviour (e.g. being quiet in a library) and can influence actions in positive and negative ways. Their power may come from the social penalties for non-compliance, or the social benefit that comes from conforming. Behavioural interventions using social norms have been successful in a number of areas, and most are based on telling people what other people do in a similar situation. We draw out five lessons for policy-makers from norms.

1. If the norm is desirable, let people know about it.

In seatbelt use, the 'Most of Us Wear Seatbelts Campaign' used a social norms approach to increase the number of people using seatbelts. Initial data collection showed that individuals underestimated the extent to which their fellow citizens used seatbelts either as drivers or passengers: although 85% of respondents to a survey used a seatbelt, their perception was only 60% of other citizens adults did. An intensive social norms media campaign was launched to inform residents of the true proportion of people who used seatbelts. As a result of the campaign the self-reported use of seatbelt significantly increased.[46]

2. Relate the norm to your target audience as much as possible.

In recycling, when a hotel room contained a sign that asked people to recycle their towels to save the environment, 35.1% did so. When the sign used social norms and said that most guests at the hotel recycled their towels at least once during their stay, 44.1% complied. And when the sign said that most previous occupants of *the room* had reused towels at some point during their stay, 49.3% of guests also recycled.[47]

3. Consider social networks.

Norms may also have important effects in explaining 'contagious' behaviour. There is still controversy surrounding the idea that we are more likely to get fat, for example, if our friends get fat[48] – and get happier if they do[49] – but it is at least plausible that social networks are at play here to some degree. Combined with the appropriate messenger (and other elements of MINDSPACE too), social norms and networks could used to bring about behaviour change that passes through groups and communities.

4. Norms may need reinforcing.

In energy conservation, a large-scale programme (80,000 homes) sent letters that provided social comparisons between a household's energy use and that of its neighbours (as well as simple energy consumption information). The scheme was seen to reduce energy consumption by 2% relative to the baseline. Interestingly, the effects of the intervention decayed over the months between letters and increased again upon receipt of the next letter.[50] In other words, if the norm is not immediately apparent to people, repeated efforts may be required for its effects to become self-sustaining.

5. Be careful when dealing with undesirable norms.

Sometimes campaigns can increase perceptions of undesirable behaviour. When households were given information about average energy usage, those who consumed more than the average reduced their consumption – but those who were consuming less than the average *increased* their consumption. This 'boomerang' effect was eliminated if a happy or sad face was added to the bill, thus conveying social approval or disapproval.[51]

Similarly, messages aimed at reducing bad behaviour can be undermined by the social norms they implicitly signal. For example, two signs were placed in different areas of a national park. One sign urged visitors not to take wood and depicted a scene showing three thieves stealing wood, while the second sign depicted a single thief – indicating that stealing is definitely not a social/collective norm. The first message, subtly conveying a norm, increased the amount of wood stolen by 7.92%, while the other sign increased it by 1.67%.[52] Therefore, policymakers may actually validate and encourage harmful actions by making them appear the norm rather than the exception.



Defaults

We 'go with the flow' of pre-set options

Many decisions we take every day have a default option, whether we recognise it or not. Defaults are the options that are pre-selected if an individual does not make an active choice. Defaults exert influence as individuals regularly accept whatever the default setting is, even if it has significant consequences. Whilst we behave in crazy ways according to the laws of standard economic theory, we behave in predictably lazy ways according to the lessons of behavioural economics.

Many public policy choices have a no-action default imposed when an individual fails to make a decision. This default setting is often selected through natural ordering or convenience, rather than a desire to maximise benefits for citizens. Structuring the default option to maximise benefits for citizens can influence behaviour without restricting individual choice, as the following examples show.

Ventilators are frequently used to help very unwell patients who are breathing insufficiently in Intensive Care Units. Ventilators have settings that allow doctors to decide how much air to blow into the lungs per minute. Doctors usually determine the choice of volumes used and it is recognised that the lungs can be injured if volumes are too high. A research study changed the default setting of the ventilators to provide lower volumes of air into patients' lungs. The mortality rate was 25% lower with the new setting – such an improvement that the trial was stopped early.[53] In addition, there is evidence that the use of opt-out defaults can raise organ donation rates greatly (see Figure 2 below), although this remains a controversial issue.[54]

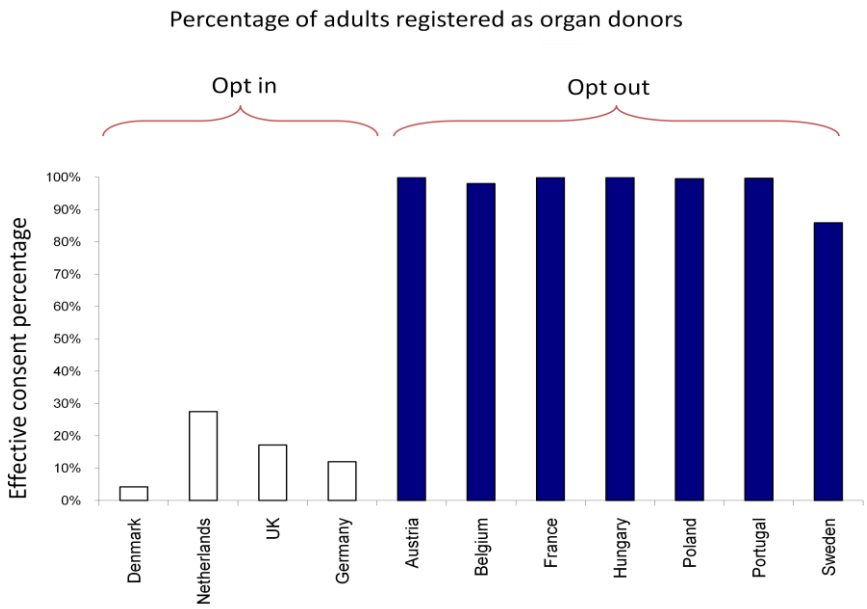


Figure 2: Comparison of organ donation registration in opt-in and opt-out systems[55]



Salience

Our attention is drawn to what is novel and seems relevant to us

Our behaviour is greatly influenced by what our attention is drawn to.[56] In our everyday lives, we are bombarded with stimuli. As a result, we tend to unconsciously filter out much information as a coping strategy. People are more likely to register stimuli that are novel (messages in flashing lights), accessible (items on sale next to checkouts) and simple (a snappy slogan).

Simplicity is important here because our attention is much more likely to be drawn to things that we can understand – to those things that we can easily 'encode'. And we are much more likely to be able to encode things that are presented in ways that relate directly to our personal experiences than to things presented in a more general and abstract way. For example, the size of the current NHS budget is more salient when expressed as an amount per tax payer than as the overall amount. Similarly, because we find losses more salient than gains, we react differently when identical information is framed in terms of one or the other (as a 20% chance

of survival or an 80% chance of death).[57] Here are just some examples of how salience plays out in our behaviour.

In a recent US experiment, researchers chose 750 products subject to a sales tax that is normally only applied at the till, and put additional labels next to the product price, showing the full amount including the tax. Putting the tax on the label, rather than adding it at the till, led to an 8% fall in sales over the three-week experiment. In addition, it has been shown that, over a 30-year period, taxes that are included in posted prices reduce alcohol consumption significantly more than taxes added at the register.[58] Salience may therefore offer a way of complementing traditional price levers in policy-making.

When making a decision, we often lack knowledge about a topic (for example, buying a DVD player). Experiments show that we look for an initial 'anchor' (i.e. a price for a DVD player) on which to base our decisions. It has been shown that the minimum payment amount on credit card statements attracts our attention and 'anchors' our decisions. When a credit card statement had a 2% minimum payment on it, people repaid £99 of a £435 bill on average; when there was no minimum payment, the average repayment was £175. In other words, presenting a minimum payment dragged repayments down.[59] Insights such as this may offer more sophisticated means of regulation.

The power of anchors is such that they work even if they are totally arbitrary. If people are asked to write down the last two digits of their social security number, this 'anchors' the amount they bid for items and their estimates of historical events – even though clearly there is no logical connection between the two.[60]

Anchors endure over time, and continue to influence our decisions long after conditions change.[61] This is related to the well-known 'confirmation bias': people tend to pay little attention to information that challenges an existing belief or hypothesis, and focus intently on any supportive information.[62] Therefore, government advice may have extra power if it acts as an initial anchor, which may be easier to do at moments when people enter a new situation or life-stage (moving house, going to university, pregnancy etc.).

Finally, salience explains why unusual or extreme experiences are more prominent than more constant experiences. Our memory of experiences is governed by the most intense 'peak' moments, as well as the final impressions in a chain of events.[63] In other words, we may prefer the dentist that gave us three hours of steady discomfort over the one who gave us sharp pang of pain, because that pang is particularly salient. Peak effects can, for example, help us predict which medical treatments may be avoided by patients.



Priming

Our acts are often influenced by sub-conscious cues

Priming shows that people's subsequent behaviour may be altered if they are first exposed to certain sights, words or sensations. In other words, people behave differently if they have been 'primed' by certain cues beforehand. Priming seems to act outside of conscious awareness, which means it is different from simply remembering things. The discovery of priming effects has led to considerable controversy, not least to the slightly sinister idea that advertisers – or even governments - might be able to manipulate us into buying or do things that we didn't really want to buy or do.

Subsequent work has shown that primes do not have to be literally subliminal to work, as marketers have long understood. In fact, many things can act as primes, including:

1. Words

- Exposing people to words relating to the elderly (e.g. ‘wrinkles’) meant they subsequently walked more slowly when leaving the room and had a poorer memory of the room. In other words, they had been ‘primed’ with an elderly stereotype and behaved accordingly.[64]
- Asking participants to make a sentence out of scrambled words such as fit, lean, active, athletic made them significantly more likely to use the stairs, instead of lifts.[65]
- One group was asked to think about football hooligans for five minutes, and another about university professors. When they were then given 44 Trivial Pursuit questions, the first set got 42.6% right, the second 55.6%.[66]

2. Sights

- If a happy face is subliminally presented to someone drinking, it causes them to drink more than those exposed to a frowning face.[67]
- The size of food containers primes our subsequent eating. Moviegoers ate 45% more popcorn when it was given to them in a 240g container than a 120g container; even when the popcorn was stale, the larger container made them eat 33.6% more popcorn.[68]
- Deliberately placing certain objects in one’s environment can alter behaviour – ‘situational cues’ like walking shoes and runner's magazines may prime a “healthy lifestyle” in people.[69] In this way, priming can reinforce existing intentions to act in a certain way.

3. Smells

- Mere exposure to the scent of an all-purpose cleaner made significantly more people to keep their table cleaner while eating in a canteen.[70]

These types of effects are real and robust: they have been repeatedly proved in many studies. What is less understood is which of the thousands of primes that we encounter every day have a significant effect on our behaviour.

Priming is therefore perhaps the least understood of the MINDSPACE effects, but has significant implications for policy. For example, it is likely that the environments that government constructs or influences are constantly ‘priming’ people to act in certain, perhaps undesirable, ways. Government should seek the ways it may be unintentionally priming people – or it may seek to ‘build in’ priming effects to its current attempts to change behaviour.



Affect

Emotional associations can powerfully shape our actions

Affect (the act of experiencing emotion) is a powerful force in decision-making. Emotional responses to words, images and events can be rapid and automatic, so that people can experience a behavioural reaction before they realise what they are reacting to. Moods, rather than deliberate decisions, can therefore influence judgments, meaning they end up contrary to logic or self-interest. People in good moods make unrealistically optimistic judgements, whilst those in bad moods make unrealistically pessimistic judgements.

It has been argued that *all* perceptions contain some emotion, so that ‘we do not just see a house: we see a handsome house, an ugly house, or a pretentious house’.[71] This means that many people buy houses not because of floor size or location, but because of the visceral feeling they get when walking through the front door – and may make a better decision as a consequence.

Emotional, rather than deliberative, responses can drive financial decisions. In one experiment, direct mail advertisements for loan offers varied in the deal offered, but also in elements of the advert itself. It was found that the actual advertising content had a significant effect on take up of loans, rather than just prices. In particular, including a picture of an attractive, smiling female increased demand for the financial product by the same amount as a 25% decrease in the loan's interest rate.[72]

Provoking emotion can change health behaviours too. Attempts to promote soap use in Ghana were originally based around the benefits of soap – but only 3% of mothers washed hands with soap after toilet use. Researchers noted that Ghanaians used soap when they felt that their hands were dirty (e.g., after cooking or travelling), that hand-washing was provoked by feelings of disgust. As a result, the intervention campaign focused on provoking disgust rather than promoting soap use. Soapy hand washing was shown only for 4 seconds in one 55-second television commercial, but there was a clear message that toilet use prompts worries of contamination and disgust, and requires soap. This led to a 13% increase in the use of soap after the toilet and 41% increase in reported soap use before eating.[73]

Affect can be very powerful, but should be used with care by policy-makers. In particular, many interviewees suggested it was unhelpful to 'create fear without agency' – in other words, to create an emotional reaction without obviously connecting it to a change in behaviour. Otherwise, people may simply continue with the same actions but with increased anxiety. It has also been argued that people can build up an expectation of being shocked in relation to certain messages, which can make them less effective.[74] A better tactic may be to present these messages in a counter-intuitive manner instead, which points towards to the importance of customer Insight (see page 50).



Commitment

We seek to be consistent with our public promises, and reciprocate acts

We tend to procrastinate and delay taking decisions that are likely to be in our long-term interests.[75] Many people are aware of their will-power weaknesses (such as a tendency to overspend, overeat or continue smoking) and use commitment devices to achieve long-term goals. It has been shown that commitments usually become more effective as the costs for failure increase. One common method for increasing such costs is to make commitments public, since breaking the commitment will lead to significant reputational damage. Even the very act of writing a commitment can increase the likelihood of it being fulfilled, and commitment contacts have already been used in some public policy areas.[76]

People may impose penalties on themselves for failing to act according to their long-term goals.[77] Students, for example, are willing to self-impose costly deadlines to help them overcome procrastination.[78] On a wider scale, it has been shown that people who know they tend to 'live for today' also desire commitment devices. One major study designed a commitment savings product for a Philippine bank, which was intended for individuals who want to commit now to restrict access to their savings. It turned out that Philippine women (who are traditionally responsible for household finances and in need of finding solutions to temptation problems) were significantly more likely to open the commitment savings account than men.[79]

An innovative commitment product has been used to help smokers quit. Individuals were offered a savings account in which they deposited funds for six months, after which they took a test for nicotine. If they passed the test (no presence of nicotine) then the money was returned to them, otherwise their money was forfeited.[80]

Surprise tests at 12 months showed an effect on lasting cessation: the savings account commitment increased the likelihood of smoking cessation by 30%.

To increase physical exercise, commitment to achieving a goal (such as 10,000 steps a day using a pedometer) appears to significantly increase success. An experimental study compared two groups; one group signed a contract specifying the exercise goals to be achieved whilst a control group were simply given a walking programme but did not enter any agreement or sign a contract. All participants recorded daily walking activity for 6 weeks and the contract group were significantly more likely to achieve their exercise goals.[81]

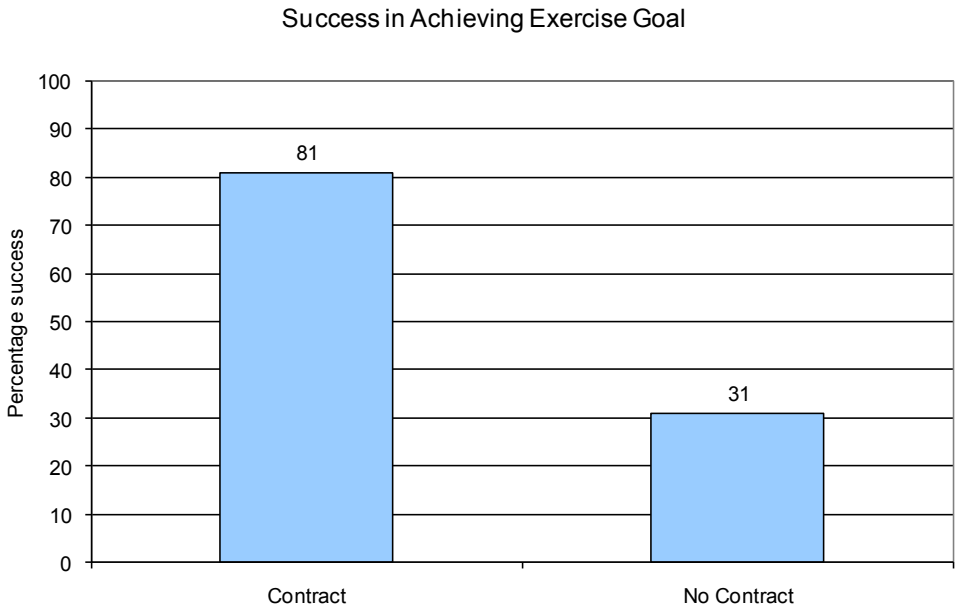


Figure 3: Comparative success in achieving a brisk walking goal for groups with and without contracts

A final aspect of commitment is the importance of reciprocity. We have a very strong instinct for reciprocity, which is linked to a desire for fairness that can lead us to act irrationally.[82] We can see the desire for reciprocity strongly in the attitude of 'I'll commit to it if you do'. Reciprocity effects can mean that, for example, accepting a gift acts as a powerful commitment to return the favour at some point, which is why free samples are often effective marketing tools.[83]



Ego

We act in ways that make us feel better about ourselves

We tend to behave in a way that supports the impression of a positive and consistent self-image. When things go well in our lives, we attribute it to ourselves; when they go badly, it's the fault of other people, or the situation we were put in – an effect known as the 'fundamental attribution error'.[84] We think the same way for groups that we identify with. Psychologists have found this group identification to be a very robust effect, and its power is so great that – like a number of the other effects above – it changes how we see the world.[85] The classic illustration of this effect is sports fans' memories of their team's performance in a match. Fans systematically misremember, and misinterpret, the behaviour of their own team compared with the opponents. A match in which both teams appear equally culpable of committing fouls to an impartial observer will be seen by a partial fan as one characterised by far more fouls by the opposing team than their own.[86]

Advertisers are well aware that we view the world through a set of attributions that tend to make us feel better about ourselves.[87] Male respondents donate more to charity when approached by more attractive female solicitors for door-to-door fund-raising, which suggests that giving is also the result of a desire to maintain a positive self-image (in the eyes of the opposite sex in this case).[88] This suggests that, for example, attempts to reduce smoking should consider if smoking is bound up with a desire for self-esteem and positive self-image, which means self-esteem may be an effective route for change (pointing out that smoking causes yellow teeth and impotence).[89] Of course, this is not a blanket prescription – for people with very low self-esteem, a more effective route may be to build their sense of self-efficacy. This reinforces the need to combine MINDSPACE effects with a nuanced understanding of the capabilities and motivations of the target audience (see Chapter 4).

We also like to think of ourselves as self-consistent. So what happens when our behaviour and our self-beliefs are in conflict? Interestingly, often it is our beliefs that get adjusted, rather than our behaviour.[90] The desire for consistency is used in the *foot-in-the-door technique* in marketing, which asks people to comply with a small request (e.g. filling in a short questionnaire for free), which then leads to them complying with larger and more costly requests (e.g., buying a related product).[91] Once they have made the initial small change to their behaviour, the powerful desire to act consistently takes over – the initial action changes their self-image and gives them reasons for agreeing to subsequent requests ("I did that, so I must have a preference for these products"). In other words, small and easy changes to behaviour can lead to subsequent changes in behaviour that may go largely unnoticed.[92] This approach challenges the common belief that we should first seek to change attitudes in order to change behaviour.

Similarly, it has been shown that the greater the expectation placed on people, the better they perform.[93] Thus, people with positive expectations internalise their "positive" label and succeed accordingly; but this influence can also be detrimental if a negative label is used.[94] A self-fulfilling prophecy is created, whereby people behave in a way that is consistent with the expectation of others.

Our desire for positive self-image leads to an (often automatic) tendency to compare ourselves against others and "self-evaluate".[95] When we make these comparisons, we are biased to believe that we perform better than the average person in various ways: 93% of American college students rated themselves as being "above average" in driving ability.[96] This bias may require policymakers to go beyond what might be considered optimal in regulating some behaviours. For example, it might be necessary to enforce stricter working hour limits for professions that impose risk on others, such as long-distance drivers and medical staff, because people will overrate their ability to cope with fatigue and stress; or set very low levels of acceptable alcohol consumption when driving, because drivers will overestimate their driving skills.

Conclusion

The MINDSPACE framework provides a brief overview of some of the most robust and powerful automatic effects on behaviour, which can be used as tools for behaviour change (in addition to more traditional interventions). These principles are underpinned by laboratory and field research from social psychology, cognitive psychology and behavioural economics. In the next section, we consider how these tools can be applied to several key policy areas.

Examples of MINDSPACE in public policy

The MINDSPACE framework provides a quick overview of some of the most robust and powerful tools that can and have been used to influence behaviour. Here we consider how these tools can be applied to three broad policy areas:

1. **"Safer Communities".** Challenges include: preventing crime, reducing anti-social behaviour, preventing degradation of surroundings
2. **"The Good Society".** Challenges include: promoting pro-environmental behaviours, increasing voting, encouraging responsible parenting
3. **"Healthy and Prosperous Lives".** Challenges include: stopping smoking, reducing obesity, promoting responsible personal finances, encouraging take-up of education and training

We focus on these relatively broad policy areas to reflect some important distinctions that the public and policy-makers may draw between behaviour that affects others and ourselves, and between harms and benefits.[97] Following John Stuart Mill and liberal thinkers ever since, we have often been most concerned about the impact of people's behaviour on others – especially when that behaviour causes harm.[98]

Challenges in relation to **safer communities** fall largely into this category. The most obvious example is the reduction of crime and offending, but it also covers issues such as littering and polluting the environment. In essence, the policy brief is to *stop a behaviour that is harming others*. This is a relatively non-contentious type of behaviour change for governments to take on, and has long been accepted, and even demanded, by citizens. It covers much of the activity of the Home Office, but also that of departments such as the Ministry of Justice and the Department of Energy and Climate Change.

Challenges around the **good society** also relate largely to the impact on others, but typically in relation to benefits rather than harms. Individual citizens may be less able to capture the benefits of such actions, and will tend to 'under-invest' in such behaviours, making a strong case for governments and communities to try to actively encourage them further. Classic examples include behaviours with positive spill-overs such as volunteering, paying taxes and recycling. This involves a big part of the activities of departments such as Communities and Local Government, but also that of Department for Food, Environment and Rural Affairs, Department for Culture, Media and Sport, and several others.

Challenges in **healthy and prosperous lives** also have some effects on others but relate more directly to harm and benefits to the self. This is where the support for government involvement may be weaker, since these types of behaviour are often seen as more within the realm of personal responsibility. Nevertheless, there may be strong financial reasons for acting, such as the Wanless Review's claim that the cost of a population 'unengaged' in its health could be £30 billion more by 2022 than a population actively engaged in taking responsibility for its own health.[99] Classic examples include reducing smoking, preventing obesity and encouraging savings. This type of behaviour change is a major focus of the Department of

Health, but also of departments such as the Department of Work and Pensions and Department for Children, Schools and Families.

Combining a) the goal of the behaviour change, b) the citizens who are affected, and c) the perceived legitimacy of government action creates a flexible framework that covers the major areas of government policy, as can be seen in Figure 4.

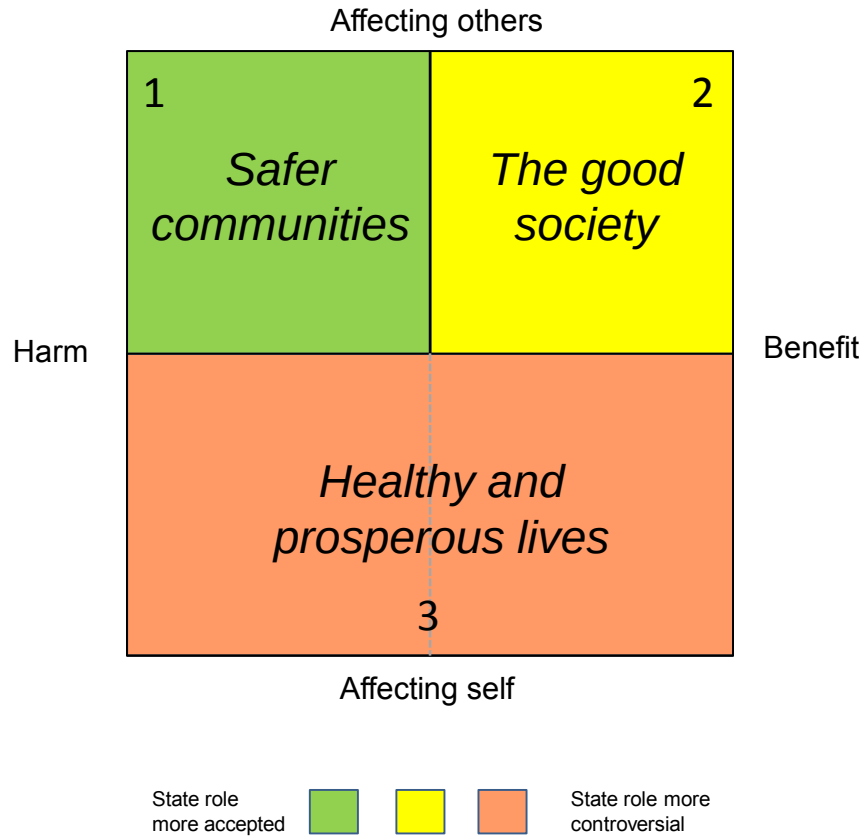


Figure 4: Broad policy areas viewed in terms of behaviour

The following sections show how the behaviour change effects from MINDSPACE can tackle common or pressing challenges under the three broad policy areas of safer communities, good society and healthy and prosperous lives.

We provide a range of case studies that demonstrate how some of the MINDSPACE effects have already been used to change behaviour and cite evidence of their effectiveness. We follow this with an exploration of how other elements of MINDSPACE can be used to influence behaviour in that policy area. These may be evidence-based examples, or suggestions for future policies.

The MINDSPACE framework can also show how policymaking can have unintended and perverse effects on behaviour. Such insights can be as important, if not more so, than the positive examples of MINDSPACE we provide.

In some of the case studies, it may be evident that more than one MINDSPACE effect is influencing behaviour at any one time. While it may be easier to conceptualise these effects as if they work in isolation, in practice significant overlaps will exist. If interventions are well designed, these overlaps are likely to enhance the effectiveness of attempts to shape behaviour.

Safer communities

A key and legitimate role of government is to discourage people harming each other. Much of our legislation and system of justice is aimed at achieving exactly this. We pass laws precluding unacceptable behaviour and look to the courts and criminal justice system to catch and punish citizens who break these laws. But

legislation is far from perfect at affecting behaviour change. Crime and fear remain major concerns in most Western countries and – even in the context of the country's current economic problems – remain one of the British public's top concerns.[100] The following case studies show how thinking differently about criminal behaviour may tackle the pressing challenges it presents.

Case study: reducing gang violence in Strathclyde

The policy issue

The latest British Crime Survey (BCS) reports that violent crime has fallen by 49% since 1995, with provisional data showing 648 murders recorded by the police (the lowest in 20 years). The use of knives in all violent crime has remained fairly stable over the last decade.[101] Although gun crime remains very rare, the number of recorded crimes involving firearms (excluding air weapons) doubled between 1998/9 and 2006/7.[102] And there is considerable public concern about knife and gun crime: 93% of BCS respondents thought knife crime had risen nationally, with 86% thinking the same for gun crime.[103]

Many of these concerns have related to the activities of 'gangs'. It is extremely difficult to measure gang membership, but a 2004 Home Office study estimated that 6% of young people aged 10-19 belonged to a delinquent youth group.[104] Offending rates were significantly higher for members of these groups than for non-members, and 51% claimed to have taken illegal drugs with other members.[105]

Using norms and messengers to change behaviour

It has been shown that people are strongly influenced by the behaviour of others, particularly by those who are similar to themselves. If delinquent behaviour is seen as 'normal' and widely practised by peers, this creates a strong attraction for gang members to join in and conform to the norm.

Scotland's Violence Reduction Unit has taken an innovative approach to tackling Glasgow's gang culture, which is founded on turning the power of social norms *against* gangs. Previous initiatives – including foot patrols and crackdowns on knife crime – had achieved only short-term success.[106] Then Scotland's Violence Reduction Unit turned to a US programme called the Cincinnati Initiative to Reduce Violence (CIRV). A central plank of CIRV's approach is to make one gang member's actions affect all his/her peer group. So, if a gang member commits a murder, then the entire gang is targeted for offences: drug activities, weapon possession, and parole and probation violation. In other words, punishment is replicated in the same way as the delinquent behaviour was – through the social norm of gang membership.

The American programme adopts other tactics for 'changing operative norms regarding violence'. Gang members were summoned to face-to-face forums as a condition of their parole. One purpose of these forums was to show how the gang's 'rules' or 'code' was based on illusion and rarely operated in reality. The other main purpose was to draw on wider social norms, by getting members of local communities, victims' relatives and ex-offenders to speak about the impact of the gang's violence on their area.

The messages have proven most effective when coming from figures that gang members may respect, or to whom they can relate – as when the mother of a dead gang member warned: 'If you let yourself get killed, your mother will be standing here. She will be me.'[107] As one of the American scheme's architects has noted, 'We're finding all of this matters more if you can find someone who is close to the offender, who they respect, who will

reinforce these values.'[108] This points again to the power of the 'Messenger' effect, explained above.

Evaluation

There have been a series of gang violence initiatives, all based on a similar model from the United States. One of the first programmes, Ceasefire, has been well evaluated. When first launched in Boston in 1996, an evaluation for the US National Institute of Justice found that the intervention reduced the average number of monthly youth homicides by 63%.[109]

A more recent evaluation of a programme based on the Boston project found that shootings and killings dropped between 41% and 73% in Chicago and Baltimore; declines of between 17% and 35% were attributable to Ceasefire alone.[110] In Cincinnati, gang-related homicides fell by 50% in the first nine months.[111] These improvements appear to be enduring – once a new social norm has been embedded, it becomes self-sustaining.

Scotland's Violence Reduction Unit secured £1.6 million of funding for their own CIRV (Community Initiative to Reduce Violence) project in 2008, which has brought together workers from many different agencies (including housing, education, social work and justice). The first face-to-face forum was only held in October 2008, with the first year's results published at the end of 2009.[112] The Home Affairs Select Committee recently praised Scotland's Violence Reduction Unit's 'innovative' strategy in its report on knife crime.[113]

Thinking through the MINDSPACE framework offers many possible ideas for policy to reduce crime and make our communities safer.

M

Messenger

Our reaction to information that specifies what is, and what is not, socially and legally acceptable is often influenced by the messenger delivering it. In reducing criminal activity, some people will respond better to authority figures, whilst others are more sensitive to messages delivered from people with similar backgrounds. The messengers used by the London borough of Brent to deliver information successfully to youngsters about the risks of becoming involved in gun crime were youth officers who were previously in street gangs.[114] BAC-IN, based in Nottingham, is run for and by people from African/Caribbean and South Asian backgrounds that have drug and alcohol problems. It provides culturally appropriate peer support to address and treat substance misuse problems in communities where abuse is often hidden and denied.[115]

There is strong evidence that the persuasive impact of close personal relationships on behaviour and family and friends can be used to deliver messages that seek to reduce criminal activity.[116] The Ceasefire programme, for example, uses mothers to deliver messages to gang members. One idea, raised at a recent Prime Minister's Strategy Unit seminar, is the practice of local mothers joining the police on the beat in housing estates blighted by anti-social behaviour. Such interventions not only strengthen the messenger (on both sides), they also help strengthen the establishment of stronger local social norms.

I

Incentives

Behaviour shaping, such as in relation to troubled youth, is often best done through positive incentives – in other words, rewarding and encouraging pro-social and adaptive behaviour rather than negative incentives (penalties) for bad behaviour. Hence effective parenting programmes focus heavily on helping the parents of troubled youngsters to praise and encourage sometimes quite small steps towards

positive behaviour (such as not leaving shoes lying around, or clearing plates from the table).

Whether using incentives as a reward for positive behaviour or as a penalty for bad behaviour it may be useful to consider loss aversion (the phenomenon that individuals prefer to avoid losses than acquiring gains). It is likely that sanctions, such as fines, are likely to be more effective when framed as losses. For example, the threat of crushing an offender's car (as represented in DVLA adverts) or taking their new TV could be more powerful than a fine of the equivalent level.

N

Norms

Social norms are a very powerful driver of both minor and more serious forms of crime. Essentially, we often take our cues for 'what goes' from those around us. Hence if one or two people start vandalising an abandoned car, others are likely to join in.[117] Even amongst highly educated members of society, the propensity to cheat is influenced by pervasive local norms.[118]

As noted in the case study, Ceasefire uses norms extensively, in this case partly trying to lever the social capital of the gang to less negative ends. This can work in the other way, however, with custodial sentences in certain circumstances being associated with higher rates of recidivism. It may be that custodial sentences break an individual's remaining exposure to mainstream social norms and instead immerse them in a crime-based set of norms and social networks. A more positive example may be youth or teen courts, where young volunteers serve in various capacities within the programme. There is evidence from the USA that these can be highly effective. These seem to rest on several factors, a key one being that young people are especially sensitive to the social norms and influences of their peers.[119]

D

Defaults

"Target hardening" – for example, making products harder to steal - offers an increasingly familiar and effective form of harnessing the power of defaults. For example, ensuring that mobile phones come with security passwords already enabled or building cars that automatically immobilise the engine make successful crimes more difficult. Such phones can still enable users to override the default, but the chances are that most users will be happy with the default extra security in place, just as they would have been without it. Speed limiters in cars (that could be actively overridden) could work in the same way.

S

Salience

In general, the more the message or signal is specific and salient to us as individuals, the more powerful it is likely to be. For example, campaigns to encourage people to drive more carefully or lock up their houses will be more effective if they are segmented to match the audience. Hence, a speeding campaign is more likely to be effective when tailored to young drivers and other at-risk segments, and 'lock-up' campaigns when rooted in statistics about burglaries on your own street. Again, the recent Cabinet Office report on segmentation provides practical advice in this area.[120]

Salience can also be applied to help public policy in more indirect ways too. For example, recent evidence in the UK suggests that visible jackets and salient 'unpaid work' can boost confidence in community punishment.[121] This increased confidence may provide a platform for policymakers to move the UK criminal justice system away from use of custodial sentences towards the greater use of community sentences that appear to work well, and be publicly acceptable, in our Northern European neighbours.[122]

P Priming

Criminal activity can be made more likely by factors in the environment that 'prime' an offender's behaviour. The 'Broken Windows' theory suggested that if a few windows of a derelict factory were not repaired, the tendency was for vandals to break a few more. As such 'one example of graffiti or littering, can indeed encourage another, like stealing'.[123] Further work has shown that the sight of guns can induce aggressive ideas and 'can function as a conditioned stimulus, eliciting both the thoughts and motor responses associated with its use'. As a result, it has been said that whilst 'the finger pulls the trigger, the trigger may also pull the finger'.[124] Hence, policy-makers should consider how the wider visible environment in which people live may actually prime crime.

A Affect

Restorative justice is a process where parties with a stake in a specific crime work together in dealing with the aftermath of the offence and its future implications. Bringing offenders face-to-face with their victims can evoke a strong emotional response – such as anger and guilt - in participants. The youth offending team in Caerphilly believe that their restorative justice scheme empowers victims and can reduce crime.[125]

Of course, much of the impact of crime comes from the powerful negative emotions it generates, not just directly for victims but because of the pervasive sense of fear that it can engender. It can be challenging to value the psychological cost of crime[126] but we know that fear of crime can affect our behaviour, which can lead to withdrawal into the home and abandonment of public space. Community building – getting to see and know your neighbours – can be an effective way of reducing fear. A common response of fearful residents brought together is the relief when they discover they are not alone.

C Commitment

Policy-makers and those working in the criminal justice system should consider how the power of commitment could reduce or prevent undesirable activities. Acceptable Behaviour Contracts (ABCs) are a good example of the use of commitment devices in relation to crime. A meeting is held between the offender, their parents (if applicable) and the police and all agree what is and is not acceptable behaviour. Though there is no legal sanction, ABCs can nevertheless be effective in reducing antisocial behaviour.[127]

Although reciprocity can sometimes be a powerful negative force, such as tit-for-tat exchanges between rival gangs, commitment contracts could be enhanced by strengthening their reciprocal element. It may be useful for the partners of the agreement to recognise when the contract has been successful and respond, with positive feedback or reward.

E Ego

The quest for a positive self-image is important for most of us but may be particularly so in persistent criminal offenders. Research into the causes of violent acts has traditionally focussed on risk factors rather than perpetrators' perspectives on their actions. Violent crime in particular, is often entangled with a struggle for 'respect', and there is evidence that violence often relates to (arrogant or aggressive) protection of low self-esteem.[128] The recent, and much quoted, Australian campaign to reduce speeding by young men openly plays on this desire for respect: an attractive young woman raises and bends her finger to signal that she thinks speeding a sign of having a small penis.[129] Similar campaigns could be launched to reduce the drink-related violence seen in many town centres at night, often carried out as a sign of machismo.[130]

In contrast, the ever-popular but highly ineffective practice of 'scaring straight' by taking young people to prison may fail because it makes it easier for the young person to think of themselves as an offender, and to incorporate this into their identity. The evidence indicates that it actually increases subsequent offending.[131] Similarly there are concerns that anti-social behavioural orders (ASBOs) are sometimes treated as a 'badge of honour' in some social groups and may cue bad behaviour rather than restrain it.[132]

Case study: Reducing littering in Southwark

The policy issue

Citizens consider the appearance of their local area as a major issue, and litter is perceived as the second biggest blight on the local environment.[133] Government attempts to alleviate these problems are considerable: the estimated cost of street cleaning was £547 million in 2005-06.[134] At a local level, polling data in the London Borough of Southwark has indicated that residents considered street cleanliness to be the council's main priority. By 2007, the council was spending approximately £20 million cleaning streets and housing estates.[135]

Using norms and salience to change behaviour

Given public concern and government spending, littering presents a strong case for attempting to change behaviour to prevent harm to others. Southwark applied incentives to reduce littering by introducing £75 fixed penalty notices (FPN). These notices are obviously more effective if people are aware of them – which is why Defra recommends they are preceded by an awareness-raising campaign.[136] But, just as concern about litter in general may not translate to changed behaviour in practice,[137] there are some real challenges to making the abstract threat of a fine 'real' to citizens.

Starting in 2004, Southwark adopted 'Stalking Litter', an innovative approach to making the issue of litter, and FPNs specifically, more salient to citizens. In order to attract attention, the council hired actors in giant litter costumes to 'create a scene' in busy streets throughout the borough. The actors (later replaced by staff members) explicitly aimed to engage with the public, for example by cheering and thanking passers-by who put litter in nearby bins.

There are three main advantages to exploiting salience in this way:

a) The novelty and amusement of the giant litter provides a salient opening for the serious messages about litter problems and FPNs. As one participant argued, 'It's hard to get your message across if you have a leaflet in your hand. Dressing as a giant banana gives you a 10 to 15 second window where people listen to you.'

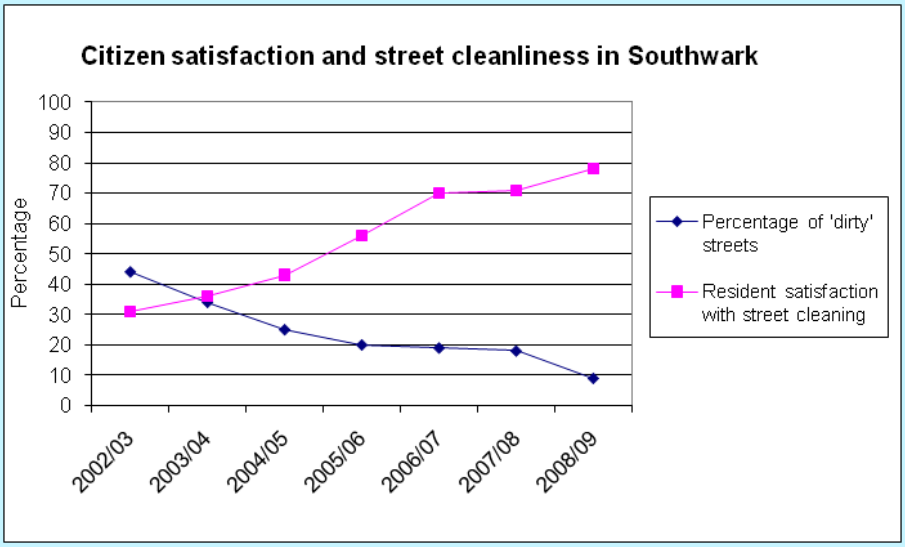


b) The costumes connect the issue of litter and FPNs with distinctive visual images. Not only do the images exploit non-verbal means of communication, their novelty makes it more likely that the accompanying message will be retained.[138]

c) The costumes were explicitly designed to represent the most common types of litter found in Southwark (for example, coke cans, fast food, and cigarettes). These similarities are likely to make the actual litter that citizens encounter more noticeable, and to make them more aware of their own littering behaviour.

Evaluation

The programme has not been formally evaluated. There are informal reports that the novel approach was successful at tackling the apathy surrounding littering, while the use of humour appealed to groups who may have not responded to traditional information campaigns. The campaign was cited in Southwark's 'Overall Winner' title at the Cleaner Safer Greener Network Awards in 2006.[139] Naturally, it is very difficult to make a causal link between the use of Stalking Litter and the incidence of littering, since the initiative took place as part of a wider programme aimed at improving the cleanliness of Southwark. Nevertheless, holistic programmes to change littering behaviour can achieve significant effects, as indicated in the graph below.[140]



The good society

Nearly everyone wishes to live in a 'good society', even if different people tend to emphasise different things when defining it. Government often intervenes to promote a better society, and may be seen to have legitimacy to do so if people believe civil life has deteriorated. Although very few people when questioned want the state intervening more in their lives, they are likely to give permission for new policies in this area if the benefits are made salient to them.

Case study: Education-Related Parenting Contracts

The policy issue

Most people agree that parents need to be able to guide and nurture their children and discipline them when necessary. As part of this, parents are expected to support schools in making sure their children attend class regularly and behave appropriately whilst there. In the Autumn 2008 and Spring 2009 terms, unauthorised absence statistics show that 1.03% of the half day school sessions were missed without permission. In the 2007/8 academic year, there were 8,130 permanent exclusions from primary, secondary and special schools in England, which represents 0.11% of the number of pupils in schools. The most common reason for exclusion was persistent disruptive behaviour.[141]

Using commitment contracts to change behaviour

Education-related Parenting Contracts and Parenting Orders were introduced in February 2004 to promote and reinforce parental responsibility

for school attendance and behaviour. An education-related Parenting Contract is a voluntary, written agreement between a parent and either the governing body of a school or a local authority. Parents cannot be compelled to enter into a Parenting Contract and there is no obligation for local authorities and schools to offer them. The contract includes a statement and a commitment by the parents that they agree for a specified period of time to comply with the requirements set out in the agreement. Parents in many cases are encouraged to suggest their own solutions as to what measures would be most effective. The school or local authority provides a statement and similar commitment agreeing to provide support to the parents to improve the child's behaviour and/or attendance. Support ranges from the family being bought an alarm clock to parents being offered a place on parenting skills courses.

After the Parenting Contracts have been signed off, an initial period of time is usually given for the pupil's behaviour or attendance to improve. If there is little or no improvement then the period of the contract can be extended, with both sides' agreement. There is no sanction for a parent's failure to comply with or refusal to sign a Parenting Contract. However, if the pupil's misbehaviour or attendance continues or worsens and the school or local authority applies for a Parenting Order (a civil order), then the Court can take non compliance with the Contract into account when considering whether to grant an Order. In the case of poor school attendance the local authority may consider prosecuting the parent, but this should be the last resort.

Evaluation

In 2008, a DCSF-commissioned evaluation of education-related Parenting Contracts assessed their role in improving children's behaviour and reducing unauthorised attendance.[142] The evaluation showed that there was a greater use of Parenting Contracts for attendance problems rather than for bad behaviour. The trigger for contracts due to poor attendance usually occurred when unauthorised absences dropped below a specific level. For bad behaviour, parenting contracts were often used as a last resort attempt when other interventions had failed.

Schools, local authorities and parents were generally positive about the role of Parental Contracts in reducing non-attendance and improving behaviour (see Figure 6). The majority of schools involved in the evaluation saw attendance improve as a result of using these agreements. Although a fewer number of contracts were used for bad behaviour, it was considered very difficult to isolate their effectiveness, as a number of other interventions were often running concurrently. However schools and local authorities did feel that Parenting Contracts had helped to avoid the child in question being permanently excluded and that generally, their behaviour had improved.

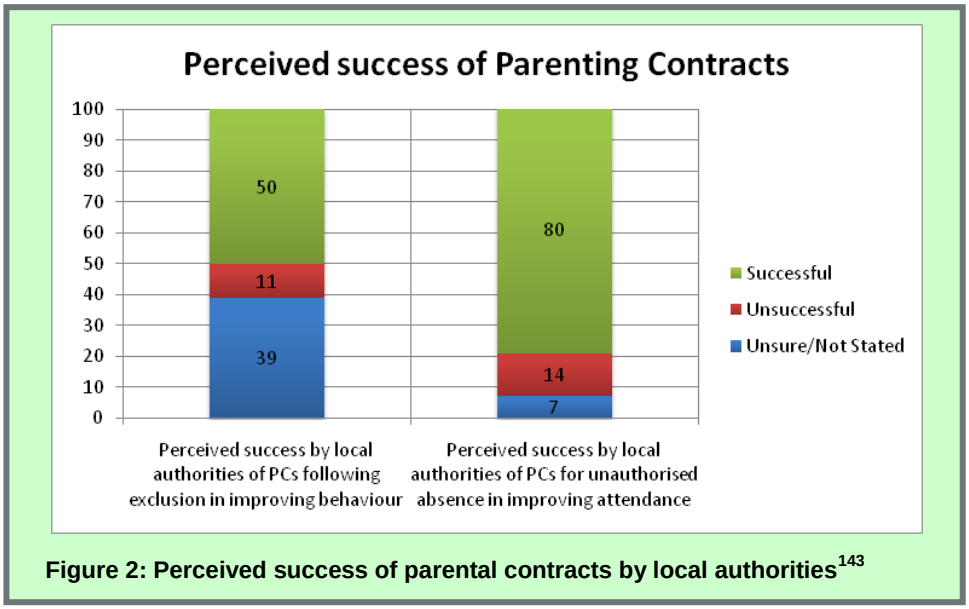


Figure 2: Perceived success of parental contracts by local authorities[143]

Messenger

Although much of the new legislation enacted in the last few years is uncontroversial and would have widespread support, some people may not approve of government interventions to encourage pro-social behaviours. Therefore, in delivering messages that seek to create a good society, it may be more effective to use messengers that are not seen as agents of the state. Currently, there are a number of public campaigns, such as those for filing tax returns or increasing recycling, that currently use public – and non-governmental - figures to get the message across.

Peer to peer programmes can be used to target youngsters who are often hard to reach, with messages intended to enhance pro-social behaviours. As part of the Aimhigher programme, a scheme has been established in which secondary school pupils are mentored by university students to support them in continuing into higher education programmes.[144] Peer education programmes have also been used to increase the youth vote, with organisations like 'Rock the Vote' using the power of peer messengers to increase voter turnout recent American elections.

Incentives

Providing incentives to promote pro-social behaviours can risk reducing people's intrinsic motivation to make the right decisions in other areas of their lives. Intrinsic motivations come from the reward from carrying out the task itself, the feeling of satisfaction or self-worth that comes from an act of altruism. Extrinsic motivation comes from outside and usually takes the form of coercion or a financial reward or penalty. It has been shown that extrinsic incentives relate to how people see themselves and are therefore less effective in public than in private. For policy-makers, this would suggest that monetary incentives are more likely to be counterproductive for public pro-social activities than for private ones.[145]

One area in which communities have grown in strength over recent years is online. Wikipedia is an example of a social resource that has come together with the help of a community of hundreds of thousands of editors who are not rewarded for their contribution financially. So what incentivises these people to contribute? It has been suggested that the motivations for contributing to such websites was not always strictly altruistic, but relied on increased recognition, a sense of efficacy and anticipated reciprocity.[146] Incentives may have a role in many areas of public policy making, but other factors may be as or more important that financial rewards or

penalties. Policy-makers should therefore try to identify whether there are any intrinsic, altruistic motivations that could be harnessed for behaviour change.

N

Norms

People have been seen to contribute more to society and public goods when they see others contributing as well.[147] This behaviour may be due to the specific norm of 'responsibility' generated when people recognise the impact their personal behaviour has on creating a better society. The theory of responsibility-orientated contribution to society differs from other explanations of pro-social behaviour, such as reciprocity and conformism, which also influence actions. In the setting of a Norwegian recycling programme, perceived responsibility was found to be a major determinant for reported recycling: an individual less certain that their neighbour was recycling was less likely to accept responsibility for their own recycling.[148] It seems that people determine appropriate pro-social contributions by looking at their peers' actions.

Encouraging voter turnout is a priority for healthy democracies. The 'Voter Paradox' describes the fact that in spite of the economic prediction (rational model) that very few people would turn out to vote, significant numbers continue to do so. There are a number of reasons for observed voter behaviour but a strong social influence certainly exists. The British Election Survey found that, controlling for all else, if a person believes that his or her peers think that voting is a waste of time, that person is less likely to vote.[149] To boost voter numbers, postal voting has been introduced in many countries. When optional postal voting was introduced in Switzerland, it reduced voting costs substantially but did not increase turnout. Interestingly, voter turnout actually decreased in smaller communities.[150] It has been suggested that this reduction was because the social norm of being seen to vote was lost. This implies that policy-makers should pay particular attention to encouraging or enabling a *visible* pro-social norm to take root in communities.

D

Defaults

Default payments or top up fees can be added to products which are then donated to projects promoting a 'good society'. The change of default from one in which the customer has to opt into making the additional payment to one in which they must opt out can dramatically influence behaviour. To maintain public parks in Washington State, drivers renewing their licenses are charged an additional $5 donation unless they opt-out of not paying the fee. This has increased the amount donated compared to the old system, where people were not charged the fee unless they chose to pay it. In the previous model, only 1.4% of people donated, with the State collecting just over $600,000 dollars a year. The state has reported making over $1million dollars a month from the scheme since the change.[151]

Some organisations (for example, the ZSL London Zoo) now include a Gift Aid contribution as a default in their standard prices, and this technique could be encouraged for other causes promoting a 'Good Society'. Or optional payments could be added to products that lead to external costs to society: for example, some airlines already operate an opt-out default payment to offset the carbon footprint associated with flying. This has implications for policy-makers either concerned with raising revenues in a non-compulsory manner, or with more nuanced ways of regulating and adjusting for market failures.

S

Salience

Choice overload refers to the problem some consumers face when they are presented with too many options. Too many choices can lead to people making poor decisions and may even lead to people refraining from making any choice at all.[152] As an example, people can sometimes be overwhelmed by the range of options they have for recycling their waste and may consequently choose not to

recycle at all. Better design could simplify the process by making recycling choices more salient. Colour coded container lids increased the recycling rate by 34% in one experimental study, suggesting that the lids colour communicated information effectively through salience, thereby improving recycling compliance.[153]

P

Priming

Original research on priming and social behaviour found that exposure to songs with 'pro-social lyrics' increased altruistic helping behaviour.[154] Further studies have shown providing participants with a picture of a library caused them to speak more quietly.[155] Features of our environment may be able to prime pro-social behaviour; however, more research evidence is needed before such interventions could be recommended.

A

Affect

Social marketing is the application of commercial marketing techniques to influence the voluntary behaviour of target audiences and improve personal and societal wellbeing.[156] Many social marketing campaigns have used the power of affect or emotion to stimulate behaviour change. Drink driving and seatbelt awareness campaigns are good examples of where social marketing campaigns have played a part in significantly changing behaviour. Social marketing that draws on the power of affect could be used to encourage other pro-social behaviours such as blood donation and community volunteering.

C

Commitment

The internet site www.stickk.com enables users to form commitment contracts to help them achieve personal goals such as losing weight and stopping smoking. The internet also provides a forum for people to make commitments to enhance their local community. Pledgebank.com is a site where people are able to commit to doing things in their community. Users set up pledges and other people are encouraged to sign up to them. If the pledge attracts enough people then the group is encouraged to go forward with the idea. Current examples include 'I will start recycling if 100 people in my town do the same' and 'I will organise a love music, hate racism event in South London, but only if 10 other people will help out'.

Reciprocity can be used as a mechanism to improve social cooperation through citizen-to-citizen support schemes. The basis for such programmes is that people can earn credits for pro-social behaviour in their local community. The idea comes from Japan, where a cashless currency (*fureai kippu*) or 'caring relationship tickets' has been established. In the scheme, people are able to earn credits for looking after an elderly neighbour, which can then be used to purchase similar care for elderly relatives who live a significant distance away. A similar programme could be established in the United Kingdom.[157]

E

Ego

Community improvement needs strong involvement and support. Enhancing the status of individuals who contribute to enhancing their local communities may encourage more people to take an active part. 'Community Champions' is an umbrella term, used by a number of organisations to describe people that work to improve the environment in which they live or work in. For example, 'Community Champions' in Braintree inform the council about abandoned vehicles, graffiti, vandalism and street lights that have gone out.[158]

The Honours system has been used in recent years to recognise people who have made significant contributions to their local communities. It may be beneficial to create a more formal national award for young people and recent immigrants who have already made a substantial contribution to their communities, but who may not currently be recognised by the Honours system.

Case study: Increasing recycling through deposit schemes

The policy issue

The United Kingdom consumed approximately 14 billion litres of soft drinks in 2007, equivalent to around 234 litres per person. In the same year nearly 24 billion beverage packaging units were sold.[159] Recycling rates of such products is markedly less in the United Kingdom compared to other countries in Western Europe.[160] In Denmark, a combination of a bottle deposit scheme with a network of Reverse Vending Machines (RVMs) has seen return rates of 84% for cans, 93% for plastic bottles and 91% for glass bottles.[161]

Using incentives and loss aversion to change behaviour

There is no doubt that better facilities have contributed to improved household recycling. One area where recycling rates remain poor, however, is in the recycling of products purchased 'on the go' (e.g. soft drinks containers). Deposit schemes are used in many countries to encourage people to return empty packaging, and there is evidence they can reduce littering.[162] The basic principle of the scheme is that consumers pay an additional fee to the retailer when purchasing a bottle or associated packaging. The deposit is refunded when the consumer returns the empty packaging. In a recent survey, 82% of people in the United Kingdom polled said they would support a scheme whereby at least five pence was included in the price of every drink container, with the deposit returned for recycling.[163]

There are a couple of examples of incentive schemes that have been used in the United Kingdom to improve recycling rates. IrnBru, which is manufactured by AG Barr, is available in refundable glass bottles. Empty bottles can be returned to retailers, who provide either cash refunds or a credit voucher. The current deposit value is 30p, and an impressive 70% of bottles are returned for cleaning and reuse.[164]

Reverse Vending Machines (RVM's) are devices that accept empty beverage containers and can return money to the user. RVMs vary in size and their price ranges from a few thousand pounds for smaller receptacles to tens of thousands of pounds for larger units that can handle many thousands of bottles a day. An organisation called Recoup have been involved in a number of trials of RVMs, including one in Milton Keynes. Initially no incentive was offered to encourage the public to recycle using the RVM but an incentive has recently been introduced. These voucher-based incentives have not been seen to cause a significant effect on recycling behaviour. Another scheme by The Body Shop offered its customers a 10% price reduction if they returned containers to the shop for refilling. The scheme was dropped because only 1% of shoppers were using it.[165]

There may be a number of reasons why IrnBru and other bottle deposit schemes have been effective, whilst other programmes have been less so. Behavioural economics provides us with one potential answer - loss aversion. Loss aversion is the theory that states that losses loom larger than corresponding gains and subsequently have a greater effect on preferences. It is likely that part of the success of deposit schemes lies in generating loss aversion in consumers. When customers hand over their deposit, loss aversion predicts that failure to return the bottle and collect the payment back will trigger a larger psychological cost than the monetary value of the incentive would suggest. For this reason, deposit schemes may have a more powerful effect on consumer behaviour than simple incentives alone.

Evaluation

Environmental Resources Management Limited (ERM) was commissioned by DEFRA in 2008 to investigate whether a bottle deposit scheme should be introduced in the United Kingdom. The findings of the evaluation were that deposit schemes increase return rates in countries using them (often reaching rates of over 85%) and that they may also contribute to reductions in littering. ERM summarised that whilst it is not disputed that a deposit scheme would increase recycling, alternative schemes may achieve similar or better results at less cost.[166]

A subsequent report from DEFRA suggests that there is unlikely to be a national deposit scheme rolled out in England in the foreseeable future.[167] Such a scheme may be seen elsewhere in the United Kingdom, however, and The Climate Change (Scotland) Bill contains powers to introduce deposit and return schemes.[168] It may also be that retailers themselves take on the responsibility for establishing bottle deposit schemes, and both Sainsbury's and Tesco have already tried this in various guises.

Healthy and prosperous lives

A central goal of policymakers is to make citizens healthier and more prosperous. Countless years of life continue to be lost as a result of the disease burden from unhealthy choices. Similarly, the penalties of poor financial decision-making can adversely influence individual and societal well-being, in the short and long term.

People should be encouraged and supported in making healthier choices if they wish to, but there can be opposition to government involvement with these issues.[169] Altering the choice environment with no restriction placed on individual choice may provide an accepted way for policy-makers to influence behaviour in these areas.

Case study: increasing contraceptive use

The policy issue

There are currently more than 33 million people living with HIV globally. Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, accounting for over two thirds (67%) of all people living with HIV and for nearly three quarters (72%) of AIDS-related deaths in 2008. Women are significantly more likely to contract HIV: throughout the region, women account for 60% of all HIV infections.[170] HIV clearly has important consequences for those infected and for wider society in terms of carer burden, lost output, etc. In an attempt to stem the epidemic, DfID has committed £6 billion over seven years to 2015 to improving health systems in developing countries.[171]

As the UK's AIDS strategy for developing countries notes: 'Successful HIV prevention is about enabling individuals, couples and communities to make healthy choices about personal aspects of their lives – particularly sexual behaviour. These are not just based on information and rational choice; they are also influenced by complicated drivers of human action, including gender roles, inequality, norms around sexuality...'[172] A key plank of the strategy is increasing awareness and use of condoms. But DfID has also recognised the need to incorporate the 'complicated drivers' around how we deal with information – in particular, the importance we attach to the *messenger*.

Messengers

The weight we give to information depends greatly on the feelings and thoughts we have about its source. This principle is the foundation of the DfID-funded 'Get Braids Not Aids' campaign in Zimbabwe, which is one of the countries that has been worst hit by the virus.[173] The scheme trains hairdressers in low-income areas in informing their clients of the benefits of female condoms, how they are used and how to introduce them into a relationship.[174] This means the information is being provided by a familiar person in a friendly, supportive and safe environment, which helps overcome the stigma attached to female condoms and means the women feel freer to talk about their personal issues. Also, associating female condoms with a friendly person or enjoyable experience may lead them to be perceived in a more positive light as a whole.[175]

Evaluation

By 2005, 'Get Braids Not Aids' had a network of 1,000 hair dressers in 500 salons, which sold 450,000 female condoms.[176] This represented over half of total sales of female condoms in Zimbabwe, which have increased dramatically since 1997.[177] A DfID-funded study amongst 400 hair salon clients found that women who had seen a female condom demonstration by a hairdresser were 2.5 times more likely to use the product than those who had not.[178]

The study found that 28% of respondents reported using the female condom (called *Care*), compared to only 15% in 2002. 35% of respondents spontaneously reported hair salons as a source of information about *Care*, while 47% said they had specifically talked about *Care* with their hairdresser.[179] There are questions, however, over the sustained use of female condoms, since it appears that half of the women who purchased the female condom only used it once.[180]

Given the various complicating factors, it is not possible to draw a causal link between this programme and AIDS prevalence. However, a recent United Nations report attributes the significant decline in HIV prevalence in the last decade to mortality and 'a decline in HIV incidence due to behaviour change'.[181]

M

Messenger

We usually think of parents moulding or influencing their children's behaviour, but children similarly influence parents and other family members. A series of Department of Health adverts have been used featuring children conveying the health risks of smoking to their parents. There may be a wider role for personal health messages to be delivered by family members to other relatives. Teenagers learn about healthy living as part of the social and health education programmes that form part of their school curriculum. Teenagers of a certain age could be encouraged to provide health information to relatives (e.g. grandparents).

I

Incentives

Payments for gym membership leave many people's bank accounts without a foot stepping on the treadmill. A Danish chain of gyms is offering a new way of encouraging its members to visit the gym regularly.[182] The gym offers free membership, with the only condition being that if you fail to show up once per week you will be billed a monthly membership fee. Traditional gym subscriptions (annual subscriptions) can be considered in many ways as 'sunk costs'. In economics,

sunk costs are those that have already been incurred and cannot be recovered. Whilst these costs will still motivate the gym member, the Danish scheme is likely to be more successful (in terms of increasing usage, if not profit), since it will generate continuing feelings of loss aversion for failure to go to the gym.

General Practitioners are now prescribing a variety of exercise programmes to their patients, including gym memberships and golf lessons.[183] The rationale is that this will offer preventative health benefits, but it has generated controversy and the effectiveness of such schemes is not yet proven. A system that allows people to access similar free facilities could use the Danish model that only results in costs to participants if they do not keep to their targets.

N

Norms

The decision to smoke or drink alcohol is heavily influenced by the choices of those around us. Recent evidence suggests that the outside forces that make one person's smoking less likely will also decrease the probability that close friends or family will also smoke. It was demonstrated that individuals whose spouse was faced a workplace smoking ban were less likely to smoke themselves and that a spouse quitting can lead to a 40% reduction in the probability of spousal smoking. This evidence suggests that policy interventions affecting an individual's behaviour (e.g. workplace smoking bans) may have an additional indirect effect on their peer group.[184] This may increase the legitimacy of policies that are used to target other unhealthy behaviours.

D

Defaults

Nudges can also use technology to deliver desired changes in behaviour. Statistics suggest that there may be a group who repeatedly flout drink driving laws.[185] A new approach may be needed to deal with this group of persistent offenders. In certain American states, those convicted of drunk driving have to install breath-monitoring gadgets in their car, which prevents engines from starting until drivers blow into alcohol detectors.[186] There is of course the risk that drivers get their sober friends to blow into the device, but strict penalties have been introduced to counter this tactic. Such a scheme (acting as a default) could be used in the United Kingdom to reduce the damage done by these repeat offenders to themselves and others.

S

Salience

Traditional economic theory tells us that price is supposed to capture, rather than shape, value. Recent behavioural research suggests that preferences can be affected by how a price is presented or framed.[187] The most obvious example is that consumers are affected by setting prices just one penny below the nearest pound value, since the pound value comes first and is thus more salient.[188]

In recent years firms are increasingly displaying their prices not in terms of a single price, but as a breakdown of separate charges. Examples include online retailers who provide their price separated into product cost and handling and postage fees and airlines who now routinely itemise fuel fees, baggage charges and landing fees.[189] Consumers are often confused as to what products offer the best value. This has been seen in the travel industry, where there are increasing complaints about the transparency of prices for airline flights. Where confusion exists in pricing structures, it may be necessary to require companies to present their prices in structured formats that allow consumers to make the choice that is best for them.

P

Priming

Inappropriate and unhealthy alcohol use is a source of significant concern in the United Kingdom. There are a number of factors that may prime people into excessive drinking. We know that people's portion sizes vary according the container size and so people who use larger glasses will tend to pour themselves

larger measures.[190] Other elements of the environment in which we drink – music, lighting, atmosphere - may also change our behaviour in relation to how much we drink and how we subsequently act: we 'go with the grain' of our environment.

A

Affect

Our general mood can affect cognitive processes and choices. If we are in a good mood we tend to make unrealistically optimistic judgements, and the opposite applies.[191] We will often make important decisions in such 'hot' or 'cold' states and the choices taken may not always be in our long-term interests. Where it can be predicted that our emotional state may affect our judgment, it may be useful to have a formal 'cooling off' period that allows us to come back and reconsider our decision at a later date. Examples include the purchase of insurance policies and agreement of personal loans. Government policies could better recognise the power of these 'hot' states and build in greater safeguards for people to ameliorate the consequences of decisions taken under their influence.

C

Commitment

1-2% of the population in many developed countries suffer from pathological gambling. For those with such problems, some casinos (particularly in North America) have offered self-exclusion programmes to limit an individual's gaming opportunities. Self-exclusion provides the opportunity for gamblers to sign an agreement to ban them from gaming venues. This agreement may hold for a limited time or even a lifetime. An evaluation of people who had signed contracts in Quebec showed many positive effects. The urge to gamble significantly reduced while the perception of control increased significantly for participants.[192]

Casinos in the United Kingdom could be encouraged (or forced) to make self-exclusion agreements more accessible to problem gamblers. In addition, there are increasing concerns about the number of people who are developing serious problems as a result of online gambling. Online casinos operating in the United Kingdom could similarly be forced to offer self-exclusion contracts. Of course, with the plethora of sites available it may be necessary to have a single agency to which individuals can sign a self-exclusion agreement.

E

Ego

In recent years, health promotion strategies have focused attention from targeting adult smokers into preventing smoking among children. There are a number of proven determinants of smoking behaviour including socioeconomic status, peer pressure, and cigarette advertising. It is well recognised that smoking, self-image and self-esteem are inextricably linked.[193] Adolescents can see smoking as a means to deal with stress and worry and there are particular problems with teenage girls whose smoking habits appear particularly resistant to change in many countries. A significant number of teenage girls think smoking makes them look experienced and sophisticated and they have concerns that if they quit that they will gain weight.[194] Targeted programmes to raise the self-esteem of specific at risk groups may be necessary to prevent the long-term consequences of continued smoking.

Case study: An 'opt-out' system for private pensions

The policy issue

As the Pensions Commission made clear, the current system of pensions is insufficient and 'will deliver increasingly inadequate and unequal results'. Not only are private pension contributions failing to rise as expected, but increasing life expectancy will create pressures that cannot be alleviated by raising the pensionable age alone.[195] There are currently around 7 million

people in the UK who are not saving enough to generate the income they are likely to want in retirement.[196]

Using defaults to change behaviour

The Commission pointed out that 'initiatives to stimulate personal pension saving have not worked', and pointed to 'the limited impact of providing better information and generic advice'.[197] Indeed, in 2003 an estimated 4.6 million employees had not joined employer-based pension seems to which they had access.[198] Strictly speaking, this failure is irrational, since joining such a scheme would bring considerable benefits to these employees.

There are many reasons for the low level of pension saving. Joining a scheme requires an active decision, but people often display inertia when confronted with such decisions. For example, many banks and credit cards tempt people to open accounts with attractive introductory offers, knowing that they will fail to move even when these offers elapse.[199] The problem is especially acute for pensions because they deal with a far-off future scenario: since people find it difficult to imagine old age, the decision to act does not seem to be a high priority and apparently can always be deferred.[200] Finally, people are more likely to defer decisions that are complex and confusing, and thus require significant mental effort – like selecting a pension scheme.

Information provision alone fails because people may not act on this information, for all the reasons given. In the words of one interviewee, 'we know we should be contributing to a pension plan, but it's never the right day to start'.[201] In such a situation, should government just compel people to save more? The Pensions Commission noted that 'while many people say they want to "have to save", many respond adversely to the idea of compulsory savings'.[202] How, then, should government take stronger action without removing freedom? The answer from behavioural economics: use people's inertia to actually *encourage* saving.

Currently, the onus is almost always on employees to make the effort to join their company's pension plan or buy a personal pension. In other words, the 'default' option when employees join a company is for them not to join. The concept adopted by the Pensions Commission was to change this default: employees would automatically join the pension plan, but still have the opportunity to opt-out if they wish. Changing the default means that inertia is now working *in favour* of savings – but preserving an opt-out means that the government avoids introducing a compulsory saving system. The reform also introduces a compulsory "matching" contribution from the employer, obliging them to contribute to an employee's pension (unless the employee opts out).

It is an attractive position that has been labelled 'libertarian paternalism'.[203] Indeed, one interviewee explained that having a simple and intuitive governing concept like 'changing the default' has helped maintain focus and momentum during the long process of implementing the Commission's findings. Nevertheless, having a compelling theory alone is rarely enough when creating policy; a crucial factor in gaining support for an opt-out default was the compelling evidence of its effects in real life.

To take one of many examples, a study assessed the changes in pension uptake when a large US corporation switched their default from active to automatic enrolment. As the graph below shows, enrolment increased significantly after the change in default.[204] Interestingly, introducing automatic enrolment also eliminated most of the previous differences in

participation due to income, sex, job tenure and race – the increase in take-up was particularly large for low and medium income workers.

The graph below shows pension participation rate by years worked in the company. For employees hired prior to automatic enrolment, participation increases with tenure. But the highest participation rates are for the employees hired under automatic enrolment.

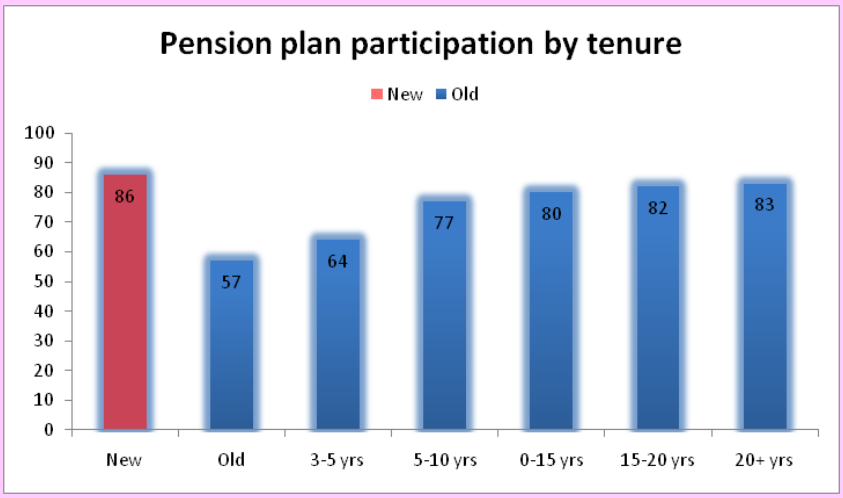


Figure 8: Change in enrolment in pension plan, by length of employment[205]

As well as sound theory and strong evidence, the movement to joining by default, with an opt-out, was aided by support from stakeholders: for example, pension providers can gain business and cut marketing costs, while small businesses' pension contributions are in line with their employees' desire to save. As a consequence, the Pensions Act 2008 requires employers to automatically enrol all eligible workers over the age of 22 into the relevant workplace pension (with minimum total contributions of 8% of salary) from 2012.[206]

Evaluation

Naturally, an evaluation of this policy does not exist as this change in the default does not come into force until 2012. Nevertheless, the practical steps of translating an interesting concept into practice are worth reflecting on. Changing default settings may be easy on a small scale and in informal contexts, but there are challenges when national governments are required to legislate:

- The power of inertia means that the nature of the default pension fund needs to be chosen very carefully. As a result, the Personal Account Development Authority has just consulted on developing guidelines that will be used as investment principles for the fund managers of the proposed National Employment Savings Trust.[207]
- The use of legislation to compel employer contributions means that the Pensions Regulator will need to take on considerable new powers to ensure employers are complying with the new arrangements.
- Finally, the setup needs to reflect the motivations of the different parties. For example, the question of who provides the opt-out (i.e. who the messenger is) needs to recognise that employers may have an incentive to encourage employees to opt out.

Changing defaults is seen as a relatively cheap way of encouraging beneficial behaviours. Of course, this depends on a) costs associated with the actual change of the default; and b) the costs arising from more people

choosing the new default option. In terms of changing the default, the DWP has estimated there will be a one-off transition cost of £0.3 billion.[208]

The average monetised costs and benefits of people choosing the new default are roughly equal at approximately £15 billion a year, although they accrue to different parties (combined individual and employer contributions are offset by £15 billion of higher income for individuals in retirement). However, the DWP believes that there will be additional non-monetised benefits of £40 billion of social welfare benefit over 43 years (as a result of smoothing citizens' income over their lifetime), as well as a long-term increase in UK incomes due to additional savings.[209]

Applying MINDSPACE to policy-making

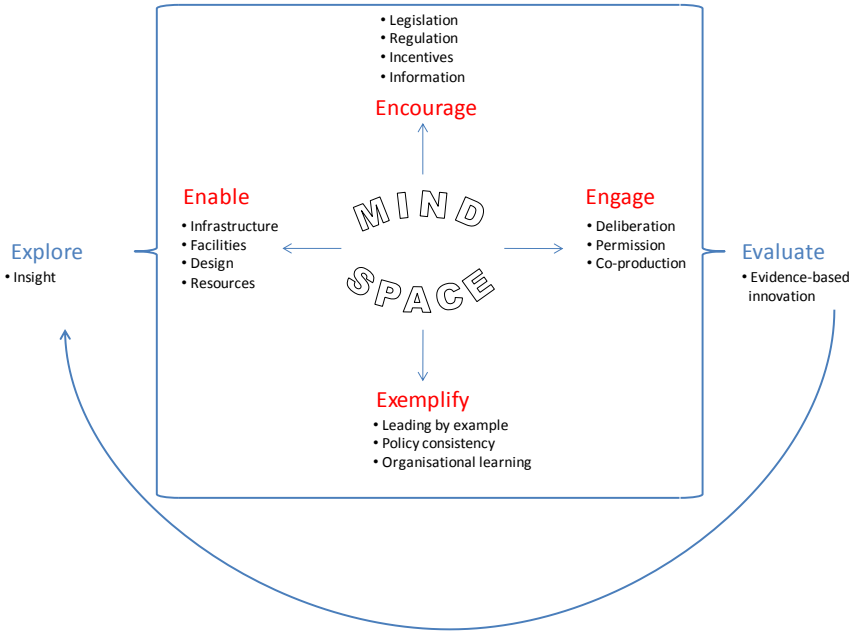
So far, we have explained MINDSPACE and shown its applications in the real world. This chapter explains how policy-makers can put MINDSPACE into practice. It focuses purely on *how* government *could* apply MINDSPACE. Of course, ministers and policy-makers also need to consider fundamental questions around whether government *should* attempt to change behaviour. We explain these normative issues in the next chapter; for simplicity and ease of exposition, we focus on practicalities first.

Traditional ways of changing behaviour, such as legislation, regulation, and incentives, can be very effective. MINDSPACE does not attempt to replace these methods. Rather, it extends and enhances them, adding new dimensions that reflect fundamental, but often neglected, influences on behaviour.

Similarly, applying MINDSPACE in practice builds on existing methods of changing behaviour. To illustrate this, we have drawn on the "4Es" policy framework, originally developed by DEFRA, which has been applied in various behaviour change strategies.[210] The 4Es are four actions that should underpin government's attempts to change behaviour: Enable, Encourage, Engage and Exemplify. We have added two supporting actions: Explore, which takes place before policies are implemented, and Evaluate, which judges the success of the policy.

In basic terms, MINDSPACE represents the tools for changing behaviour, and the 6 Es constitute the framework within which they can be applied. Bringing these considerations together into a coherent narrative will allow policy-makers to address the over-arching "so what?" question in practical ways.

The diagram below shows how the various actions fit together, but it does not intend to offer a comprehensive overview of every element of the policy-making process. Rather, it highlights areas which need extra attention, or a modified approach, in order to change behaviour effectively.



1. Explore

Understanding whose behaviour you are changing

Our behaviour is also affected by conscious understanding of our needs and desires

Any attempt to change behaviour needs to understand the behaviour it wishes to change. MINDSPACE explains the robust effects that underpin human behaviour, derived from our increasing understanding of how the Automatic System and contextual cues affect us. However, our behaviour is also affected by a more conscious and considered understanding of our needs, desires and priorities. Recognising these various influences is crucial, given the complex environment in which people make decisions.

The discipline of 'Customer Insight' generates a "deep" understanding of people's experiences, beliefs, needs or desires.[211] In order to develop a more sophisticated understanding of these factors, Insight often divides the citizens whose behaviour will be affected into different 'segments'. Naturally, there is considerable variation in attitudes towards a particular issue, and segmentation allows government to frame behaviour change to 'segments' of the population in ways they may find more appealing. For further information, please consult the recent Cabinet Office guide to segmentation.[212] Figure 9, below, gives an example of Defra's work to segment the population by willingness and ability to act in 'green' ways.

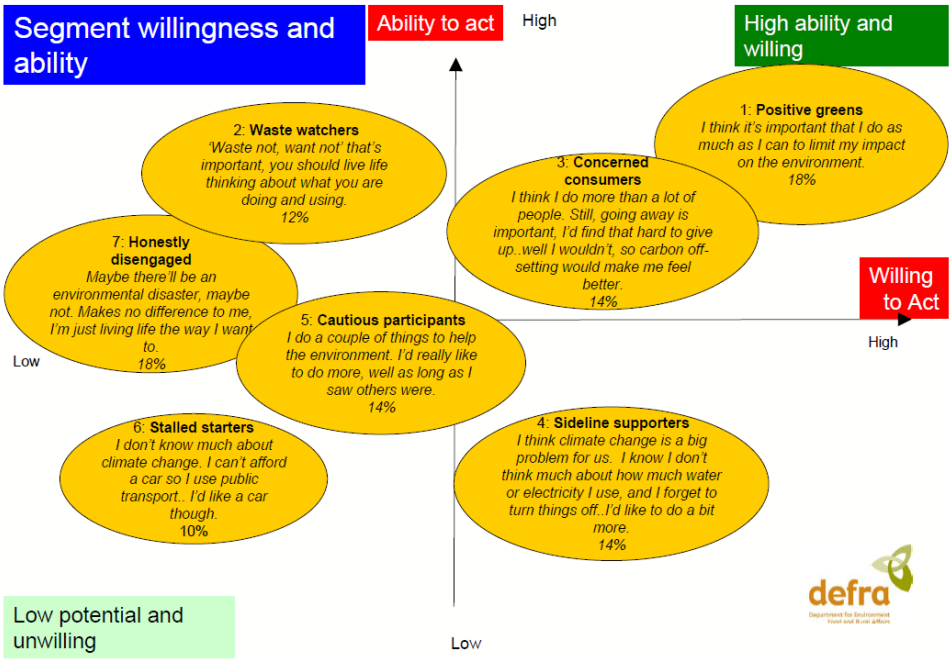


Figure 9: Example of customer segmentation[213]

Whilst there may be debate about how best to represent and segment different groups in society, Insight explicitly recognises that the 'cultural ecology of rationality' – the collective way of assessing information and making decisions – may vary between groups and communities.[214] There is also great value in listening to those working on the frontline of public services, who can provide invaluable information on how individuals tend to make decisions in complex real world situations – the hopes they harbour and the frustrations they experience.[215]

Insight helps create a more nuanced understanding of how MINDSPACE can be applied in practice

Insight therefore helps create a more nuanced understanding of how MINDSPACE can be applied in practice. The policy-maker can therefore draw on both the rich material from insight techniques and the generalisable effects of MINDSPACE. Indeed, Insight may offer useful indications about which of the MINDSPACE effects may be most appropriate for particular groups: if people express particular admiration for certain figures or roles, these may make effective messengers; if people show strong attachment to certain groups, then focusing on social norms

may be appropriate. Insight could also draw on scientific research: for example, a recent study showed that the impact of MINDSPACE effects varies greatly between men and women in the context of encouraging hand-washing.[216]

Exploring behaviour in this way requires a combination of different skills

Exploring behaviour by drawing on both MINDSPACE and Insight is not easy. Our interviewees suggested that senior policy-makers have a particularly important role to play here. Ideally, they need to have a (rare) combination of analytical capacity based on behavioural economics, imagination from strategic marketing, and awareness of social science. To ensure this combination of skills is available, it may be profitable to bring together policy-makers with communications experts and psychologists in the early stages of behaviour change initiatives.

Key questions for policy-makers

- Whose behaviour are you attempting to change?
- How do attitudes and motivations vary between the different groups concerned?
- How are you combining Insight with the MINDSPACE effects?
- Does your team have the capacity to draw on both Insight and behavioural theory?

2. Enable

Start from 'where people are'

Recognise the practical and structural barriers people face

Government needs to "enable" behaviour change by recognising the practical and structural barriers that people face. Policy-makers should remember that the context in which people find themselves shapes the options that are available to them and affects their ability to select these options. Attempts to encourage behaviour change that do not recognise these contextual factors are likely to breed frustration only.

For example, government may decide to encourage people to wash their clothes at 15°c, since this brings benefits for the environment. The purpose of the policy may be to influence people to choose 15°c rather than, say, 40°c – and using MINDSPACE may be very effective in encouraging people to do so. But the policy will have limited impact if most people's washing machines simply do not have a 15°c option. Of course, the policy's attempts to influence people may have been so powerful that people feel compelled to buy a washing machine with such an option. But suppose these washing machines are far too expensive for most people: the 15°c option effectively remains closed to them. In other words, contextual factors are preventing behaviour change, despite people's best efforts.[217] Government can help people surmount these barriers, but only if they are recognised.

The availability of choices is an important factor

Any attempt to encourage new behaviours needs to consider the wider context and choices available to people, rather than focusing narrowly on the desired behaviour. Are there underlying, compelling reasons why people will not be able to change their behaviour? What can be done about them? The effects in MINDSPACE are powerful and are likely to handle most of the "heavy lifting" in behaviour change – but the very choices that exist are an important factor in themselves.

Key questions for policy-makers

- How does the wider context in which people act constrain or encourage the change you seek?
- What are the effective choices available to different sections of society?
- How do the choices that government presents affect behaviour?

3. Encourage

Applying MINDSPACE to change behaviour

Encourage covers the policies and government actions that (directly or indirectly) try to change how people act. The 6Es diagram features the main 'traditional' attempts to influence behaviour - legislation, regulation, incentives, and information – many of which are very effective. Given that this category includes coercive measures, the label of "encourage" is used in a broad sense.

Civil servants need to better understand the behavioural dimension of their policies

As shown in the last chapter, MINDSPACE can add a lot to these policies. But that does not mean that "behaviour change" can be understood as simply a novel alternative to, say, legislation. As noted before, the majority of what government does is intended to change behaviour in some way. Rather, civil servants need to better understand the *behavioural dimension* of their policies and actions. Therefore, when policy-makers attempt to encourage certain behaviours, MINDSPACE suggests there are three approaches that can be used:

- **Enhance.** MINDSPACE can help policy-makers understand how current attempts to change behaviour could be improved. For example, incentives are currently widely used to change behaviour, and are often effective – but MINDSPACE shows how their impact could be enhanced by a better understanding of how people respond. Similarly, the impact of information can be improved by considering salience effects. The logic here is that if the state is already attempting to change behaviour, it should do so as effectively as possible.
- **Introduce.** Some of the elements in MINDSPACE are not used extensively by policy-makers, yet may have a considerable impact. Most notably, there is room for more innovative use of social norms and commitment devices in policies. Of course, introducing new measures in this way may require significant efforts to ensure there is public permission for the approach.
- **Reassess.** Government needs to understand the ways it may be changing the behaviour of citizens unintentionally. We have already seen that some priming effects work in surprising ways that seem hard to explain. It is quite possible that the state is producing unintended – and possibly unwanted – changes in behaviour. The insights from MINDSPACE offer a rigorous way of reassessing whether and how government is shaping the behaviour of its citizens. There is a further issue here around permission. If government is changing behaviour unintentionally, then it is not seeking permission to do so. Therefore, reassessing the government's role may increase democratic accountability.

The factors in MINDSPACE invite these three approaches to varying degrees.

- **Incentives** and **Salience**, for example, are existing tools to change behaviour that could be enhanced.

- **Messenger** and **Defaults** involve a greater degree of reassessment: they are currently being used to change behaviour, but with less consideration and intent.
- **Priming** may not be used intentionally very much (if at all), but its possible introduction into policy is still rather unclear and controversial.
- **Norms** are a more obvious candidate for introduction, but it's still important to understand how government may be unintentionally influencing them.
- **Commitments** are used to a limited extent, but could be introduced further. Their use by government is generally intentional, and so they do not invite much reassessment.

It is not *just* choices that affect behaviour

The key point is that government is always shaping behaviour. Often (as in *Nudge*) this is framed in terms of the *choices* government offers. However, MINDSPACE shows that it is not *just* choices that affect behaviour: a whole range of factors in the environment affect behaviour without any "choices" taking place. For example, a hospital may launch a policy to reduce violence against staff that focuses on changing the interactions between staff and visitors: perhaps using social norms to point out that most people behave politely, or relying on ego effects to draw on people's desired positive self images. But the design of the built environment of the hospital may have shaped behaviour so that people are stressed and prone to violence before these interactions take place.

Part of this stress can be understood in terms of choices offered – for example, the possible routes through a building – but it may also be created through factors such as the clarity of the signs (salience) or the cleanliness of the floors (affect). Indeed, Birmingham Heartlands hospital redesigned its Accident and Emergency department with the aim of reducing environmental triggers for crime. After analysing how people used the building, new signage was introduced and natural surveillance was extended; as a result, the average number of aggressive incidents fell from 13 a month in 2003 to 5 a month in 2005.[218]

Key questions for policy-makers

- Can you introduce any new elements from the MINDSPACE framework?
- How does MINDSPACE enhance your existing attempts to change behaviour?
- Do you need to reassess your existing actions using MINDSPACE?

4. Engage

Facilitating public debate and gaining approval

New methods of engaging the public may be needed to explore what is acceptable

Behaviour change can be controversial, involve difficult tradeoffs, and concern areas where government legitimacy is controversial. These questions are both tricky and of general concern to the public. Therefore, new methods of engaging the public may be needed to explore what actions are acceptable. COI have recently published a guide to *Effective public engagement* that offers helpful guidance in this area.[219] The question of gaining *approval* raises difficult questions about how far elected representatives should seek specific permissions for their actions. This is a much wider debate, but we argue that the potentially controversial nature of behaviour change initiatives means gaining specific approval is important.

A deliberative format may be most suitable

Given that there are still many unresolved questions around behaviour change, a deliberative format may be most suitable. Focus groups have often been used for similar purposes, but have the disadvantage of being small-scale as well as private – and therefore may not be seen as being able to give legitimate approval for a policy. Citizens' juries are more transparent and attract relatively high trust: while only a third of people say that they would trust a local group of councillors to resolve a difficult planning issue, two thirds say they would trust a decision made by twelve members of the public.[220] But juries are still small samples and are vulnerable to domination by a few individuals. Both focus groups and juries may have considerable value in giving policy-makers a new perspective on issues, but they may only partially address the issue of giving 'permission' for a major behaviour change policy.

A policy-maker looking to gain permission for a policy may wish to turn to larger-scale, public events. These often involve a representative sample of several hundred people being brought together for a day or more to listen to evidence and discuss an issue. In 'deliberative polling', participants are polled on their views at the beginning and end of the process, and a shift in attitudes is often seen. In 'deliberative forums' people often asked to reach a collective view, which can create more need for discussion and negotiation.

National Pensions Day

On 18th March 2006, 1,075 people, across six locations, took part in National Pensions Day. Participants were selected to represent various sections of the population. In demographically mixed groups of 10, they had detailed discussions on the Pension Commission's proposals, and voted using key pads. People also took part in online debates. 72% of participants voted in favour of automatic enrolment with the choice to opt-out (the adopted policy), and 20% for full compulsion with no opt-out.[221]

Such events may have greater legitimacy than focus groups because they can offer a more representative sample of the public, which means they give the impression that the nation has had a "fair say" and no section of society has been excluded.[222] Of course, policy-makers have to decide who the sample is representative *of*: should it be the nation as a whole, or just those groups whose behaviour will be affected? Much depends on how the opportunity costs of intervention are framed, but they may decide that the most acceptable solution is to have a cross section of relevant target audiences.

Such events may preserve personal responsibility

If the event has such legitimacy, then it could be seen that some personal responsibility has been preserved because people have been able to make a considered and informed decision to allow government to change their behaviour. Of course, these types of events are only likely to succeed if they are seen to have consequences, rather than being "for show" only. There is potential for government procedures to demand that policymakers explain how they have taken results of such an event into account – even if they do not act on them.[223]

There are ways of reducing costs

Although these events may seem expensive, they should be compared against the total cost of government consultation – and there are some ways of minimising their costs. For example, government could hold regular high-profile deliberative forums (perhaps once every two months), with a refreshed sample of the public, that departments would bid to use.[224] In practice, the range of behavioural issues in policy is so large that government will not always be able to gain permission in this way. Therefore, the most sensible approach for policy-makers is to anticipate which policies are likely to be most controversial, and try to match the level of engagement accordingly. We suggest how public acceptability can be anticipated on page 64.

Key questions for policy-makers

- Are you seeking permission for a policy or new perspectives on a behaviour change issue?
- Are the consequences of your policy so wide-reaching or so potentially controversial that a deliberative forum or poll may be needed?
- If so, how are you going to take the results of the event into account?

5. Exemplify

Changing government's behaviour

The actions of government representatives send messages about the behaviour it condones

In most behaviour change interventions, exemplifying desired changes is important for two main reasons. First, because the actions of high-profile representatives of government send implicit messages about behaviours it condones. If government is not displaying the behaviours it is encouraging in others, this will act against people's desire for reciprocity and fairness (see 'Commitment'), while inviting charges of hypocrisy. Second, government policy should not give mixed messages about whether certain types of behaviour are encouraged or not. Just as individuals seek consistency (as shown in Ego effects), there needs to be consistency in the behaviour of government and its representatives.

MINDSPACE principles can be applied to the process of policy-making

MINDSPACE suggests a third dimension: its principles can be applied to improve the process of policy-making. In other words, government attempts to change its own behaviour. Are there instances where the status quo bias has led to the default being adopted? Does the status of the messenger sometimes outweigh the strength of the message? Do loss aversion and mental accounting prevent innovative reallocation of budgets?[225] This is particularly resonant in the current economic climate and the state of the public finances. Many public policy decisions may simply reflect how things have always been done, and the potential losses from moving away from this position may loom large, relative to the gains. Policy-makers may overcome this inertia by framing the decision differently - for example, by starting from the perspective of the alternative state of the world.

MINDSPACE could be applied to organisational change in government

Furthermore, MINDSPACE could be applied to the process of achieving organisational change in government. There are some obvious 'easy wins' here, such as lowering the default temperature in buildings to meet SOGE emissions targets, or using Ego effects to lift employee engagement. But there are also more fundamental applications. For example, incentives have been applied to encourage cross-departmental working, with mixed success so far.[226] Better appreciation of the MINDSPACE effects, particularly the behavioural response to incentives and the power of creating a collective social norm, may help government make greater progress towards meeting this challenge. This is an area the Institute for Government will be exploring further.

Key questions for policy-makers

- Are the actions and policies of government consistent with the change you are seeking?
- How could MINDSPACE be applied to improve the way you and your team make policy?
- How could MINDSPACE be used to help achieve organisational change in government?

6. Evaluate

Working out what works

It can be unclear how various effects with interact in specific cases

Any attempt to change behaviour must recognise the challenge it faces. Some of the factors that influence behaviour are fairly obvious and easy for government to influence; others are more elusive and require tradeoffs. And while the evidence for the effects in MINDSPACE is very strong, it can be unclear how the various effects will interact in specific cases. Behaviour change policy needs to understand the complex range of factors that affect behaviour, and good evaluation is a crucial way of doing so.

We should aim for evidence-based innovation

We know that some things work in some contexts but can they be translated across contexts? Although there will always be a healthy tension between evidence-based policy and innovation-based policy, our collective mission should be evidence-based innovation. In other words, we should take what we know to be robust phenomena across a range of contexts and give them the best shot of success where the evidence base does not exist. Considering the various elements of MINDSPACE will be central in this regard.

The main challenges to determining 'what works' are controlling for selection and establishing causality. We suspect that commitments work, for example, but only in those who chose to sign up to commitment devices.

There are four main approaches to demonstrating causality

There are four main approaches to demonstrating causality. These can be pictured as lying on a spectrum: at one end, there is the case of the researcher having no control over the data; at the other end, there is the case of the researcher having total control.

No control



1. Secondary data, inferring causality
2. Secondary data, natural experiment
3. Primary data, field experiment
4. Primary data, laboratory experiment

Total control

There are clearly pros and cons with all these methods. Data we have no control over are more 'real world'; data we can control are less like the real world. To establish causality, we must take full advantage of all the data and methods available to us. We should continue to look for secondary data that can be used as natural experiments – but the lack of suitable data does limit how far this approach can take us. Much more can be done with field experiments, which have been under-used in research into behaviour change but, with innovative designs and the right research partners, have the potential to shed some significant light on the underlying causes of changes in behaviour.

There should be greater collaboration between policy-makers and academics

Whatever the precise details of the studies, there should be greater collaboration between policy-makers and academics. There has been enormous progress at the two ends of the control spectrum (analysis of secondary data and lab experiments) and the time is ripe to enhance the evidence base by taking some control of the data in a real world environment.

The same rigour that is used to evaluate the effectiveness and cost-effectiveness of health technologies and, increasingly, public health interventions must be applied to behaviour change interventions. Therefore, there is a good case for establishing an institutional centre that can evaluate behaviour change. This does

not need to be a new body, but it does need scientific competence and a degree of independence. The centre would be tasked with determining which methods were most effective and cost-effective for changing specific behaviours.[227]

Of course, evaluation may allow us to develop a better understanding of which groups in society may respond best to which interventions. This knowledge will then feed back into the initial process of exploring how to change behaviour through Insight, segmentation, and the best robust evidence available.

Evaluation in practice: Camden council

Camden Council is currently evaluating the use of heat meters to change energy use. In 2008, the council installed new radiator-based heating systems in 150 houses in Gospel Oak. These new systems are popular with residents, since they now have much more control over their heating. In addition, the new systems incorporate heat meters that measure the hot water used by a property. The heat meters can provide accurate data on carbon emissions (whereas information on energy consumption is often self-reported and thus open to distortion).

Upgrading the heating systems has therefore had the side-effect of creating an accurate and representative set of data for an important policy issue. Indeed, the heat meters have now produced a full year of data, thereby establishing a baseline for evaluation. Furthermore, the fact that every house on the estate has a meter eliminates the 'selection bias' that is created by relying on volunteers (since volunteers are likely to be environmentally-conscious anyway and thus not be typical energy users)

Camden has now received funding from Mayor's Targeted Funding Stream to extend the heat meters scheme to 2,500 homes across the borough. This larger sample will present an excellent opportunity to evaluate attempts to change energy usage through: a) judging the impact of particular behaviour change effects relating to elements of MINDSPACE, b) examining how results vary according to residents' characteristics, and c) studying how impact varies over the longer term. For example, the power of social norms could be tested by examining if allowing residents to compare their energy consumption against the surrounding average affects their usage. To minimise costs, this information can be provided on LCD displays on the heat meters themselves.

A similar approach could be used to measure the impact of using pledges to take energy-saving measures (commitment); how the use of emotion affects usage (affect); and the best way to frame incentives, as well as their cost effectiveness (incentives). Not only does this mean that, for example, the impact of commitment devices can be tested robustly, but it can also be compared against the impact of social norms. In this way, policy-makers can build up an understanding of what are the most effective ways of changing behaviour in a particular setting.

The actions listed above are suggestions only and have not been adopted by Camden. However, the council has planned well for its evaluation by gathering expert academic input early on in the process. Collaboration of this kind will bring benefits for both sides. Camden will be able to underpin their actions with academic rigour, in order to understand where they can get most value for money. On the academic side, this promises to be a high-quality field experiment that will advance our understanding of behaviour change as a whole. Despite these mutual benefits, the link was only made through the enterprise of individuals. This suggests there is a significant role for

Intermediaries who can reconcile the desires and priorities of policy-makers and academics, who can see the opportunities for mutual gain, and who know the best people to contact in the various fields.

Looking at the example of Camden, there are some lessons for building evaluation into policies aimed at behaviour change:

1. Ensure you are actually measuring what you intend to measure robustly. Heat represents 80% of a property's carbon emissions, whereas meters that track electricity usage only cover 11% of emissions.

2. Personal relationships and institutional outlook are important. Camden was open to working with academics, while academics understood the policy context and contingencies.

3. Policy-makers should understand what they can gain from evaluation. In a time of fiscal constraint, robust knowledge about the (cost) effectiveness of policies is particularly valuable. If evaluation is built in early, any disruptions to implementation can be minimised.

Key questions for policy-makers

- How will you evaluate the results of your intervention?
- What measures will you put in place to ensure this evaluation is robust enough to provide convincing evidence?
- Is there an opportunity to get academic collaboration?

Making policy differently: an example of MINDSPACE in practice

How can policy-makers apply this framework in practice? Below we explain how it can all come together, step by step. We apply the framework to the fictional example of a local authority attempting to change behaviour around short car journeys. This example has been chosen because it gives a particularly clear example of how the Es can be applied, rather than because it is likely to be the most effective on its own terms. In Annex 2, we show how the framework could tackle teenage pregnancy.

The policy issue

A local authority is trying to reduce its LAA commitment to reduce CO2 emissions in the area. It has identified reducing the high volume of short car journeys as a key objective, since research suggests people could replace 78% of car journeys under five miles with a different mode of transport.[228] Of course, they realise that doing so will require considerable changes in behaviour. Owing to the short timeframe of the LAA commitment, they decide to focus first on those journeys that are likely to be easiest to change quickly. How does MINDSPACE help them do this?

Explore

The local authority starts by trying to understand people's conscious motivations and reasons for their current behaviour. The local authority uses the Department

for Transport's National Travel Survey, which identifies four main reasons for trips: commuting/business, social, shopping and 'escort' travel (accompanying others, such as children to school).[229]

A short insight exercise helps the local authority explore local residents' thoughts about these types of trips. They discover that commuting and 'escort' travel are difficult to change quickly because they often heavily ingrained habits that take place under 'cognitive load' (in other words, in the morning we are under pressure and just want get to work – or our children to school). Therefore, they initially choose to focus on shopping behaviour. Insight suggests that the main car use for shopping consists of a weekly supermarket visit and various trips to more local shops.

The local authority also explores residents' attitudes to changing their behaviour. The purpose here is to see what MINDSPACE effects may be most appropriate – for example, whether there is potential to participate in activities that require more conscious support (for example, commitments). It learns that most people are vaguely aware that the environment is an issue (mainly because of media coverage), but it is not salient to them. As a result, there is a gap between attitudes and behaviour. They are, however, very concerned about financial stability and wish to save money. Finally, they strongly associate, often unknowingly, the act of using a car with a positive self-image of capability and freedom.

These motivations and attitudes suggest some potential applications of MINDSPACE:

a) Salience may be important for re-framing the familiar act of taking a short car journey
b) Incentives may be useful to take advantage of people's desires to save money
c) Commitment or Ego devices may work by drawing on people's impressions of themselves as 'good citizens', to counteract their positive associations with cars
d) Priming may be effective, since there are some clear locations where primes could be deployed

There are also some MINDSPACE effects that may be less effective:

a) There is no obvious way of setting a Default in the choice architecture
b) There are few obvious ways of using Messengers that most people may pay attention to for this behaviour
c) These short car journeys are the dominant Social Norm in the local area, which makes the exploitation of norms more problematic – but not impossible

Enable

The local authority realised that it would be unhelpful to encourage behaviour that was constrained by many substantive barriers. They looked at the practicalities of using alternatives to cars for these journeys, including cost, infrastructure and transport provision. Cost was not seen as a barrier, since the alternatives to car journeys were usually cheaper; infrastructure presented some problems, since one of the major supermarkets had limited pavement access; bus services were plausible alternatives for most of the target population, with all three of the supermarkets having a bus stop within two hundred metres.

Encourage

The local authority decided to draw on Salience, Priming and Commitment, as follows:

Salience and Incentives

In order to play on residents' desire to save money, the local authority distributed a series of mock coupons offering "£3 off your next shop", explaining that this is the average cost of a return car journey to the shops or supermarkets in the local area (including parking charges). This has the effect of framing car journeys in terms of their cost, which is salient to residents; it also takes advantage of mental accounting, since it attaches the cost to a specific account – if a trip is simply to buy a £4 takeaway, £3 will seem large in this 'mental account'. This message was also backed up by a limited advertising campaign in main town centres.

Commitment and Ego

In order to counter positive self-images of using a car, the local authority wanted to tap into alternate sources of positive self-image: the desire to be a responsible citizen. Commitment devices were used in order to encourage people to be consistent with this self-image. People were asked to commit to not using their car on a Sunday with two other neighbours, perhaps with the forfeit of washing the neighbours' cars. It is likely that people will have a powerful motivation to present a positive public image, while the involvement of two other neighbours means there is low-key enforcement. Finally, the local authority concentrated on gaining many commitments from selected streets (rather than spreading the commitments across street), in order to create a dominant and visible social norm. The local authority also said it would come back every other month to see if the challenge had been met. If this policy was successful, this could be extended to a more challenging 'Car Free Saturday'.

Priming

Before and after the initial campaign, the local authority ran a survey at supermarket entrances and town centres, asking local residents about the number of short car journeys they took a week. Not only did this provide valuable data, it also 'primed' people to be more receptive to the messages. Finally, the local authority also agreed with the main supermarkets to put a large sign saying 'WALK IN' at their entrances: although this appeared to be an invitation to enter, it was intended to associate supermarket visits with the act of walking.

Finally, the local authority also reassessed its current communications about car journeys. It realised that its current tactic of warning people that widespread car journeys were polluting the local area may have be reinforcing a negative social norm, since it was highlighting how normal such behaviour was.

Engage

There was relatively little need for engagement in this instance:

- Most people accepted the goal of the behaviour change: they recognised that they should be using their cars less, on the grounds that it will bring benefits for others; and, to a lesser extent, health benefits for themselves
- Although the use of priming is generally controversial, it was less so in this instance because most people are familiar with the practice of being asked survey questions. The 'Walk In' signs were also less controversial because most people accept some degree of influence over their behaviour in commercial environments.

However, the local authority recognised that the commitment devices could be seen as neighbours 'snooping' on other neighbours. Therefore, they stressed the voluntary nature of the commitment and framed it more as a light-hearted challenge to strengthen relations between neighbours.

Exemplify

The local authority also recognised the importance of being seen to 'practise what it preached'. Of course, many of the relevant images of government behaviour (such as the use of ministerial cars) are out of local government control, while the everyday activities of local government may not be salient to residents. Nevertheless, the council ensured that it minimised the short car journeys of employees by organising car pool activities and providing adequate bicycle racks. It also used incentives through a lottery that randomly attached a £10 high street voucher under the saddle of one employee bicycle every month. The Leader's status as a messenger was exploited by publicising his achievement in going an entire week without using his car.

Finally, the local authority considered whether its own policy-making approach to short car journeys could be improved. It decided to change practices so that the mental default in road planning was to consider the possibility of non-car journeys first, to ensure all options and perspectives had been registered. The council also made a public commitment that future retail planning decisions must ensure there is adequate provision of accessibility for non-car users.

Evaluate

The council evaluated the intervention through two main methods: surveys and selected follow-ups. Before the intervention started, the council conducted a day-long survey on a Sunday at the three supermarkets and town centre. The survey asked: a) if the person had travelled by car to get there; b) if so, approximately how far; c) how many short car journeys they took each week. This survey was then repeated a month after the initial campaign had been in force, and again three months after that. The surveys also acted as priming mechanisms for the main campaign.

The follow-ups were for the commitment campaigns. As promised, the council followed up a random sample of those who had committed to not use their cars to determine if the commitment had been held. The council would check with at least two members of each commitment group, to reduce self-reporting bias. They also asked those who had been offered to participate but had declined, to see how their car use had changed. Likely CO_2 savings could then be calculated from these estimates.

Who should act?

We have outlined how MINDSPACE could be applied in practice through Exploring, Enabling, Encouraging, Engaging, Exemplifying and Evaluating. But an obvious question follows on from such a guide: *who* should be undertaking these actions? Are these mainly tasks for central or local government?

Of course, policies aimed at shaping behaviour often act at different levels, with local actions complementing national campaigns. The division of labour will be affected by the obvious fact that certain policy responsibilities reside with different tiers of government. But there are at least three other factors to consider:

- **Scale.** Certain effects may rely on a level of co-ordination that requires national government involvement. For example, norms may be more quickly established through national media because it can supply greater consistency of message.
- **Feedback.** It has been shown that if people receive some feedback from changing their behaviour it can encourage that behaviour further. Feedback may not need government involvement, just as people may thank you if you start offering them your seat on the train. However, local

government may be well-placed to provide feedback on behaviour change in ways that are salient, perhaps by relating it to familiar local events and locations.[230]

- **Points of contact.** As well as high-level campaigns, there is a role for the organisation charged with contacting the citizen to frame and shape the contact using MINDSPACE. This could be, for example, a letter from the DVLA or a visit from a social worker. People working at a local level (though not necessarily in local government) therefore have a significant role to play. This is particularly true because they may be better informed about the recipient's context, which may help them apply MINDSPACE in an effective way.

Local government may have a particular role in engaging citizens

Local government may have a particular role in engaging citizens. The rationale here is that local government is 'local enough to engage directly in dialogue with communities about the balance of values that 'authorises' any intervention.'[231]

Similarly, local government is well-placed to 'Enable' certain behaviours by identifying and removing practical barriers. By understanding the overall context in which people act, local government may be able to see that, for example, opportunities for exercise are limited by poor access to a park or recycling by the location of deposit banks. This may lead to opportunities for co-production that help local government better direct its resources to encourage certain behaviours – or to apply for funding to address outstanding barriers.

Finally, local government is likely to be presented with more opportunities to pilot and evaluate innovative ways of changing behaviour, as in Camden. In this instance, central government may have a role in holding a fund for piloting or evaluation, and in providing guidance. The London Collaborative has recently produced a guide for those wishing to identify specific roles that local government can play in behaviour change.[232]

Public permission and personal responsibility

This chapter considers issues around the legitimacy of government involvement in behaviour change. First, we offer the different reasons why behaviour change may spark controversy. Second, we outline public perceptions of personal responsibility and explain how MINDSPACE may change the terms of the debate.

Potential for controversy

Citizens' views need to be taken into account

Policy-makers know that attempts to change citizens' behaviour may well be controversial. This is particularly true given new evidence about how people act, and new ways of applying this evidence. Government legitimacy rests on the fact it represents and serves the people, and thus it is vital that their views are taken into account when considering any attempt to influence their behaviour.

Framing is crucial when attempting to engage the public with behaviour change. As Gillian Norton has pointed out, 'talking about behaviour change is a sure fire way of making sure it doesn't happen'.[233] Across government, many of our interviewees have argued that "behaviour change" is an unhelpful term. "Behaviour", in particular, has negative and paternalistic associations.

Public acceptability should not be the sole criterion for action

Of course, there are good reasons why public acceptability should not be the sole or determining condition for going forward with behaviour change. We explore some of these issues in a later section on personal responsibility, while Richard Reeves has recently proposed tests of legitimacy, autonomy and effectiveness for health-related behaviour change.[234] Furthermore, it may be that government needs to take a lead on issues despite public opposition, since these public attitudes may actually shift in response to the introduction of the policy. Consider, for example, the shift in attitudes to the London congestion charge (see Figure 10, below).

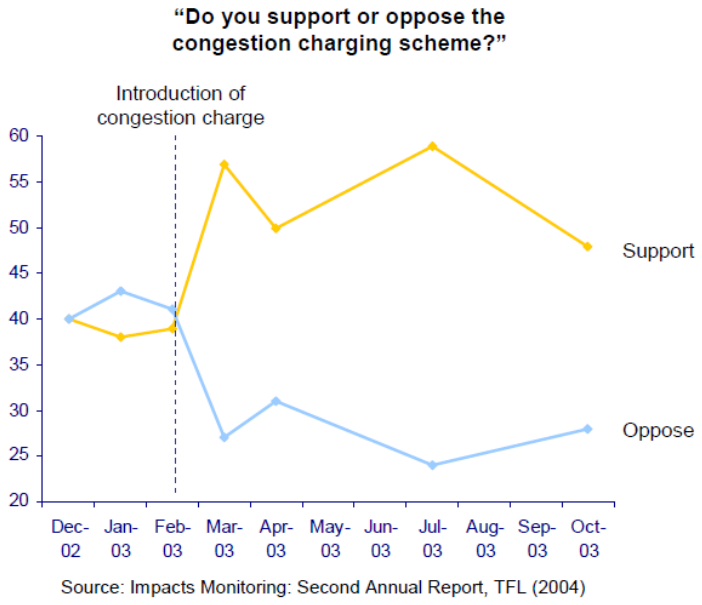


Figure 10: Support for the London congestion charge, 2002-3[235]

How preferences change in response to policies is a remarkably under-researched area. Economists, for example, typically focus on people's preferences before a change and rarely go back afterwards to see how things actually panned out. How, then, can policy-makers decide which policies have the greatest potential for controversy, and thus may require extra efforts to engage citizens?

Naturally, there are some criteria that determine the acceptability of policies in general, including cost, benefits (and their distribution), and the number of people affected. All these factors may put extra pressure on the state of the evidence – whether there are robust reasons to believe the policy will succeed.

In addition to these general criteria, there are three factors that are particularly useful for understanding controversy around behaviour change:

Three factors for understanding controversy

1. *who* the policy affects
2. *what* type of behaviour is intended
3. *how* the change will be accomplished

We show how policy-makers can apply each of these criteria to estimate the potential controversy that may ensure from a proposed policy. We then show how the framework could be applied to a hypothetical policy.

1. Who

We generally accept greater government intervention for some groups

We generally accept that government has greater scope for changing the behaviour of some citizens more than others. Children, the mentally ill and (more controversially) those suffering from addictions are usually seen as not wholly capable of making effective decisions about their own welfare. Paradoxically, though, attempting to change the behaviour of these groups may be controversial precisely because they lack autonomy – government is in a position of considerable power, and so other citizens are likely to scrutinize its actions carefully. One element of this controversy concerns whether these groups are capable of fully understanding the behaviour change, and thus whether they can give meaningful approval to what is being done.

Changes affecting particular groups will require careful justification

Any behaviour change that will affect certain groups in particular is likely to require careful justification, not least to any associations that represent those groups. But there may be particular controversy if the behaviour concerned is seen as integral to a group's identity or culture.[236] There may be good reasons for the change, but policy-makers need to be aware of the potential charges of discrimination and intolerance.

Receipt of government help is often seen to justify requests to change behaviour

We have seen that people have a strong instinct for reciprocity. Accordingly, recent political discourse has emphasised the principle of 'something for something': those who have received certain benefits from state action should act in certain ways, which may require changes in behaviour.[237] However, when government acts on this principle it may give rise to controversy – suppose, for example, the required behaviour change is seen to outweigh the benefits received. Similarly, people may feel that changing behaviour is a matter of *personal* responsibility, rather than a matter for government (we discuss this more below).

A more extreme version of this perspective is that some people, by their actions, may have forfeited some level of control over their behaviour. Most obviously, those convicted of crimes are expected to receive some punishment that affects their behaviour. But applying this principle more widely would be very controversial: it would involve creating a class of actions that function like criminal acts. Drawing these lines would be difficult and potentially harmful, although people themselves often think this way (categorising certain people as "bad parents", for example).[238]

Finally, policy-makers trying to change the behaviour of institutions face a complex challenge. On the one hand, there is a good case that the freedoms of people, rather than institutions, count the most – and government can change the behaviour of companies in ways it could not for private citizens.[239] On the other hand, there is a strong impulse for government to encourage economic prosperity and enterprise, a case which is made forcibly by business associations. Of course, many of these issues are now addressed at a European level.[240]

2. What

Assessing how much legitimacy the state has in changing certain types of behaviour is a massive and complex area. And public reactions may not be predictable or consistent: an apparently innocuous attempt to change behaviour, backed by strong evidence, may become a flashpoint. We give a few points that have practical applications.

Harms and benefits to self and others. Our case studies were chosen to reflect the distinctions that the public and policy-makers may draw between behaviour that affects others and ourselves, and between harms and benefits. These are the obvious dimensions for understanding how people react to certain policy areas. On this basis, there has been more support for interventions to promote safer communities (reducing harm to others) than to encourage healthier lifestyles (especially if framed as promoting benefits to self).

Not all types of harm are weighed equally

But not all types of harm are seen as equally pressing cases for changing personal behaviour. Harm may consist of: specific identifiable harm to others, such as anti-social behaviour or smoking; excessive calls on public resources, such as repeated irresponsible behaviour; harm to 'general others' within state boundaries, such as littering; or to 'future others', such as excessive depletion of natural resources.[241] While there is strong support for behaviour to change to prevent specific harm to others, this often falls off as the consequences become more distant from the individual making the sacrifice.

And not all dimensions of harm and benefit will be seen as equally important. Gang violence and knife crime, for example, not only result in harm to others, they result in harm that affects others in particular ways – the violation of rights, increased fear, bodily harm, and so on. In contrast, littering, which also involves harms to others, does not affect the wellbeing of other people in quite the same fundamental ways.

Is self-harm really present?

Finally, when actions affect individuals, we need to consider whether *self-harm* is really present. A key challenge is to identify when 'bad behaviours' as defined by policymakers really do reduce people's wellbeing – for example, people often really enjoy fatty foods and consumption of alcohol.[242] If we can establish that the behaviours *do* reduce wellbeing, the case for nudges is compelling; if not, the nudges (in the absence of important spill-over effects) are paternalistic, and will therefore require greater justification.

We are more likely to act if we are given a clear reason for doing so

Clarity and apparent importance of goal. If people see the harm as distant from themselves, one response is to make these harms more salient. We are more likely to act if we are given a reason for doing so that we can understand (although, as we have seen, we do not always act on good reasons). Indeed, the Automatic System means that the very act of giving explanations – regardless of their strength – increases people's willingness to agree to requests.[243]

In other words, making the desired behaviour change salient and justified can balance out people's tendency to care less about "distant" harms.[244] A 2007 MORI survey found that 70% of respondents agreed (27% 'strongly') that 'the government should take the lead in combating climate change, even if it means using the law to

change people's behaviour'.[245] All this underscores the fact that the way in which interventions are framed has an effect on their acceptability.

Conclusive evidence can provide powerful justification for behaviour

Availability and prestige of evidence and expertise. Conclusive evidence can provide powerful justification for behaviour. Focus groups for a recent study revealed that 'the level of intervention and the degree of proactive government intervention were accepted in proportion to the extent to which [participants] believed there was *evidence of harm from the behaviour in question*'.[246] Similarly, a recent study found that we accept our decisions may be impaired when there are trusted experts to advise people in making choices about their behaviour (e.g. GPs).[247] Of course, this varies between policy issues, since public trust in professions varies considerably.[248] But expertise may carry particular weight – and people may particularly welcome guidance – in those areas where they recognise that decisions are difficult or they do not have a good sense of their preferences.[249]

Government can act as surrogate willpower...

Assumption of "real" intentions. Not only does behavioural economics reveal that we are not rational, it also notes that we recognise this fact ourselves. We know that we aren't good at resisting temptation, and this can cause guilt and anxiety. In these cases, behaviour change can be seen 'to augment individual freedom, helping us do what we want to but can't do, rather than constrain it'.[250] In this way, government acts as surrogate willpower and locks our biscuit tins (we discuss the implications for personal responsibility in the next section).

...but our 'real' intentions are not always clear

This argument works well for some cases, such as pensions reform, where there was both a clear objective case that behaviour change would increase personal benefit, and widespread public recognition that people were not acting in their best interests. Where the state is just helping us act on existing intentions, there is likely to be less controversy. But what about the many cases where our intentions are unformed, conflicted, mutable, and vary in intensity? Philosophy gives us ways to analyse such intentions,[251] but policymakers may need to use new methods of engaging people to discover and inform their intentions (see 'Engage', above).

If intentions are unclear, there is a temptation that government will assume what citizens' "real" intentions are; and this is something that many thinkers and citizens find unpalatable.[252] Most people agree that government should preserve people's "right to be wrong" (depending on the harms to others); being able to identify what it would be rational for a person to do does not necessarily allow you to interfere with that person's irrational action.[253] Of course, the question is what constitutes "interfering", which leads onto the final dimension: *how* behaviour is changed.

3. How

Even if people agree with the behaviour goal, they may object to the means of accomplishing it. The different MINDSPACE effects will attract different levels of controversy.[254] There are several factors that determine controversy:

Automatic effects may raise charges of manipulation

Degree of conscious control. As noted, MINDSPACE effects depend at least partly on the Automatic System. This means that citizens may not fully realise that their behaviour is being changed – or, at least, how it is being changed. Clearly, this opens government up to charges of manipulation. People tend to think that attempts to change their behaviour will be effective if they are simply provided information in an "above board" way - people have a strong dislike of being "tricked". This dislike has a psychological grounding, but fundamentally it is an issue of trust in government.

A lack of conscious control also has implications for consent and freedom of choice. First, it creates a greater need for citizens to approve the use of the behaviour change – perhaps using new forms of democratic engagement. Second, if the effect operates automatically, it may offer little opportunity for citizens to opt-

out or choose otherwise; the concept of "choice architecture" is less use here. Any action that may reduce the "right to be wrong" will be very controversial.

Of course, some traditional attempts to change behaviour are not *explicit* (as noted in the 'Salience' section, some incentives are effectively invisible), and these have attracted controversy. But they rarely attract the charge of 'manipulation' because they are based on conscious actions to supply and register information, rather than relying on unconscious reactions.

People may feel government is affecting their personality

Impact on personal identity. People have a strong instinct for reciprocity that informs their relationship with government – they pay taxes and the government provides services in return.[255] This transactional model remains intact if government legislates and provides advice to inform behaviour. But if government is seen as using powerful, pre-conscious effects to subtly change behaviour, people may feel the relationship has changed: now the state is affecting "them" – their very personality.[256]

Familiarity may increase accepability

Familiarity. People are likely to be less suspicious of effects if they are already familiar with them – for example, most people are acquainted with the principle of a default setting. But even the less familiar effects, such as priming, may be present in everyday life. For example, simply asking people how likely they are to perform a task in the future increases the likelihood that they will, yet it is a fairly common action and so people are more likely to see it as innocuous.[257] As always, framing is crucial.

Is the effect easy to explain?

Ease of understanding. Closely related to familiarity is whether the effect can be easily understood if explained. For example, most people can grasp the idea that certain actors are more persuasive than others (messenger). On the other hand, the workings of social norms and (especially) priming are complex, difficult and often counter-intuitive.

Does the effect violate a sense of fairness?

Perceived fairness. Effects may be controversial if they have a particular impact on certain members of society – clearly, this relates to the question of "Who" is affected. But the nature of the effects themselves may be seen as unfair: financial incentives to reduce harms are controversial because they are seen as rewarding bad behaviour.[258]

Judging potential acceptability in practice

Policy-makers can apply the criteria of 'Who, What, and How' to predict whether certain behaviour changes are likely to be controversial. To give a simple and hypothetical example, consider how Acceptable Behaviour Contracts (ABCs) as currently in use could be made less acceptable by changing each one of the three factors.

- **Who.** ABCs were originally introduced for 10 to 17 year olds. We generally are more tolerant of changing children's behaviour because they may not be fully aware of their roles and responsibilities in society. ABCs are increasingly applied to adults, and there are grounds for this being more controversial. In the event, the move has attracted little controversy because the harms of anti-social behaviour are seen as the same regardless of who causes them. But consider the controversy if ABCs had targeted particular groups of adults: *Single Parent* Acceptable Behaviour Contracts, for example.
- **What.** Suppose these adult ABCs were applied to a different policy issue, perhaps that of healthy eating. Those who are overweight commit, with certain penalties, to eating a certain amount every day. Now the behaviour change aims to increase personal benefits, rather than reducing harms, which is likely to be more controversial – especially if adults are the recipients.

- **How.** Even though these 'Acceptable Eating Contracts' would be very controversial, they still act within conscious control – people know they have signed up to them. Consider if the means of behaviour change acted mostly outside conscious awareness. Suppose the government used channels such as posters, labelling or certain turns of phrase to 'prime' people to eat healthily.[259] This role for government would be unfamiliar for people and may trigger charges of manipulation.

Figure 11 below illustrates how these hypothetical policies become more controversial based on the dimensions of Who, What and How. We have deliberately chosen an extremely controversial hypothetical policy so the illustration is as clear as possible.

		Hypothetical policies			
		Acceptable Behaviour Contracts	"Adult Acceptable Behaviour Contracts"	"Adult Acceptable Eating Contracts"	"Priming for Acceptable Adult Eating"
Dimensions of controversy	Who	Children	Adults	Adults	Adults
	What	Harm to others (anti-social behaviour)	Harm to others (anti-social behaviour)	Benefits to self (healthy eating)	Benefits to self (healthy eating)
	How	Commitment	Commitment	Commitment	Priming

Less controversial More controversial

Figure 11: Illustration of potential controversy from hypothetical policies

The value of thinking this way is that policy-makers can identify potential ways of assuaging controversy, should they decide to proceed. For example, if the "Who" dimension is controversial, then more assurances of equity and tolerance may needed; if "What", then the quality and impact of evidence should be stressed; if "How", then the methods may need to be demystified and more explicit approval gained for using such methods.

It is very difficult to anticipate how policies will be framed and perceived

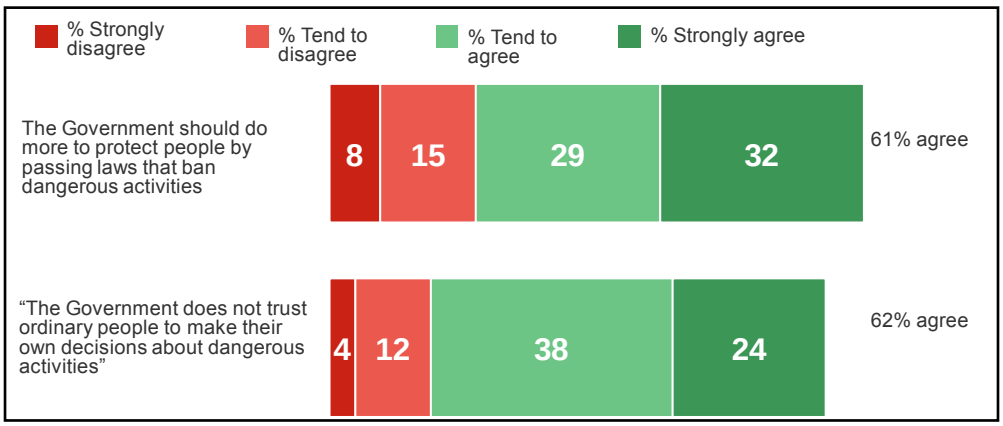
Nevertheless, some risks will always remain. It is very difficult to anticipate how policies will be framed by the media and perceived by the public: some aspects of a policy may be strongly supported while others reviled. Indeed, this type of public debate may be a healthy and necessary part of government's use of behaviour change; it may spark democratic engagement and lead to a clearer agreement on the proper role of the state.

Changing behaviour and personal responsibility

What does the public think – and why?

People want personal responsibility *and* a role for government

The most striking thing about public attitudes to government's involvement in behaviour change is that they show no clear underlying preferences. On the one hand 48% of people think that "people should be responsible for making their own decisions about their health and welfare" and on the other hand the same people think that it is the government's responsibility to influence people's behaviour to encourage healthy lifestyles.[260] The responses also show greater support for the state to 'influence' behaviour rather than to 'protect' people (which could be seen as more explicitly paternalistic).



Source: IPSOS Mori, 1,015 British adults aged 16+, January 1999

The Pensions Commission, for example, found that participants both a) wanted to make their own decisions *and* b) wanted to be told what to do, since they did not always feel they could make the right decisions.[261] Indeed, such imprecise and changeable attitudes have been found across a range of contexts. Our responses – like our behaviour – are influenced greatly by framing and by context. Whilst we sometimes recognise this about ourselves, we are not so good at appreciating it when assessing the behaviour of others.

When we are successful, we are likely to overlook the situational context (a good night's sleep, a lack of distractions) and claim full credit for achievements. But when we encounter failure, we are likely to blame the context rather than ourselves: when we get a parking ticket, we complain about the unclear information sign or the sluggish service at the dry cleaners; we don't dwell on the fact that we should have put more money in the meter.

We are biased towards explaining the behaviour of others in terms of their personality, not situation

On the other hand, we are biased towards explaining the behaviour of others in terms of their personal qualities (e.g. their intelligence or self-control), rather than the situation they find themselves in. For example, take two groups of people, and get one group to think up general knowledge questions to ask the others. Anyone watching is likely to think the questioners are more knowledgeable and intelligent than those answering – but this is irrational; they have forgotten that the situation gives the questioners more opportunity to look knowledgeable.[262]

Such considerations go to the heart of the debate about the boundaries between government and personal responsibility. We are predisposed to see the actions of others as a result of their *personal* actions, and thus products of their personal responsibility. Similarly, we think that our achievements result from our personal efforts. At the same time, we are predisposed to think of all the misfortunes that led to our problems, which may imply that outcomes are also based on circumstances, as well as personal resources.[263]

Perceptions of personal responsibility: the example of health

Evidence across a range of contexts using a range of methods shows that the general public hold individuals responsible for their health and wellbeing.[264] There is also evidence in support of focussing on lifestyle as the main cause of conditions such as obesity.[265] Such survey evidence is useful, but we also require information on how the general public – in their roles as citizens and as taxpayers – weigh concerns for reducing inequalities on the one hand against holding individuals responsible for those inequalities on the other. An inequality only becomes an inequity when the causes of the inequality are seen to be outside of people's control.

One popular way of thinking about this is to judge whether the behaviour is seen as the result of 'bad luck' or 'bad choices'. Consider the fact that, controlling for health status, men consult their GPs less than women do. On the one hand, it could be seen as 'bad luck' to be a man, in the sense that factors beyond his control (e.g. society's demands for men to be 'macho') determine his behaviour. On the other, his behaviour could be seen as 'bad choices' that he can be held to account for.

In terms of policy-making, the public may be more likely to approve any support measures for such a man if they think in terms of 'bad luck', rather than 'bad choices'.[266] This may be related to people's strong instinct for reciprocity, which implies help is justified if someone has taken appropriate actions to improve their situation, even if these were not successful.

However, there is some evidence that attitudes vary between policy areas: while 78% of respondents said that it was right to limit access to benefits if an unemployed person was not actively looking for work, just 24% said that it would be right to limit NHS medical treatment for someone whose illness was due to heavy smoking or drinking.[267]

The overall message, therefore, is that we tend to attribute outcomes to people's personal actions. But what exactly do we mean by personal *responsibility*?

What is personal responsibility?

When we speak of 'personal responsibility', we are often conflating at least three different concepts:[268]

1. ***Causal responsibility.*** Many of our actions (or failures to act) expose us to certain consequences that others don't face – playing rugby is more likely to result in injury than playing the piano. How far should people experience the consequences of their actions (or failure of action), and how far should others relieve them of these consequences?
2. ***Moral responsibility.*** In what circumstances is it fitting to judge someone by the standards of good conduct we expect of ourselves and others? For example, most people would not judge someone morally responsible for committing a crime if they were mentally ill at the time. It is more difficult if someone commits wrongdoing when acting under duress, as when someone steals from their employer to pay kidnappers.[269]
3. ***Role responsibility.*** These are the responsibilities that people assume in a certain context, organisation or community. These can be more formal (spouse, doctor, minister) or informal (friend, neighbour, citizen). We usually recognise that the actor who is best placed to address a problem or prevent it happening again may not be the actor who caused it. Sometimes the best placed actor may not be an individual, but government - therefore,

the public often accepts that government has some role responsibility to provide public services or address societal problems.

Government involvement in changing behaviour is not mutually exclusive with personal responsibiltiy

The most important point is that the government's involvement in changing behaviour is not mutually exclusive with personal responsibility. Personal responsibility is often seen as a 'zero-sum game': in other words, "if the state's taking responsibility, that means I am not". But it is perfect possibly for government to just supply the trigger or support for individuals to take greater personal responsibility.[270] This is particularly true for those aspects of MINDSPACE that rely more on the Reflective system. For example, the Prime Minister's Strategy Unit has found that the process of developing, agreeing and monitoring personalised agreements between services and citizens can prompt more responsible behaviour.

If government were to use commitment devices to make an initial change to behaviour, then people may build on that initial change and start taking personal responsibility in related areas. Recycling of bottles may lead to broader pro-environmental behaviours; stopping smoking may encourage greater exercise. In other words, government may spark initial changes that lead to reinforcing behaviours that manifest personal responsibility; the fact that government supplied the initial push does not devalue the subsequent responsibility.

The moral hazard problem

Nevertheless, an important concern that plays directly into the general effectiveness of behaviour change interventions is the 'moral hazard' problem. If we think the state is making decisions for us, we may absolve ourselves of the responsibility to take charge of our own behaviour. This is a statement about how the world is, rather than a value judgment, although the degree of moral hazard varies from case to case.[271] Therefore, government may wish to be careful to frame behaviour change as a pathway to increased personal responsibility.

How does MINDSPACE affect ideas of personal responsibility?

We think people can be held responsible if they can act rationally with some freedom of choice

Clearly, judging whether and how much someone is responsible for an action depends greatly on their circumstances and our judgment. But there are some basic principles we apply when considering whether someone can be held responsible or not: we don't judge the insane in the same way as the sane, for example.[272] In essence, we think people can be held responsible if they can act rationally, supported by substantive freedom of choice.

It has long been accepted that some citizens may be in a state where they cannot exert rational responsibility for their actions: whether because they are children, mentally ill or (more controversially) in the grip of addictions. On the other hand, most adults are seen as capable of reason, and hence responsibility, although they may not achieve such responsibility because of weakness of will.[273]

Evidence from behavioural economics on the importance of the Automatic System complicates this view. As the Nobel Prize-winning psychologist Daniel Kahneman has observed: "We tend to believe that somebody is behaving that way because he wants to behave that way, because he tends to behave that way, because that's his nature. It turns out that the environmental effects on behaviour are a lot stronger than most people expect."[274]

Contextual influences on behaviour can be both powerful and unnoticed

Of course, we may still reconcile personal responsibility with this view. We may say that, although these environmental effects are strong, it is up to the responsible individual to resist them where damaging to their wellbeing. But these are not the 'environmental effects' of traditional political debate, which must be ameliorated by government or overcome by individuals and communities. Rather, they offer a challenge to our understanding of how we think: as we have seen, many of these effects are not only strong but also operate with little or no conscious control.

Can people resist things if they are not aware of them?

Can people resist things if they are not aware of them? How much substantive freedom do their 'reflective selves' actually have? Does this affect the way that we hold people causally or morally responsible? Certainly, it seems there is a considerable challenge to a strict understanding of responsibility: 'Responsibility requires that an agent acts in a reason-responsive way *that he accepts as a way of acting on his own reasons.* An agent whose ['Automatic System'] is manipulated by other agents in ways he would reject (were he aware of them) does not meet this condition for responsibility.'[275]

There *are* instances where effects can be produced that are both unconscious and in opposition to conscious will.[276] But most of the time things are usually more complicated: people often have *some* opportunity to decide differently when being influenced.

Usually people have some opportunity to decide differently when being influenced

For example, it has been shown that the mere use of the word "because" triggers a powerful compliance reaction. When a group of people waiting for a photocopying machine were asked "Excuse me, I have five pages. May I use the Xerox machine?", only 60% of those asked agreed. When the phrase was changed to "Excuse me, I have five pages. May I use the Xerox machine because I'm in a rush?" compliance leapt to 94%.[277]

But it was not simply the act of giving a reason that made the difference, it was the automatic reaction triggered by the word "because": when the phrase was simply "Excuse me, I have five pages. May I use the Xerox machine because I need to make some copies?", compliance was 93%. The 'Automatic System' had reacted to "because", even though the Reflective system could have seen that no reason had been given.

The fact is, though, that 7% of respondents did not respond to this automatic effect. This may have been because their reflective systems cut in, they had a moral objection to queue jumping, or they were uncaring or in a rush. Regardless, it appears that there was *some* freedom of choice. But other situations are more difficult: what if the person concerned happens to be mentally or emotionally vulnerable at the moment they are exposed to the effect, through no fault of their own?

Judgments of personal responsibility need to be informed by evidence

In sum, MINDSPACE points out that we are all strongly affected by factors that may lie outside our awareness and control – and this complicates our understanding of personal responsibility. In practice, the question of how far MINDSPACE effects preserve substantive freedom, and in which contexts, is likely to come down to political judgment. Nevertheless, it should be informed by the evidence available: we need to acknowledge the nature and strength of the proven influences on human behaviour. This is one of the fundamental purposes of our report.

Conclusions and future challenges

Conclusions

MINDSPACE is pervasive

For policymakers, professionals and communities facing policy challenges such as crime, obesity, or environmental sustainability, behavioural approaches offer a potentially powerful new set of tools. Applying the insights of MINDSPACE can lead to low cost, low pain ways of nudging citizens - or ourselves - into new ways of acting by going with the grain of our automatic brain. This is an important idea at any time, but especially relevant in a period of fiscal constraint.

Policymakers could, in theory, seek to restrict the use of behavioural change approaches in general, such as banning advertising and other forms of marketing. But as we have seen, behavioural influences go well beyond the narrow remit of advertising. Policy-makers could seek to equip the citizen with an armoury of techniques to resist the influences that swirl around them - lessons for our children in 'unwanted influences and how to resist them'. Such ideas have merit, but they also have serious limitations, not least the fact that many influences (such as priming effects) are quite hard to detect.

We are being influenced – and influencing others – all the time

More fundamentally, policy-makers need to understand that we are being influenced –and influencing others – all the time. This does not always lead to change. Indeed, many of the influences on our behaviour are more 'anchors' than nudges. What we eat, where we go, what we do – most of us are creatures of habit and, in a very general sense, the environment that we live in. The point is that government often forms a significant part of this environment, whether intentionally or not.

Therefore, policy-makers can use MINDSPACE to better understand the various effects on behaviour their policies may be having. Fundamentally, government will always be shaping choices: is the pension scheme opt-in or opt-out? Who is communicating the message? Behavioural science will continue to turn previously invisible influences into explicit choices, and policymakers and professionals into 'choice architects' whether they like it or not. And the more we come to know about behavioural effects, the less 'neutral' doing nothing will appear.

Whether reluctantly, or enthusiastically, today's policymakers are in the business of influencing behaviour. One way of thinking about this is to view the role of the policymaker or public servant as trying to shape influences around us to maximise the public and private good, while also leaving as much choice in the hands of citizens as possible. This is what is known as 'libertarian paternalism', but it does raise questions of its own.

Public permission matters

Public approval is needed

The more powerful and subtle behavioural change approaches are, the more they may provoke public and political concern. Citizens may accept their application on other people, but may not be so happy about their use on themselves. Behavioural approaches embody a line of thinking that moves from the idea of an autonomous individual making rational decisions to a "situated" decision-maker, much of whose behaviour is automatic and influenced by their 'choice environment'. This raises the

question: who decides on this 'choice environment'? This question has attracted remarkably little attention. Policy-makers wishing to use these tools summarised in MINDSPACE need the approval of the public to do so. Indeed, these approaches suggest an important new role for policymakers as brokers of public views and interests around the ecology of behaviour.

Future challenges

Reducing inequalities

An exciting but unresolved question thrown up by MINDSPACE is whether it has any effect in reducing inequalities. Most traditional policy interventions aim to 'change minds' – to produce rational changes in the way people think - in order to bring about behaviour change. Many (but not all) persuasion and education campaigns still aim to change attitudes and then behaviour by relying on rational use of the information provided.[278]

But who is most likely to benefit from such interventions? The intuitive answer is that more educated individuals are more likely to comprehend such information and, as result, act on it. More educated individuals, the argument goes, are also more likely to have the habit and the resources to search for more information which will provide them with even more reasons and tools to change their behaviour. Indeed, it is well-established that better education causes better health.[279] Therefore, it may be that information campaigns widen inequalities in health and welfare, since they may reflect the fact that some citizens have a greater capacity (in the broadest possible sense) to change their behaviour.[280]

MINDSPACE may be a more efficient and equitable way of influencing behaviour than information provision

In contrast, the 'Automatic System' relies mostly on contextual changes to bring about behaviour change, without necessarily changing people's minds. The effects of such contextual changes are therefore likely to be less dependent on education and income. In other words, it may be a more efficient *and* equitable way of influencing behaviour. As already noted, there is evidence that changing the pensions default to automatic enrolment brought a particularly large increase in take-up for low and medium income workers, eliminating most of the previous differences in participation due to income, sex, job tenure and race.[281] Overall, though, evidence on the distributional consequences of MINDSPACE is still sparse, and so there is a real need to evaluate whether it offers a way of using resources more efficiently and fairly.

How long do MINDSPACE effects last?

Policy-makers reading this report may have a nagging question: how long do MINDSPACE effects last? Is their impact on behaviour ephemeral or enduring? How long should my intervention last?

Psychologists sometimes make a distinction between 'compliance' and 'conversion'.[282] For example, someone with racist views may nonetheless be careful not to show discriminatory behaviour at a job interview or when they are in a public setting. But in private, or one-to-one settings, they might show strong discrimination. In effect, they show compliance when under scrutiny, but they haven't converted, so their behaviour is prone to revert at any time.

We assume that the goal of any attempt to change behaviour is to create an *enduring* change – indeed, one that becomes self-sustaining – although policy-makers may also reckon that compliance is better than nothing. We suggest that enduring change can be achieved through 'trigger' effects, 'self-sustaining' effects, and cultural change. We explain each of these below.

'Trigger' effects: are these only fleeting?

Temporary effects do not mean fleeting impacts

As discussed earlier, some MINDSPACE effects are rapid and even subconscious, notably **priming, salience**, and **affect**. On the face of it, their influence appears fleeting. Thus, the effects of priming may only last for a short while after exposure to the prime. But this does not mean that their *impact* is fleeting, since the behaviour and decision may have been changed in that interval.

These effects may be thought of as 'triggers'. Priming may only last a short while, but during that time it may lead to someone making a commitment that translates into longer-lasting change. But people are not only a bundle of reflexes. We can 'habituate' to repeated prompts, and we can learn to resist or reinterpret them in other ways. For example, a very effective trick is to give a busy stranger something – such as a flower – then immediately ask for some money. Because of the power of reciprocity, most people will automatically comply with this request, and probably be annoyed with themselves afterwards. But they are unlikely to fall for this ploy more than one or two times.

The fact is, there is relatively little practical evidence about how the impact of frequently used effects might habituate over time. Success will probably depend on whether the citizen is broadly happy with the result – in other words, the reinforcement that follows it. For example, smokers trying to quit deliberately try to avoid some of the primes that encourage their smoking, such as the habit of having a cigarette with a drink. MINDSPACE effects that direct them away from smoking are likely to be welcomed rather than consciously resisted (unlike the flower trick mentioned above). The effect is then reinforced by the sense of feeling good.

Hence one intervention helped people to develop healthy habits by using the method of context-dependent repetition, which was delivered in the form of information or advice on weight control, such as "try to eat roughly at the same times" and "plan ahead to find ways to incorporate the behaviour into daily routines".[283] This approach recognises the power of automatic responses to context and tries to harness them for a specified goal.

Behavioural triggers can be built into situations and contexts

It is important to note that though behavioural triggers may be short-term in their influence, they can be repeated by being built into situations and contexts. For example, as mentioned earlier in relation to a dangerous road in Chicago or the approach to some junctions in the UK, the increased salience of driving speed can been 'built into' a road by the simple act of painting white lines.[284] And, of course, if a short-term effect causes many people to change their behaviour, this itself creates new kinds of social influence, notably the possibility of moving people to a new 'behavioural equilibrium' (see below).

'Self-sustaining 'effects: changing the equilibrium

At first glance, influences such as **social norms**, **defaults** and **ego** effects appear to rest on deep-seated aspects of the environment and ourselves. For example, it may be much harder for the policy-maker or community to change the social norm, but if they can there is good reason to think that the effect will be widespread, lasting and self-sustaining.

The most obvious example is defaults. For a start, the use of defaults is based on the status quo bias, which encourages stability and minimum effort over time. Governments have considerable control over many defaults, such as around pensions, insurance rules or what side the steering wheel is on our cars. Not surprisingly, defaults have become perhaps the most widely known element of behavioural economics.

Other effects have a self-sustaining dimension, though. Commitments, for example, are based around fidelity to a decision over time (assuming that this decision can be obtained in the first place). They 'go with the grain' of how we act

Some effects have a self-sustaining dimension, but their duration is not guaranteed

by recognising that small changes in behaviour may lead to a subsequent change in attitudes. However, the effects of commitments are less guaranteed to last than defaults – if the costs of keeping to the commitment become higher and the consequences less salient, the change in behaviour may not be sustained. In short, there is greater scope for interfering factors.

Norms also have a powerful self-sustaining element, but again their duration is not guaranteed. As explained, norms can be explicit (where someone tells you what others do) or implicit (where you observe what others do). We saw earlier that the explicit social norm effect declined in the months after letters were sent out detailing neighbours' energy consumption, but increased again on receipt of subsequent letters.[285] Implicit norms are powerful and self-reinforcing, but government's difficulty here is how much effort is required to trigger a new, sustainable norm. Social norms may change very slowly or quickly, they may change because of a large, sudden event or a single invisible decision that creates a 'tipping point'.[286]

Compensating behaviours

People may compensate with other acts if their behaviour is changed

Short of trying out a given intervention, we cannot be sure how much any given MINDSPACE effect will lead to other 'compensating behaviours' over time, as often occur when attempting to 'change minds'. For example, we may eat more when we give up smoking because we cognitively decide to quit smoking, but does the same thing happen when we give up because the context has caused us to quit? Or, while smaller plates may make us eat less initially, will we start to pile plates higher in compensation? In this example, there are reasons to think not, since evidence shows that levels of eating are strongly linked to the context and availability of food (at least once a certain level of hunger has been satisfied), but the general challenge stands.

Again, this points to the need for Insight to gain understanding of the people whose behaviours you are attempting to change. For example, the geographer John Adams argues that we each have an individual built-in 'risk thermostat' – a level of risk we are ready to tolerate – which is a largely automatic instinct, derived from the accrual of experiences throughout our lives. Adams argues this means that changing behaviour so people wear motorcycle helmets may actually increase the likelihood of accidents: the risk thermostat kicks in, and people feel there is more scope to drive faster as a consequence. Insight could therefore help understand how people perceive and tolerate risk, and help build an intervention that limits compensating behaviours like these.[287]

Evidence from some policy areas, such as crime, suggests that compensating and displacement behaviours tend to be relatively limited. But in other policy areas substantial and problematic compensatory behaviours have been found. For example, it has been argued that attempts to reduce CO_2 emissions through encouraging people to drive smaller, more efficient cars are substantially offset by people's subsequent tendency to drive more often.[288] And, of course, individuals' behaviour should be seen as the product of a wider system: if the pressures and incentives in this system remain the same, a person's attempts to change their actions may not be sustained, and compensating behaviours may emerge instead.

From behaviour change to cultural change

MINDSPACE can create or change habits by going with the grain of behaviour: harnessing automatic effects

As we have seen, much of behaviour change is about battling habits – either to change them or to use other habitual or hard-wired responses to nudge ourselves in a different direction. Habits are 'behavioural dispositions to repeat well-practiced actions given recurring circumstances', and they usually develop when actions are repeatedly paired with an event or context (e.g. drinking coffee after waking up).[289] Although the initial pairing may have had some conscious purpose, once acquired

the action can be triggered just by the event or context, even in absence of the person's intention – or even in opposition to their intention.

Often attempts to break habits rely on providing information, but conscious thoughts may not provide an effective means for addressing automatic behaviour – not least because people often shape their views around their behaviour.[290] In contrast, MINDSPACE suggests that the most effective way of changing or creating habits is by going with the grain of behaviour: harnessing the same automatic effects to nudge people onto a different, self-sustaining, track, without always explicitly stating the need to pursue a particular goal.

Habits do not just exist at the individual level

But habits do not exist at the individual level only. When replicated across a community or society we call them 'culture'. The Italians drink on average 48 litres of wine per year, while Britons drink less than half that amount.[291] In contrast, the vice of the Scandinavian nations is coffee: Finland, Norway, Sweden and Denmark fill the top four slots for consumption, drinking more than five times the level we do.[292] Sometimes such differences exist within countries too, such as differences in smoking across socio-economic groups in the UK.

Ultimately, most policymakers are focused on this bigger picture – often known as culture change.[293] There may be occasions when the power of argument alone can eventually such culture change, such as gender equality or race relations. But generally the broader sweep of policy history suggests that such change is driven by a mix of both broad social argument and small policy steps. Smoking is perhaps the most familiar example. Over several decades the behavioural equilibrium has shifted from widespread smoking to today's status as an increasingly minority activity. Better information; powerful advertising (and the prohibition of pro-smoking advertising); expanding bans; and changing social norms have formed a mutually reinforcing thread of influence to change the behavioural equilibrium.

There is every reason to think that is a pattern that we will see repeated in many other areas of behaviour too, from sexual behaviour to carbon emissions. At the same time, new behavioural challenges will surely emerge too. For example, the UK leads the world in per capita spend on video games – roughly four times that of Germany and nearly 20 times the world average.[294] Is that a virtue or vice? We may have to wait a generation to decide.

What we can be sure of is that culture change is around us all the time, and communities and governments will continue to take views on how they do, and do not, want it to unfold.

The future of behavioural policies

Some leading proponents have portrayed the application of behavioural economics as a radical 'third way' between liberal and paternalistic approaches to government. Others have tended to dismiss the approach as a distraction to the robust application of 'normal' economics to policy. In crude terms, the first camp says the way to reduce carbon emissions is through harnessing the power of techniques such as comparisons with our neighbours' emissions; for the second camp, it is simply to get the price of carbon right, and then to let markets sort it out.

Not a paradigm shift in policy-making, and not a reason to give up on conventional policy tools

Our position sits between the two camps. The application of behavioural economics does not imply a paradigm shift in policy-making. It certainly does not mean giving up on conventional policy tools such as regulation, price signals and better information. Sophisticated behavioural programmes to reduce smoking or excess drinking don't imply giving up on taxes on cigarettes and alcohol. Similarly, programmes to persuade us to eat five portions of fruits or vegetables a day mean still have to address practical barriers such as how the lack of supply of fresh food in poorer neighbourhoods.[295]

We can be confident that behavioural economic approaches offer policymakers powerful new tools, but there is still much that we do not know. There remains uncertainty over how lasting many of the effects are; how effects that work in one set of circumstances will work in another; and whether effects that work well with one segment of the population will work with another (including potential impacts on inequalities – though there are grounds to think that more automatic approaches will tend to reduce them).

Who should act?

There are also questions about how much such techniques should be employed by central government or left as tools for local policymakers, professionals and communities. One of the most important roles for central government in the coming years will be to ensure that local and professional applications of behavioural approaches are rigorously evaluated, our knowledge systematically built, and the results made available for communities to debate and adopt as they see fit. When the cost-effectiveness for an application is clearly shown, and the public acceptability has been established, central government might then move to national implementation – be this to reduce crime, strengthen communities, or support healthy and prosperous lives.

We saw at the beginning of this report how our decisions over a short time at lunch are influenced by the context within those decisions are made – by various elements of MINDSPACE. Accounting for these effects in public policy could result in resources being used both more efficiently and more fairly. There may turn out to be a free lunch after all.

Ideas for action

Changing policy-making

Nudging professionals. Breaking down all-in-one tick-box orders of medical tests into smaller blocks with costs and frequency of use alongside. Magistrates, doctors, and police provided with information on how their decisions compare with those of average and gold (evidenced-based) standard.

Downplay negative norms. As we have seen, stressing the prevalence of an undesirable behaviour can make people more likely to indulge in that behaviour themselves. A better tactic is to make these activities seem minor and socially undesirable, thereby bringing 'in-group' effects on your side.

Help policy-makers reduce the debt burden. Applying MINDSPACE to reducing the fiscal deficit, from building a mandate with the public to creating a dynamic of collective ownership across Departments to reduce costs.

An institutional centre for evaluating behavioural change. There is a good case for establishing a central competence that can evaluate behaviour change. This does not need to be a new body, but it does need scientific competence and a degree of independence. The centre would be tasked with determining which methods were most effective and cost-effective for changing specific behaviours.

A "Dragon's Den" for innovative behaviour ideas. Professionals and communities who come up with innovative ideas have a means of submitting their ideas for consideration. Those that get through an initial selection process are invited to pitch to a panel of experts; convincing cases are given support for piloting and evaluation, and, if shown to be effective, assistance to help wider participation and follow-up.

Changing policies

Obesity in schools. Use all we know about choice architecture in school canteens to improve diets, such as increasing the prominence of healthy foods and offer a national points programme for healthy eating and exercise, with a range of rewards offered to classes, schools and cities.

Helping people help themselves. Use self-exclusion agreements to restrict access to online casinos and betting sites. Set up a central website funded by gaming industry that allows people to sign agreements restricting access to all registered online gaming sites.

Making the money go further. Refashion taxes, grants and benefits using behavioural economics. For example, front-load grants to disadvantaged students to make university feel more attractive, and offer lower but less variable tax credit options to those on variable incomes.

Citizen-to-citizen welfare. Online tax-free credit system set up to promote exchange of care services between citizens, harnessing reciprocity on the lines of the Japanese system of *fureai kippu* (care credits for social care) or the US Elderplan (where ex-patients help recent or current patients).

Annex 1: MINDSPACE mapped

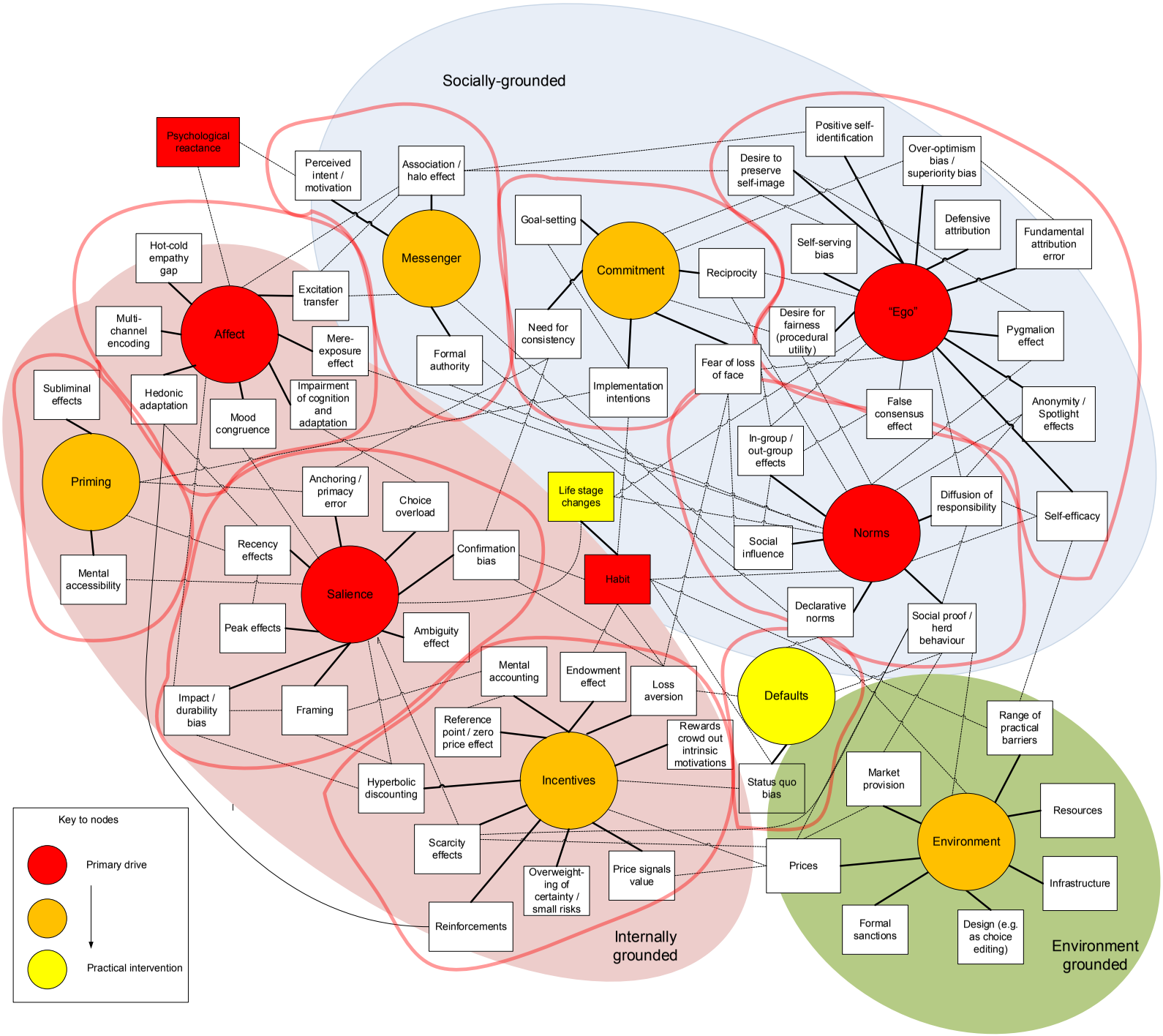


Diagram presenting the concepts related to the elements in MINDSPACE. The solid lines indicate that a given psychological process is considered as being an essential part (as a direct consequence, cause or manifestation) of the principle in question (e.g. framing is making something salient, while salience causes recency effects). The dotted lines are secondary connections, while the red/orange/yellow colouring of the circles denotes whether the factor is a primary drive (e.g. affect) or whether it is more applied (e.g. defaults). The red grouping lines denote the boundaries of MINDSPACE.

More details on the terms in the diagram can be found in:

Hewstone, Stroebe, Jonas (2007) *Introduction to Social Psychology: A European Perspective*. Chichester: Wiley, Fourth Edition.

Annex 2: Applying MINDSPACE to teenage pregnancy

A local authority has identified that it has unusually high rates, compared with comparable areas, of both teenage pregnancies and STDs. They have been set a challenging LAA target for National Indicator 112 (PSA 24) 'Under 18 Conception Rate', but their performance indicators are not moving. How can MINDSPACE offer a new approach?

Explore

The Local Authority brings together key figures from the PCT, local schools and the local community to assess levels of interest and current local strategies. This starts to identify ideas about what might be going wrong in the local area, and establishes common interests and resources to explore the issue further.

Insight research is commissioned locally involving focus groups and some one-to-one interviews (given the personal nature of the subject). This research explores the thoughts, feelings and pressures on teenagers (including teenage parents) and their parents. Evidence is also drawn from the new 'What works?' data bank of previous evaluations and international evidence funded by several large central government departments.

Insight found that one of the weaknesses of information and leaflets was that it concentrated on facts and figures about sex and STDs rather than the more potent influences on behaviour such as self-image and social pressure (Ego and Norms). For example, young people often felt unsure about how widespread sexual activity was, and those who were engaging in early sex felt uncomfortable about the reaction of their partner if they insisted on contraception, since it might imply they were already promiscuous or that it somehow implied they didn't trust their partner. It was also found that many young people did not relate to national-level statistics and figures.

Ironically, the local practice of having previous teenage parents come and talk to children in schools about why they regretted getting pregnant so young was found to have the exact reverse effect on many young people. It helped them imagine themselves in that situation (Salience), made it seem more normal (Norms), and the young mothers themselves seemed rather impressive and grown-up (Messenger).

Finally, it turned out that a major driver of early sexual activity, and indeed lower educational attainment and behavioural problems in the classroom, turned out be rooted in self-image. Many young people felt caught in a frustrating dynamic of 'being treated like a child at home and school', and, in a slightly jumbled way, felt that sex was a route to being respected and treated as an adult (Ego).

Enable

For the most part, lack of information about safe sex was not fund to be a major barrier, but there was evidence that there were some specific gaps in knowledge, such as some practical aspects of birth control use and a lack of understanding of the long-term effects of certain STDs. Sex guidance and information was therefore updated. Supply of contraception, including the cost of condoms, was a barrier in some at-risk younger groups, and dispensers were added in school toilets – within cubicles rather than more public areas to avoid unwanted social pressure.

Encourage

Salience and Norms

Recognising the importance of self-esteem rather than facts, leaflets and classes were changed to focus much more heavily on how other people, including peers and the other sex, felt about birth control. In order to make statistics more Salient,

a local survey of relationships and sexual behaviours was organised by parents and a local school nurse. Students found the results from the local survey far more salient, and it also served to break the taboo of younger age sex and relationships. Many young people were surprised to find out that far fewer of their peers were having sex than they thought, which they felt removed pressure on them (Norms).

Messenger

Schools also took a new approach to visits: rather than inviting *just* teenage mothers in to talk, they set up a panel of five former pupils to talk about their lives and relationships. Just like the teenage parents, they were articulate and impressive – but, of course, most of those who left school were not teenage parents. A typical panel of 20-something ex-students had three who were not parents, of whom one was recently married, one was in a long-term relationship, and one who had recently broken up. The fourth was also recently married and had just had a child. The fifth, on some of the panels, had been a teen parent. In other words, various 'alternative futures' were made Salient, while it was clear that the dominant Norm was not being a single mother.

Commitment

Some schools and parents experimented with 'compacts' – students would actually make a pledge with themselves as part of PHSE classes that, if they were in a relationship, they would agree with their partner to use birth control (Commitment). Though some felt these 'compacts' were embarrassing, many subsequently felt that they were glad that they had done so.

Engage

Many of the elements of the Borough's programme on teenage sexual behaviour were controversial. Engaging with parents, professional and children was an important part of getting 'permission' for the programme. The local authority had to stress the scale of the problem in the area (although not to teenagers, to prevent an undesirable social norm), and the difficulties that can ensue from teenage pregnancy. The engagement itself helped to raise the profile of the issue and increased the acceptability of talking about sex and relationships in the area, thereby creating a self-reinforcing social norm.

Exemplify

In this instance, the local authority recognised that it would find it difficult to exemplify actions that lead to lower teenage pregnancy. Therefore, it mostly restricted its activities to ensuring that it was giving a consistent message on the desirability of teenage pregnancy in all its areas of activity. In terms of policy-making, it was recognised that the Commitment to reach a certain LAA target had encouraged the local authority to think differently. In addition, a local health worker gave a hard-hitting presentation to the local authority's team on the real emotion and social problems teenage pregnancy was creating in the local area (Salience and Affect). As a result, the Default approach to information provision had been shifted from 'neutrality' to 'socially situated' – unless decided otherwise, all information would be geared towards affecting self-esteem issues and social pressures felt by teenagers.

Evaluate

There were various elements to the programmes that were tried in the area. Schools and communities tended to use slightly different combinations. The evaluation used this variation, or tapestry, of interventions to test the relative efficacy of different aspects of the programme. Outcome variables included levels of STDs, teen pregnancy rates, and a repeat of the local survey on sexual behaviours.

Annex 3: New frontiers of behaviour change: Insight from experts

This annex gives short insights into some of the latest developments in behaviour change from world experts.

1. Virtual Worlds to test behavioural interventions

Virtual worlds are three-dimensional environments found online in which communities of networked individuals interact. Millions of people use such platforms and they have become increasingly sophisticated. Within such worlds (e.g. Second Life) individuals can make friends with like-minded people or even do their weekly shopping. Researchers in my department are currently using this technology to teach medical students how to be good doctors.

The potential exists to use virtual worlds to test out some new policies in the area of behaviour change. In the past we have spent large amounts of money on interventions to change behaviour with little idea of whether they will work or not. It may be that we can try out various interventions within virtual worlds first, so as to get an idea of their potential impact. Chesney has recently explored the use of virtual worlds for experimental economics. Overall the behaviour of virtual subjects was not found to differ significantly from established standard results, suggesting their usefulness as experimental subjects.

Professor The Lord Ara Darzi, Professor of Surgery, Imperial College London. Formerly Under Secretary State for Health

2. Evaluating behaviour change policy

The next steps for behavioural economics are large field studies on policy, since data collection may challenge governments' intuitions. Academics could also invite people who are involved in legislation to come and present the assumptions they are making about human behaviour, give them some feedback and work together on changes. Examples could be legislation about driving while texting, energy usage, income tax, calorie labelling, and so on.

Professor Dan Ariely, Alfred P. Sloan Professor of Behavioral Economics, Massachusetts Institute of Technology, author of Predictably Irrational *(HarperCollins: 2008)*

3. Neuroeconomics

Neuroscience now offers profound insights into how the human brain implements high level psychological functions, including decision making. Such knowledge when combined with insights from other disciplines has spawned new disciplines, a pertinent example being the field of neuro-economics. This new field has already generated remarkable findings into questions as diverse as how people learn in an optimal fashion, how human preferences are formed and the mechanisms that explain common deviations from rationality in our choice behaviour.

The wider impact of these findings is that they suggest a profound revision in how we construe the architecture of the human mind. It now appears that the brain comprises not a monolithic single executive decision making system but instead comprises multiple distinct decision-making systems, each competing for control over choice behaviour. The obvious analogy here is that of a parliament of the mind. The challenge now is to understand how these systems interact during the expression of behaviour including how they impact on self-control. A deeper understanding here is likely to provide insights into the types of interventions or triggers that

engage these distinct systems, with potential beneficial or indeed detrimental effects. It opens the distinct possibility that we can implement effective policies that can provide powerful, yet simple, tools that engender change in behaviour across of range of societal contexts include our health service, schools and our general social environment.

Professor Ray Dolan, Director of the Wellcome Trust Centre for Neuroimaging, University College London

4. Influencing behaviour through design

Winston Churchill wrote: 'We shape our buildings; thereafter they shape us." The built environment presents a series of 'clues' to the public and effectively gives them permission to do certain things or behave in certain ways. Whether it is the corporate employer which creates social spaces to encourage informal collaboration across disciplines inside its office building, or the transport operator which deliberately denies passengers even surfaces on which to place and discard coffee cups on the subway system, organisations have used design to encourage behaviours best suited to their mission.

Today one the leading-edge areas in which design can influence behaviour change is in relation to safeguarding the environment. Having well-designed recycling facilities can support greater recycling by communities, for example; giving home owners immediate and understandable visual feedback on the amount of energy they are consuming can encourage a reduction in energy use.

Jeremy Myerson, Helen Hamlyn Professor of Design, Royal College of Art

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[211] Cabinet Office Delivery and Transformation Group (2007) *Establishing an effective Customer Insight Capability in Public Sector Organisation*s, p.4.

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[216] Judah, et al. (2009) Experimental Pretesting of Hand-Washing Interventions in a Natural Setting. *American Journal of Public Health* 99:S405-S411.

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[220] Halpern (2010) *The Hidden Wealth of Nations*, pp.192-3.

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[223] Brown (2009) *Personal Responsibility*, p.102.

[224] Halpern (2010) *The Hidden Wealth of Nations*, p.196.

[225] Applied this way, MINDSPACE can trigger a process of 'double loop learning' – that is, learning about *how an organisation learns*, rather than just solving problems in accepted ways. See: Argyris and Schön (1978) *Organizational learning: A theory of action perspective*, Reading, Mass: Addison Wesley.

[226] Gash, Hallsworth, Ismail, Paun (2008) *Performance Art: Enabling Better Management of Public Services*. London: Institute for Government.

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[228] Mackett and Robertson (2000) *Potential for mode transfer of short trips: Review of existing data and literature sources*. University College London: Centre for Transport Studies.

[229] Department for Transport (2006) *National Travel Survey.*

[230] Interestingly, one study found that simply leaving feedback cards was the most cost-effective way of encouraging the correct sorting of rubbish for recycling. Timlett and Williams (2008) Public participation and recycling performance in England: A comparison of tools for behaviour change. *Resources Conservation and Recycling* 52(4):622-34.

[231] London Collaborative (2009) *The Capital Ambition guide to behaviour change*, p.35.

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[234] Reeves (2009) *A Liberal Dose? Health and Wellbeing – the Role of the State*.

[235] Taken from Knott (2008) *Achieving Culture Change: A Policy Framework*. Prime Minister's Strategy Unit, p.68.

[236] See the debate over the legal status of the drug *khat*, which plays a significant role in East African culture. Advisory Council on the Misuse of Drugs (2005) *Khat (Qat): Assessment of risk to individuals and communities in the UK*.

[237] One of the "responsibilities" of the draft NHS Constitution states that 'You should recognise that you make a significant contribution to your own, and your family's, good health and well-being, and take some personal responsibility for it.' Department of Health (2009) *The NHS Constitution*, p.9. See Brown (2009) *Personal Responsibility*, Chapter 7.

[238] As noted earlier, the Pygmalion effect means that people tend to fulfil the roles or labels that are attached to them – whether positive or negative.

[239] Reeves (2009), p.21.

[240] See, for example, Hallsworth et al. (2008) *The EU Platform on Diet, Physical Activity and Health*. Cambridge: RAND Europe.

[241] Lewis (2007) *States of Reason*, p.7. London: IPPR.

[242] This point is made at greater length in Reeves (2009), p.22.

[243] As noted before, we have a very strong appetite for explanations (or 'attributions'). See: Langer (1989) Minding matters. *Advances in Experimental Social Psychology*, Vol. 22, ed. Berkowitz. New York: Academic Press. Sutherland (2007) *Irrationality*, p.110.

[244] There is much useful information on this topic from the field of pro-environmental behaviours. See: Jackson (2005) *Motivating Sustainable Consumption;;* Darnton (2004) *Driving Public Behaviours for Sustainable Lifestyles*.

[245] IPSOS MORI (2007) *Tipping Point or Turning Point? Social Marketing and Climate Change.*

[246] Reeves (2009), p.10.

[247] IPSOS Mori Survey. Base: 1,070 UK adults age 16+, interviewed 3-6 Jan 2008.

[248] Ipsos MORI/RCP. (2009). *Trust in People.* See http://www.judiciary.gov.uk/docs/poll-trust-in-professions-topline-20091.pdf

[249] Thaler and Sunstein (2008), pp.81-3.

[250] Social Market Foundation (2006) *Creatures of Habit? The Art of Behavioural Change*, p.8.

[251] The philosopher Harry Frankfurt makes a useful distinction between 'first order' and 'second order' desires. First order wishes concern a person's contingent actions (behaving in a certain way), while second-order wishes are about primary (wishes to wish to do or not to do something). Frankfurt (1971) Freedom of the will and the concept of a person. *Journal of Philosophy* 68:5-22.

[252] Most famously, Sir Isaiah Berlin argued against this way of thinking in his 1958 essay 'Two Types of Liberty', in Berlin (2002) *Liberty*. Oxford University Press.

[253] Swift (2007) *Political Philosophy: A beginner's guide for students and politicians*, p.84.

[254] We are referring to the controversy that ensues when people consider whether the use of a particular effect is justified, not whether the use of an effect increases or reduces controversy. For example, a behaviour change that uses Messenger effects may reduce controversy by recognising that we may listen more to a message from our GP than from the Secretary of State for Health. But people may consider the "use" of their GP in this way to be unacceptable and controversial.

[255] This viewpoint is underpinned by a long tradition of "social contract" thinking. See Boucher and Kelly (1994) *The Social Contract from Hobbes to Rawls*. Routledge.

[256] Dean (2009) *Governmentality: Power and Rule in Modern Society*. Second Edition. Sage.

[257] Morowitz et al. (1993) Does measuring intent change behaviour? *Journal of Consumer Research* 20:46-61; Sherman (1980) On the self-erasing nature of errors of prediction. *Journal of Personality and Social Psychology* 39:340-350.

[258] Mulgan (2009) *Influencing Public Behaviour to Improve Health and Wellbeing*, p.27.

[259] There are very good reasons for rejecting any such actions out of hand, but this is not to say they would not work, if considered acceptable. See: Bargh (2006) 'What have we been priming all these years? On the development, mechanisms, and ecology of nonconscious social behavior', *European Journal of Social Psychology* 36: 147-169.

[260] IPSOS Mori. 2,019 British adults, 9 May-5 June 2008.

[261] Pensions Commission (2005) *Pensions Commission Research: Appendix D*, p.108.

[262] Ross et al. (1977) Social roles, social control, and biases in social-perception processes. *Journal of Personality and Social Psychology* 35:485-94.

[263] These 'circumstances' are different from the environmental cues we discuss elsewhere in the document. These cues act on people without their conscious knowledge; indeed, people actively resist the suggestion that their actions are being influenced.

[264] For example, a recent IPSOS MORI poll gave the public a set of factors and asked which, if any, they thought had 'the biggest impact on your chances of living a long and healthy life'. 79% selected 'Your lifestyle', 39% 'Your genes', and 35% 'Your social circumstances'. Of course, it is perfectly possible that genes and social circumstances can affect lifestyle, but it seems likely that most people saw this as an issue of personal responsibility. IPSOS MORI, 1,994 British adults, 14-21 August 2008.

[265] Donaldson et al (2008) Weighting and valuing quality adjusted life years: preliminary results from the Social Value of a QALY Project. At: http://www.haps.bham.ac.uk/publichealth/methodology/docs/publications/JH12_Donaldson_Social_Value_of_QALY_July2008.pdf

[266] Dworkin (1981). What is Equality? Part 1: Equality of Welfare. *Philosophy and Public Affairs* 10(3):185-246

[267] Sefton (2005) Give and take: public attitudes to redistribution. In Park et al. *British Social Attitudes 22nd Report*.

[268] Brown (2009) *Personal Responsibility*, pp.21-27. Brown actually gives four types, but we have conflated 'causal' and 'preventative' responsibility.

[269] It is important to distinguish between consequential and moral responsibility because sometimes it may be appropriate to criticise someone for their moral conduct but not force them to bear the consequences. Brown (2009), p.26.

[270] The philosopher Alexander Brown points out that 'collective action can be a way for large numbers of people to take personal responsibility together'. Brown (2009) *Personal Responsibility*, p.17.

[271] See, for example, Pauly (1968) The economics of moral hazard: Comment. *The American Economic Review* 58(3):531-537.

[272] Hurley (2006) *The Public Ecology of Responsibility,* p.5.

[273] Hurley (2003) *Justice, Luck, Knowledge*. Cambridge, MA: Harvard University Press.

[274] Quoted in conversation at: http://www.edge.org/3rd_culture/thaler_sendhil08/class4.html

[275] Hurley (2006) *The Public Ecology of Responsibility*, p.15.

[276] There is a large body of research which suggests the presence of automatic effects that discriminate against racial minorities – whether or not the person being tested is themselves a member of an ethnic minority or consciously holds discriminatory attitudes. For an overview of the evidence, see Payne and Cameron (2010). Divided minds, divided morals: How implicit social cognition underpins and undermines our sense of social justice. In Gawronski and Payne (eds.) *Handbook of Implicit Social Cognition: Measurement, Theory,*

and Applications. New York, NY: Guilford Press. At: http://www.unc.edu/~bkpayne/publications/PayneCameron.pdf

[277] Langer (1989) Minding matters. *Advances in Experimental Social Psychology*, Vol. 22, ed. Berkowitz. New York: Academic Press. Quoted in Cialdini (2007), p.4.

[278] Norman, Abraham and Conner (eds.) (2000) *Understanding changing health behaviour: From health beliefs to self-regulation*. Amsterdam: Harwood Academic.

[279] See, for example, Silles (2008) The causal effect of education on health: Evidence from the United Kingdom. *Economics of Education Review* 28(1):122-128.

[280] Although there is evidence that some interventions aimed at general populations widen health inequalities, the specific link between information campaigns (as opposed to other approaches) and increasing inequality is not clear. Macintyre et al. (2001) Using evidence to inform health policy: case study. *British Medical Journal* 322:222-225; De Walle, van der Pal, de Jong-van den Berg, Jeeninga, Schoute, de Rover, et al. (1999) Effect of mass media campaign to reduce socioeconomic differences in women's awareness and behaviour concerning use of folic acid: cross sectional study. *BMJ* 319: 291-292; Thomas et al. (2008) Population tobacco control interventions and their effects on social inequalities in smoking: systematic review. *Tobacco Control* 17:230-237.

[281] Madrian and Shea (2001).

[282] See Moscovici. (1980) Towards a theory of conversion behaviour. In: Berkowitz (ed.) *Advances in Experimental Social Psychology*, vol. 13, New York: Academic Press

[283] Lally, Chipperfield and Wardle. (2008). Healthy habits: Efficacy of simple advice on weight control. *International Journal of Obesity* 32:700–707.

[284] Thaler and Sunstein (2008) p.37.

[285] Allcott (2009) Social norms and energy conservation. Discussion Paper. Center for Energy and Environmental Policy Research.

[286] For more on this important issue, see Ball (2004) *Critical Mass: How one thing leads to another*; Schelling (1978) *Micromotives and Macrobehaviour*; Gladwell (2000) *The Tipping Point: How little things can make a big difference*.

[287] Adams (1995) *Risk*. London: University College London Press.

[288] This is known as the 'rebound effect' or Khazzoom-Brookes postulate. See: Herring and Roy (2007) Technological innovation, energy efficient design and the rebound effect. *Technovation* 27:4, pp.194-203. The intellectual roots of the concept are in the 'Jevons paradox'. See: Jevons (1865) *The Coal Question.* London: Macmillan.

[289] Wood, Tam and Witt (2005). Changing circumstances, disrupting habits. *Journal of Personality and Social Psychology* 88: 918–933; Wood and Neal (2007). A new look at habits and the habit–goal interface. *Psychological Review* 114: 843–863.

[290] Aarts, Verplanken and van Knippenberg (1997) Habit and information use in travel mode choices. *Acta Psychologica* 96:1–14; Verplanken, Aarts and van Knippenberg (1997) Habit, information acquisition, and the process of making travel mode choices. *European Journal of Social Psychology* 27:539–560.

[291] 2005 data. In contrast the world average is 4 litres – less than a tenth of the Italian rate. See: http://www.wineinstitute.org/files/PerCapitaWineConsumptionCountries.pdf.

[292] The Finns drink 12.0kg of coffee per capita per year compared with the UK's meagre 2.8kg (and the world average of 0.8kg). See http://www.ico.org/historical.asp.

[293] See Knott. (2008) *Achieving Culture Change: A Policy Framework*. Prime Minister's Strategy Unit, p.68.

[294] 2008 data, Euromonitor International.

[295] Beaulac, Kristjansson, Cummins (2009) A systematic review of food deserts, 1966-2007. *Preventing Chronic Disease* 6:3; King's Fund. (2005) *Health Inequality*.

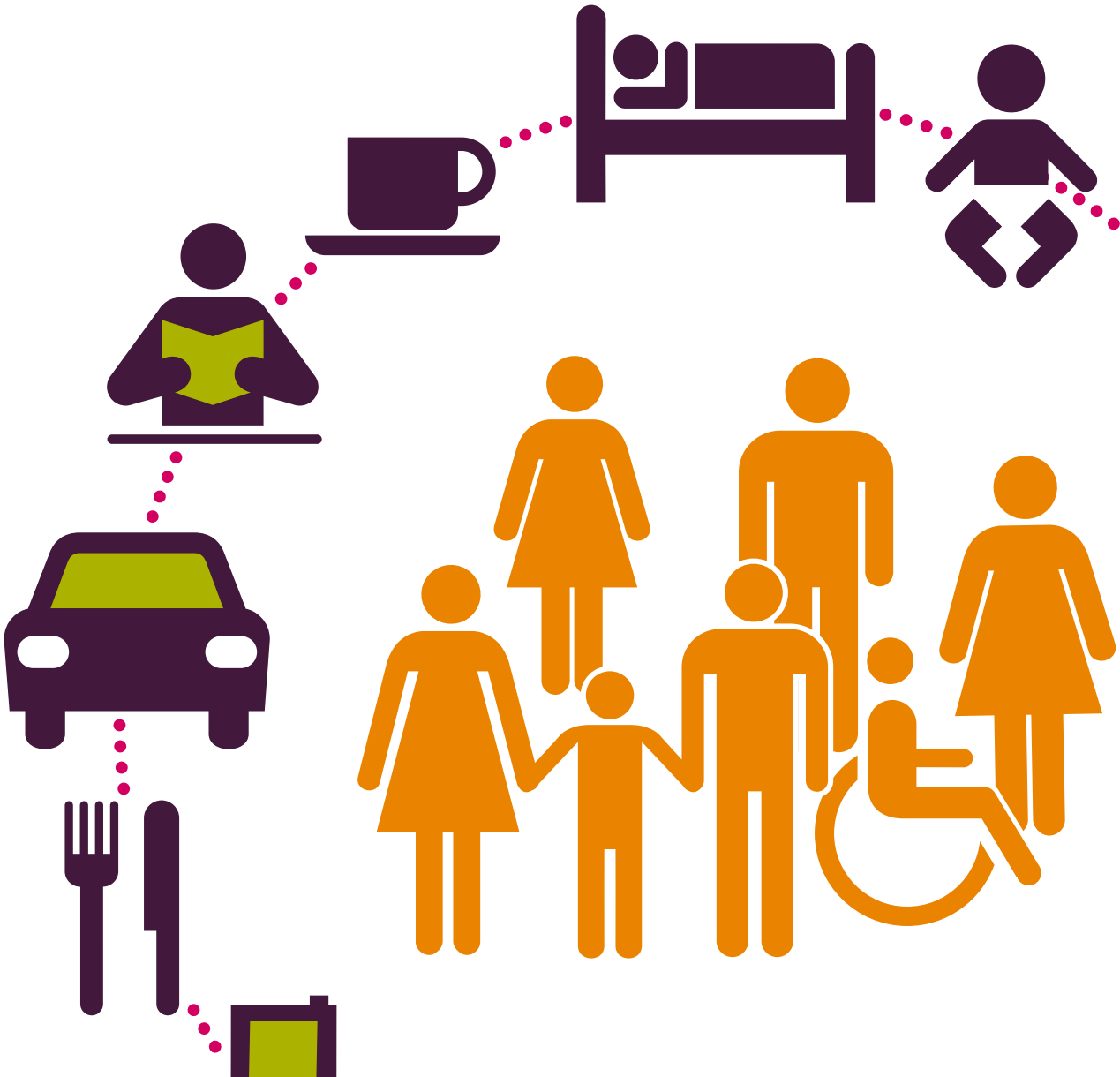
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Communications and behaviour change





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Foreword



We need to encourage positive behaviour change



Tackling some of society's most intractable and costly problems most often requires us to change behaviours in some way. Some steps may be small, like turning off lights, and others may be large, like changing our diets. Some behaviours can have tragic short-term consequences, like driving too fast, and others longer-term damage to ourselves and other people, like smoking.

What they have in common are the personal, social and economic costs to us as citizens and taxpayers. Money and resources spent, for example, on treating obesity is not just a cost but also a lost opportunity to invest in other areas of civil society.

So, increasingly, the success of many government policies and priorities depends on our achieving behaviour change with the greatest effectiveness and efficiency.

But, as this document makes clear and our experience has shown, behaviour change is a complex area. If we are to succeed, we need to understand the theories underpinning behaviour change and how marketing and communication can aid policy formulation and ensure effective delivery.

Government has a number of tools at its disposal to stimulate behaviour change, from legislation, regulation and taxation to providing information, persuasion, engagement and working in partnership. In most cases, putting these tools into action will require communications in some form.

Within government, we are continually seeking new and better ways to communicate with citizens to encourage positive behaviour change. With this document, we hope to provide those working in government communications with an update on some of the latest thinking about what drives human behaviour and to launch the debate as to what this means for our approach to communications, from strategy development through to evaluation. We see this as the first stage in an ongoing dialogue.

There are already many examples across government where the theories and principles outlined below have been used to develop effective communication and marketing strategies. We have drawn on these examples and included some of them as case studies, from which we can all learn.

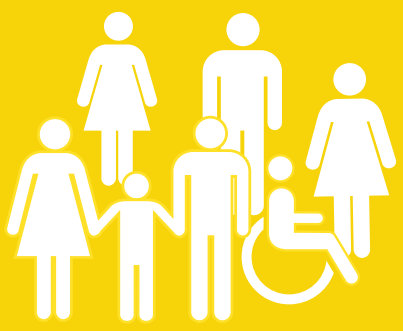
I hope you find this a useful resource. We look forward to working with you to continue developing and delivering communications that are informed by both a deep understanding of the behaviour we seek to influence and the rapidly changing communications landscape.



Mark Lund, Chief Executive, COI

Introduction

Human behaviour is a very complex area. This document draws on key sources from the disciplines of social psychology, economics and behavioural economics (where the first two disciplines overlap). We have sought to distil this information into some key factors that are important to consider for anyone developing communications that seek to influence behaviour, and to develop a framework for applying these factors to the development of a communications strategy.



About this document

The document is designed primarily for those working in government communications and draws on the Government Social Research (GSR) *Behaviour Change Knowledge Review.*[1] The GSR Review was developed primarily for those in analysis, research and policy roles. It is therefore important that this document covers the same key theories and principles, so that those working across all types of behaviour change interventions can develop a common understanding.

Broadly speaking, most government communications seek to encourage or enable people to act in one or more of the following ways:

- to **start** or adopt a new behaviour;
- to **stop** doing something damaging;
- to **prevent** the adoption of a negative or harmful behaviour; and/or
- to **change or modify** an existing behaviour.

In each case, the aim is to get people to behave in a certain way. Insights from social psychological theory and behavioural economics, both of which provide us with a deeper understanding of human behaviour, are therefore relevant to all government communications.

A brief introduction to some key behavioural theory disciplines

Many disciplines have something to say about human behaviour, including economics, psychology, sociology and anthropology. Within government, 'behaviour change' (which is often applied through social marketing campaigns) tends to be dominated by social psychological and (behavioural) economics thinking.

Behavioural models are designed to help us better understand behaviour. Those used within government tend to be social psychological models that explain behaviour by highlighting the underlying factors influencing the individual or group. Behavioural economics combines insights from economics and psychology to generate principles that show how people's decision-making can be less 'rational'.

Over recent years, behavioural economics has attracted much interest, with authors such as Richard Thaler and Cass Sunstein[2] exploring some of the principles and looking at how these can be used to 'nudge' us towards making 'better' decisions.

1 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses*, HMT Publishing Unit, London.

2 Thaler R and Sunstein C (2008), *Nudge: Improving Decisions About Health, Wealth and Happiness,* Yale University Press, New Haven, Connecticut.

While behavioural models and economics both seek to explain why people behave the way they do, theories of change seek to explain how behaviour changes. There are many theories of behaviour change, drawn from a wide range of disciplines. This document discusses a few of the most commonly cited theories.

We have provided an overview of some of the main factors from social psychological models, the key principles of behavioural economics and the best-known theories of change. For a more in-depth discussion, see the GSR Review,[3] which covers over 60 social psychological behavioural models and theories and includes an appendix that matches behaviour types or domains (for example environment, health or transport) to models. You may find this a helpful starting point in identifying those models that are relevant to you and warrant further exploration.

Within some government departments and agencies, teams (usually either policy or analysis) have already undertaken significant research into behavioural models and theories relevant to their policies. It is therefore well worth investigating whether any work has already been carried out in your department or agency before starting your own exploration.

In this document

What influences people's behaviour?

This section outlines some of the key factors that influence behaviour. It draws on a range of social psychological theories and includes three examples of behavioural models. The section also gives an overview of the key principles of behavioural economics and of the best-known theories of change. Case studies provide a practical illustration of how models and theories have been used to inform government communications.

Embedding behavioural theory

A five-step framework shows how, by increasing our understanding of behaviour, behavioural theory can help to define the role for communications and build a communications model. The Department of Health's Tobacco Control campaign is used to show how each step of the process might work in practice. The section concludes with a summary of the steps and a series of questions designed to stimulate thinking at each stage.

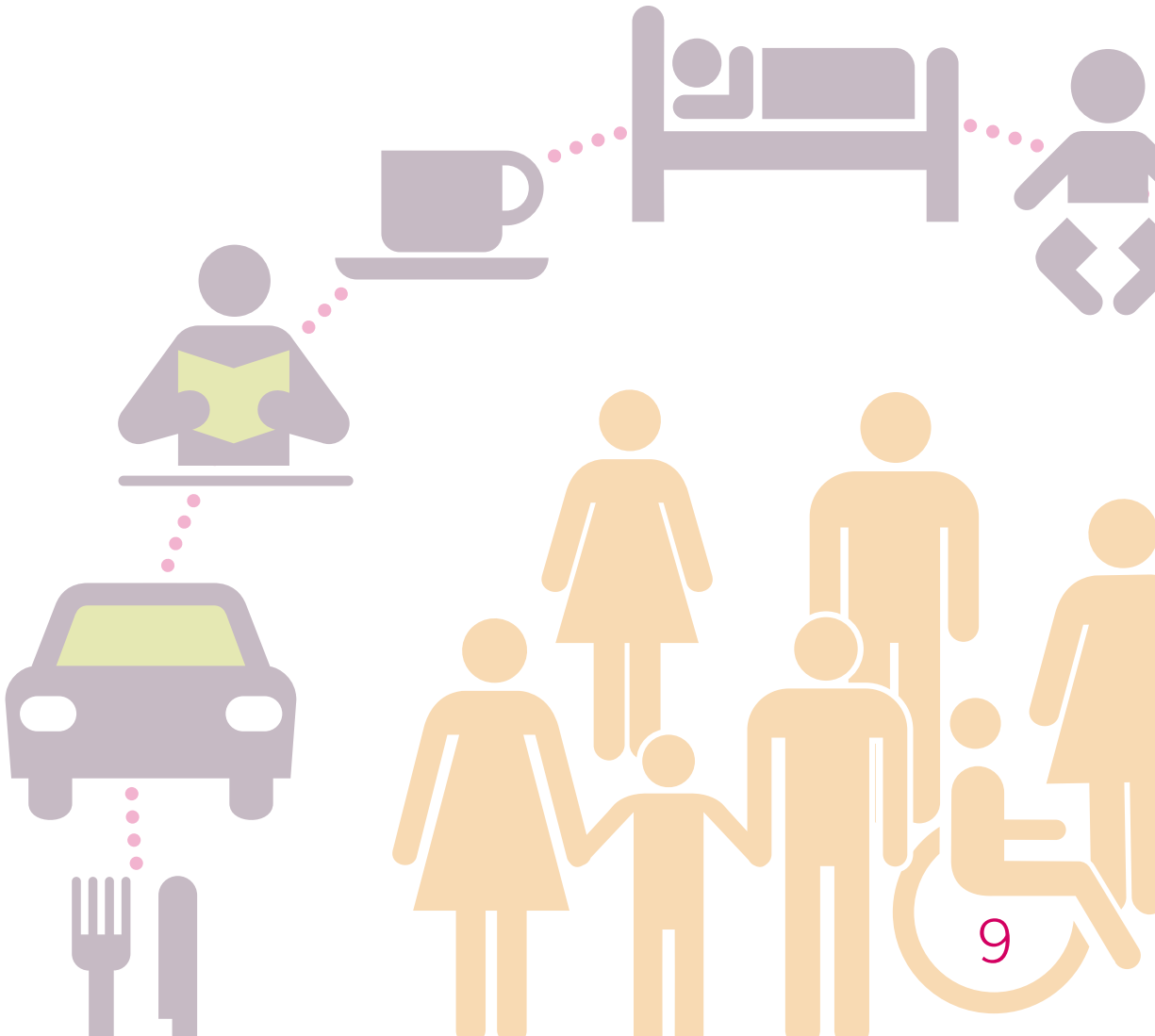
3 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses*, HMT Publishing Unit, London.

Conclusions and future implications

This section lists the main conclusions emerging from the report, then goes on to consider some of the key implications for communicators.

Next steps

Finally, this section suggests some areas for future discussion aimed at embedding behaviour change theory in communications development.



What influences people's behaviour?

Human behaviour is influenced by a huge range of factors. In this section, we seek to distil the ever-increasing body of evidence about why we do what we do into some key factors and principles that are important to consider when designing communications aimed at influencing behaviour change.

'Individual behaviours are deeply embedded in social and institutional contexts. We are guided as much by what others around us say and do, and by the "rules of the game" as we are by personal choice.'[4]

Social psychological models of behaviour

There are many different social psychological models that seek to explain human behaviours. Broadly speaking, the factors in most of them can be split into three levels:

1. Personal ('micro') factors which are intrinsic to the individual, such as their level of knowledge or their belief in their ability to change their behaviour and their habits.

2. Social ('meso') factors which are concerned with how individuals relate to each other and the influence of other people on their behaviour.

3. Environmental factors over which individuals have little control. These include both:

   a. local ('exo') environmental factors, for example the area in which an individual lives and local shops and facilities, and

   b. wider ('macro') environmental factors such as the economy or technology.

Most models tend to focus on factors at the personal and social levels, with few explicitly referencing those at the environmental level. It is, however, essential to consider factors from all three levels. For this reason, we suggest that social psychological models are used primarily to identify personal and social factors and that additional work (see the discussion of systems mapping, page 13) is undertaken to identify the relevant external factors.

There are a number of reasons why it is so important to identify factors at all three levels. Seeking to understand and influence behaviour by addressing personal factors alone, for example, is unlikely to work, because it fails to take into account the complex and interrelated nature of the factors that influence what we do: we do not act in isolation, and most people are influenced to a very great extent by the people around them and the environment in which they live. Equally, it would be overly simplistic to focus on environmental factors, such as access to services or levels of taxation, while ignoring the social and personal factors at play.

In seeking to influence behaviour in the context of health, for example, it is generally accepted that an **ecological** approach – that is, one that identifies and addresses the factors influencing behaviour at all three levels – is likely to be most effective at bringing about behaviour change.

4 Jackson T (2005), *Motivating Sustainable Consumption: A Review of Evidence on Consumer Behaviour and Behavioural Change,* report to the Sustainable Development Research Network, London.

Key learnings

- It is essential to identify factors influencing behaviour at the personal, social and environmental levels.
- An 'ecological' approach – one that takes account of and addresses factors at all three levels – is likely to be most effective in bringing about behaviour change.

A note about behavioural models

While models can help us understand more about human behaviour, they do have some limitations:

- Models are deliberately simplified to aid understanding, and 'do not account for all the complexities of behaviour'.[5]
- Most models do not segment the target population. In reality, different factors are likely to carry different weight for different people.
- Models are usually based on data from a specific audience and/or designed with a specific behaviour in mind and may not 'travel' well. Any model used must be explored for relevance to the behaviour that is being addressed.

It is also important to note that behavioural models and theoretical insights are not a substitute for primary research. Our aim is to help you incorporate theory into your planning alongside primary research and other evidence.

5 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses,* HMT Publishing Unit, London.

Behavioural models and communications

Understanding all the factors that influence the behaviour you want to change is an essential starting point. It will enable you to start identifying the most effective interventions and to establish where communications (in the broadest sense) sit within the mix.

The approach outlined in this section is aligned with the early steps in the nine principles for developing interventions using behavioural models outlined in the practical guide section of the GSR Review.[6] This is to ensure that policy and communications teams share a consistent framework.

Identifying behaviours

Some government communications focus on influencing a single behaviour, such as getting people to drive more slowly. For many issues, though – for example, climate change and obesity – government will need to bring about changes in multiple behaviours in order to meet policy goals.

Where the specific behaviour or behaviours in question have already been identified and agreed, you can move straight on to identifying the influencing factors (see page 15). If, however, this thinking has not yet been done, it is important to identify all the relevant behaviours and other factors contributing to the issue you are seeking to address. Otherwise, it will not be possible to select the appropriate behavioural model(s).

The most complex behaviours may require a systems thinking approach. **Systems thinking** is a way of mapping out all the factors influencing a particular issue and the relationships between them, so that issues can be seen as part of an overall system rather than in isolation. **Systems diagrams** provide a visual representation. At the core of systems thinking is the concept of **feedback**, the idea that changing one factor will often affect one or more of the other factors within the system. It is therefore particularly useful in helping to anticipate the possible consequences of interventions aimed at a specific factor or factors. While it may not be communications teams who undertake systems mapping, such exercises can nevertheless yield valuable insights into the range of interventions needed to address the various factors and the part that communications can play in the mix.

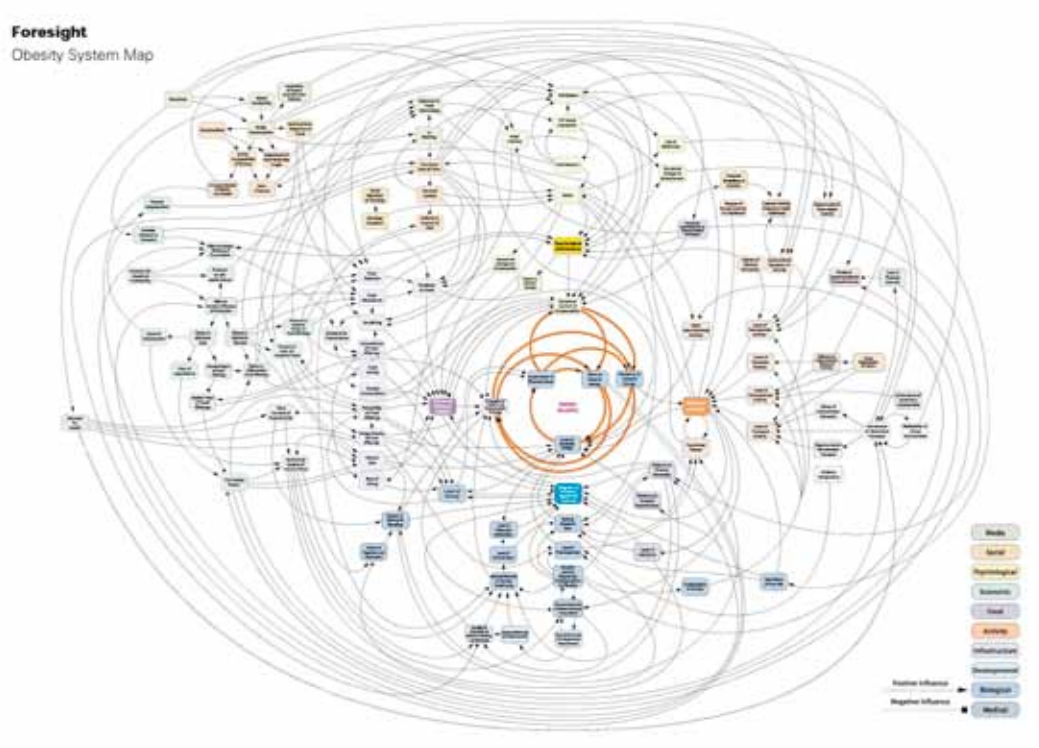
Where the issues involved are less complex, a full systems mapping exercise may not be needed. However, an exercise to identify the factors and behaviours contributing to the issue you are seeking to address will provide a useful starting point in developing a comprehensive picture of influences.

6 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Practical Guide: An overview of behaviour change models and their uses,* HMT Publishing Unit, London.

Mapping the causes of obesity

Obesity is a complex issue with extremely wide-ranging causes operating at the personal, social and environmental levels.

In the absence of a model incorporating all the relevant factors, a team of experts from a range of disciplines, including psychology, sociology, food sciences, genetics and epidemiology, produced an Obesity System Map highlighting the full range of contributory causes.[7]



The Obesity System Map shows a vast number of factors operating at the personal, social and environmental levels with multiple linkages and no one factor dominating. This clearly points to the need for a sustained and wide-ranging programme of interventions in order to facilitate change.

7 Vandenbroeck P, Goossens J and Clemens M (2007), T*ackling Obesities: Future Choices – Building the Obesity System Map*, Government Office for Science, London.

Understanding the factors that influence behaviour

The factors that influence behaviour fall into the following broad levels: personal; social; local environment; and wider environment.

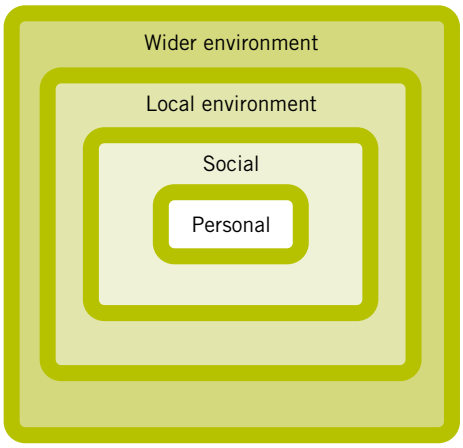
This section provides an overview of factors at all levels that can play a major role in influencing behaviour. It does not and cannot cover all the factors that influence behaviour. Instead, we have chosen to focus on those that appear across a number of different behavioural models and/or that we believe are particularly important to consider when designing communications aimed at influencing behaviour change.

The section also includes three examples of behavioural models to show how the factors selected work in context.

Personal factors

Knowledge and awareness

When we ask people to change their behaviour, we need to clearly set out our expectations. This might be, for example, the speed limit we want them to observe when driving in a built-up area. Standard economic theory assumes that if people are provided with information, they will act on it in such a way as to maximise personal benefit and minimise their costs, a concept often referred to as 'rational choice theory'.



The AIDA (Attention, Interest, Desire, Action) marketing model is an example of an 'information deficit' model. It is based on the idea that providing information will spark interest, which in turn leads to desire and subsequently to action.

Sometimes – for example, when telling people how to deal with swine flu or about a new piece of legislation – it is appropriate simply to give them the relevant information. But **knowledge and awareness** are rarely enough by themselves to bring about behaviour change. Other factors can override our 'rational' selves, and we may make systematic errors in our rational calculations (see the section on behavioural economics, page 20).

Providing information is therefore a first step towards influencing behaviour change rather than an end point. For example, as well as explaining how eating too much and doing too little can lead to obesity, the Change4Life campaign (see case study on pages 28–29) also aims to increase self-efficacy (see page 18) by showing people that they can incorporate more activity into their daily lives. Information can also be used to direct people to other communication channels or services – such as a website – that aim more directly at changing behaviour.

Attitudes

Attitudes are specific to particular behaviours. Early psychological models show attitudes leading to intention in a predominantly linear fashion. In later models, attitude still plays a role but appears alongside a range of other factors.

While attitudes can influence behaviour, evidence now suggests that the link is not as strong as we might previously have thought. The so-called 'Value Action Gap'describes those situations where a person holds values that are inconsistent with their behaviour.

The Value Action Gap can be particularly evident with regard to attitudes to the environment. While people may believe that it is important to protect the environment, other factors may take precedence when it comes to actually changing their behaviour. Darnton cites research into pro-environmental behaviours which found that at least 80 per cent of the factors influencing behaviour did **not** stem from knowledge or awareness.[9] It is also important to bear in mind that although attitudes can precede behaviour, the opposite can also be true.



According to Festinger's theory of cognitive dissonance,[8] a person holding two inconsistent views will feel a sense of internal conflict ('cognitive dissonance'), which will prompt them to change their views and so bring their perceptions into line. This has also been found to apply to inconsistencies between perceptions and behaviours.

A good example of cognitive dissonance is evident among smokers. Most smokers know that smoking causes lung cancer and other health problems, but they also want to live a long and healthy life. Smokers can seek to reduce this 'dissonance' either by giving up smoking or by finding ways to justify their habit, for example by claiming that cigarettes keep them slim or that they know someone who smoked 30 cigarettes a day and lived to be 100.

8 Festinger L (1957), *A theory of cognitive dissonance,* Stanford University Press, Palo Alto, California.

9 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses*, HMT Publishing Unit, London.

Communications can help to shift attitudes. For example, government campaigns have succeeded in changing attitudes to drink driving and this, combined with legislative change and other interventions, has succeeded in bringing about behaviour change (see the case study on page 19). However, as with **knowledge and awareness**, shifting attitudes alone may not be enough to bring about behaviour change. It is therefore rarely advisable to view attitude shift as a precursor to behaviour change, or to use it as a proxy for behaviour change for the purposes of evaluation.

Habit and routine

Habit or **routine** can be a key factor in influencing frequent behaviours. In recent years, it has become an emerging area of study in social psychology and in fields such as neuroscience. Here, experiments on animals have given insights into the dual process cognitive system[10] whereby the automatic mind handles most of our day-to-day functioning while the executive mind both monitors the automatic mind and takes on focused mental tasks.

The more we repeat a particular behaviour, the more automatic it becomes. As time passes and the behaviour is undertaken more and more frequently, habit can therefore become the key factor driving behaviour. As government communicators, many of the behaviours we try to influence will be habitual (for example, leaving appliances on standby or having the tap running while we brush our teeth). Such behaviours are often unconscious, and difficult to explain or justify.



Kurt Lewin's theories of change maintained that breaking habits required an 'emotional stir-up'[11] to raise the habit to conscious scrutiny. Smoking is both an addictive and a habitual behaviour. The British Heart Foundation's Fatty Cigarette campaign set out to tackle the habitual element by associating the cigarette with the damage it was doing. The aim was to ensure that each time the smoker thought about having a cigarette, they would also think about the damage it caused. This constituted the 'emotional stir-up' needed to turn smoking from an unconscious habit into a conscious action.

10 Graybiel (2008), 'Habits, rituals, and the evaluative brain' in *Annual Review of Neuroscience* vol 31, 359–87.

11 Lewin K (1951), *Field Theory in Social Science*, Social Science Paperbacks, London.

A number of behaviour change theories stress the importance of subjecting habits to scrutiny as a first step towards changing them, by raising them out of the unconscious mind. Communications designed to influence habitual behaviours must therefore look at which strategies will be most effective in turning a habit into a conscious behaviour. Ambient media used at the point where the behaviour actually takes place is an example of communications seeking to do this and can be very effective – for example, posters and stickers near washbasins reminding people to wash their hands, as used in the swine flu campaign.

Self-efficacy

Agency, **self-efficacy** and **perceived behavioural control** (different terms are used in different models) all describe 'an individual's sense that they can carry out a particular action successfully and that action will bring about the expected outcome'.[12] What is important is the belief, not whether or not the individual is actually capable of achieving a particular goal. This will determine the effort a person is prepared to put into changing their behaviour and even whether they will attempt it at all. People's sense of agency can be driven by many things, including past experiences and personal beliefs (for example, some people are naturally more pessimistic than others).

This factor appears in many social psychological models. Lack of agency can be a strong barrier to behavioural change. Again, environmental issues are a useful example. 'Public responses to climate change are commonly characterised by a lack of agency, for instance, the sense that the problem is too large for individuals to make a difference.'[13]

Communications can help to increase individuals' sense of agency, for instance by providing clear instructions that make a particular behaviour seem more achievable, by using testimonials to show how other people have made the change or by helping to teach relevant skills. For example, one element of a recent sexual health campaign set out to teach young people negotiation skills which they could then use to initiate discussions about, for example, contraception. A further exmple of a campaign seeking to increase 'agency' is the Home Office vehicle crime campaign (see page 20). However, it is essential that any such communications are seen as trusted and credible and that the behaviour is depicted as achievable.

12 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses*, HMT Publishing Unit, London.

13 Ibid.

Moment of Doubt campaign

The Department for Transport's Moment of Doubt campaign aims to convince young men aged between 17 and 29 that the consequences of drink driving are relevant to them.

In the past, drink-driving campaign messages have been based on a risk and reward model, contrasting the pleasure of drinking with the risk of causing injury or death by driving under the influence. While the number of people killed has fallen from 1,600 in 1979, it has stayed relatively stable at above 500 a year since 2000.

The advertising agency, Leo Burnett, set out to re-evaluate the assumptions behind the campaign. Attitudinal research found that a small but growing number of people, particularly men aged 17–29, refused to acknowledge the risk of having a crash when driving after drinking, while qualitative research suggested that trying to shock viewers with the most extreme consequences was becoming less effective for this group, who did not see drink drive-related crashes as relevant to them.

From general attitude to personal response

These findings, along with input from behavioural psychologists, pointed to a move away from campaigns that build public outrage towards persuading the target audience that drink driving could have immediate, negative consequences for them personally.



Consumer research, a semiotics analysis and behaviour theory identified the key intervention point as occurring when the drinker was deciding whether to have a second pint, ie when they were still in control. The campaign therefore focused on creating **cognitive dissonance** (see page 16) between the desire for another drink and a set of credible, relevant consequences such as getting a criminal record, being banned from driving and damaging relationships with a partner or family members.

Impact

Six months after the launch of the campaign, young men's perception that they would be caught by the police had risen from 58 to 75 per cent.[14] The number of people breathalysed during December 2007 rose by 6.4 per cent, while the number testing positive fell by 19.5 per cent.[15] The number of deaths and serious injuries caused by drink driving fell for the first time in six years, from 560 in 2006 to 410 in 2007.

14 BMRB Tracking, January 2008.
15 Accociation of Chief Police Officers.

Home Office vehicle crime campaign

The Home Office vehicle crime campaign sought to increase people's sense of agency by persuading them that they could outsmart the criminals.[16]

Where previous campaigns had used images of circling hyenas to play on people's fear of crime, the strapline 'Don't give them an easy ride' aimed to empower people and convince them that through their own actions they could lessen their chances of becoming a victim. The campaign also sought to change habits by placing ads reminding people to lock their cars and not leave valuables on show in strategic places such as parking meters and petrol pumps where opportunistic theft was most likely to happen.



Emotion

Emotions may be triggered without our knowing and can have a strong influence on our behaviour, both conscious and unconscious. While most models see emotion as influencing behaviour change indirectly (by altering attitude, habit or agency), there are occasionally situations where behaviour is driven by emotion alone. For example, a phobia or fear can determine how an individual behaves in certain situations.[17]

Where communications do aim to stimulate emotion, it is important to understand which factors are likely to be affected by the emotional response, given that often, emotion will not have a direct influence on behaviour. Emotion can be a useful 'hook' but it should not be the end point. Otherwise, there is a risk that the communication will not lead to any change in behaviour, as in the Home Office's original vehicle crime campaign (see box), where images of hyenas circling a car inspired fear in some sectors of the audience and left them feeling powerless.

Behavioural economics

In the previous section, we looked at some of the most common factors that drive behaviour at the personal level. These all appear in social psychological models. Behavioural economics can also be used to understand individual behaviour.

16 COI/IPA (2008), *How Public Service Advertising Works,* World Advertising Research Centre, London.

17 Darnton A (2008), ***GSR Behaviour Change Knowledge Review.*** *Reference Report: An overview of behaviour change models and their uses,* HMT Publishing Unit, London.

Behavioural economics involves applying psychological insights to economic models to account for the systematic 'errors' in our decision-making. It suggests that the decisions we make are dependent on context and that natural **biases** and **mental shortcuts (heuristics)** can lead to 'imperfect' decision-making. Behavioural economics does not generate 'drivers', but it does offer principles that can help us understand why people deviate from the assumed 'rational' standard. Communicators seeking to influence behaviour in a way that involves making a decision or choice should therefore have an understanding of those principles.

Mental shortcuts (heuristics)

We take 'mental shortcuts' or use 'rules of thumb' hundreds of times each day, and the more pressure we are under, the more shortcuts we take. Where, for instance, we don't have time to make a decision by calculating the pros and cons of various options, we often make an 'educated guess' based on, for example:

- **How easily we can recall (availability) or imagine (simulation) something happening:** We tend to believe that events we can easily think of or imagine happen more often and are consequently more likely to happen to us.
  '... people tend to be more nervous about flying than driving because airplane crashes are easy to recall. Similarly, it is found that the larger the jackpot in a lottery, the more tickets that are bought, because the consequences of a large prize attract more attention and are easy to imagine.'[18]
  Communications can harness this bias by making it easier for people to imagine the consequences of a particular behaviour or reminding them of the (negative) consequences of a past action.
- **What has happened before (representativeness):** We generally make decisions based on how similar an outcome is to something that has happened before, not by weighing up all the possibilities.

  'The heart of the gambler's fallacy is the misconception of the fairness of the laws of chance. The gambler feels that the fairness of the coin entitles him to expect that any deviation in one direction will be cancelled out by a corresponding deviation in the other … This fallacy is not unique to gamblers'.[19]

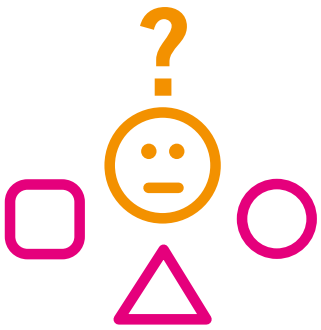
Biases

Internal biases mean that our natural responses are not always fully 'rational'. Recognising this can help us understand why people make the choices they do in the 'real world' and identify whether there is a role for communications in overcoming these biases, some of which are discussed here.

We tend to prioritise short-term reward over long-term gain (hyperbolic discounting). For example, some people prefer to have more money now than to pay into a pension plan. This is an important principle for government communicators, as government is often seeking to persuade people to make choices that involve a long-term pay-off but little immediate gain.

18 Halpern D, Bates C, Geales B and Heathfield A (2004), *Personal Responsibility and Changing Behaviour: the state of knowledge and its implications for public policy,* Prime Minister's Strategy Unit, Cabinet Office, London.

19 Kahneman D, Slovic P and Tvesrsky A (1974), Judgement Under Uncertainty: Heuristics and Biases' in *Science* vol 185 No. 4157, 1124–31.



Cass Sunstein and Richard Thaler in *Nudge: Improving Decisions About Health, Wealth and Happiness*[20] use the term 'choice architecture' to describe how decisions can be influenced by the way in which they are framed. They argue that the 'choice architect' can 'nudge' people towards 'better' choices without compromising individual freedom.

This concept is particularly relevant to communications and central to the aims of many communications strategies, suggesting as it does that the way choices are framed can make them more effective.

The extent to which we disregard future gain (the 'discount rate') will increase the more remote the issue appears to be. So, generally speaking, the younger the person, the less likely they are to prioritise investing in a pension plan. Disadvantaged groups also tend to be more likely to discount future gain, focusing instead on getting by in the short term.

'... policies that are based on individuals' investment in their future (eg personal pensions, adult education) have a tendency to widen inequalities as those with high discount rates will be less likely to take on these opportunities.'[21]

We're loss-averse. We tend to put more effort into avoiding loss than ensuring gain. Evidence suggests that communications focusing on potential losses rather than gains are more motivating: in other words, disincentives are more effective than incentives. According to this principle, a message that states 'You will lose £X each year if you don't insulate your loft' will have more impact than one that states 'You will save £X each year if you do insulate your loft'.

We have a natural preference for the status quo (inertia). When faced with a difficult or complex choice, our tendency is to carry on doing what we've always done and avoid making a decision.

In recent years, there has been much discussion about how government can harness the power of inertia by adjusting society's 'default' settings, for example by requiring people to opt out

20 Thaler R and Sunstein C (2008), *Nudge: Improving Decisions About Health, Wealth and Happiness,* Yale University Press, New Haven, Connecticut.

21 Halpern D, Bates C, Geales B and Heathfield A (2004), *Personal Responsibility and Changing Behaviour: the state of knowledge and its implications for public policy,* Prime Minister's Strategy Unit, Cabinet Office, London.

of becoming organ donors or making pension contributions something to opt out of rather than opt in to. Indeed, in the case of pensions this is already happening: from 2012, all employers will have to automatically enrol their eligible employees into a good quality workplace pension scheme and provide a minimum contribution unless the employee chooses to opt out.

Such decisions tend to be taken by policy teams (although communications may have a part to play both in helping to develop the policy and in getting messages out to the relevant audiences). But where this approach is not possible, communicators should give some thought to strategies for overcoming inertia, for example by making the behaviour seem easier to undertake than people perceive it to be.

Choices are influenced by the way they are presented (framing). As the discussion of biases demonstrates, many of the choices we make are hugely influenced by how they are presented to us or how they are framed.

Key learnings

- Understanding the natural biases and mental shortcuts that shape people's thinking should inform the nature and content of communications.

Social factors

'… an extremely important task during the formative stages of the strategic planning process is to gain an understanding of the extent to which interpersonal influences are likely to be important for one or more target groups.[22]

Other people's values, attitudes, beliefs and behaviour can have a strong **social influence** on our own behaviour, a phenomenon that has been widely discussed in recent years.

Social norms are the group 'rules' that determine what is deemed 'acceptable' behaviour. Social norms can have a huge influence on our thoughts and behaviours and therefore appear in many different social psychological models. Social norms vary by group, so what the norm is for one group of young people may well be different from that adopted by another group living in different circumstances. Failure to act in accordance with these 'rules' can lead to exclusion from the group.

When we are unsure of how to act in social situations we often assume that others around us know more and look to them for pointers on how to behave, a phenomenon known as **social proof**. An example of this would be a party where food is laid out but guests are unsure whether it's acceptable to help themselves. As soon as the first person helps themselves, others will quickly follow: the behaviour has been shown to be acceptable to the group.

22 Andreasen A (1995), *Marketing social change: Changing behaviour to promote health, social development and the environment,* Jossey-Bass, San Francisco.

We tend to underestimate the extent to which we are influenced by others. Most people will deny any influence at all, an important factor to consider, particularly for researchers. Direct questioning alone is unlikely to be the best way of establishing the influence of social norms on an individual.

Communications and social norms

Communications can be effective in highlighting social norms and prompting people to act in accordance with them. An experiment involving hotel guests provides an illustration.[23] Half the guests had signs in their bathrooms with a message about how reusing towels could benefit the environment. The other half had the same sign but with an extra message stating that most hotel guests reused their towels at least once during their stay. Guests exposed to the additional message were 26 per cent more likely to reuse their towels: a clear demonstration of the power of social proof.

Further examples of how communications can utilise the power of social norms include:

- peer-to-peer approaches such as online forums or communities where people can connect to others in similar circumstances. This can be particularly helpful with regard to less common or more sensitive issues, as social proof and reassurance can be provided in a 'safe' and anonymous way;
- positive testimonials from others who have used a service or adopted a particular behaviour (thus showing that such behaviours are acceptable). Note that testimonials can also help to boost self-efficacy (see page 18);
- targeting campaigns at respected, authoritative opinion leaders or recruiting them as 'ambassadors' for a brand or behaviour. These people can help both to spread the message and to provide social proof of the acceptability of a particular behaviour; and
- driving word of mouth, for example by using PR techniques to generate news stories that describe other people behaving in a particular way.

Social norms can be particularly strong in relation to some of the most intractable behaviours that government is seeking to change. For example, if the norm within a peer group is to go out and drink to excess, it is unlikely that lasting behaviour change will be achieved unless that norm is addressed. For the young people in that group, the views and behaviour of their peers will be a more powerful influence than information provided by other sources.

Descriptive and injunctive norms

The social pyschologist Robert Cialdini distinguishes between two types of social norm: 'descriptive norms' and 'injunctive norms'.[24] Descriptive norms fit the description of social norms set out above: that is, we base our own behaviour on how other people act. Injunctive

23 Goldstein N, Martin S and Cialdini R (2007), *Yes! 50 Secrets from the Science of Persuasion,* Profile, London.

24 Cialdini R, Kallgren C and Reno R (1991), 'A Focus Theory of Normative Conduct: a theoretical refinement and re-evaluation of the role of norms in human behaviour' in *Advances in Experimental Social Psychology* vol 24, 201–34.

norms are the rules and regulations that tell us what we should do. Often, the two types of norm align but sometimes, as in Tim Jackson's motorway driving example (see right), this is not the case.

The risk of unintended consequences

Communicators must be aware of the risk of making the behaviour they are seeking to change seem as if it is widespread and therefore acceptable. For example, in seeking to highlight the problem of missed appointments, hospitals and GP surgeries will often cite the number of people that fail to turn up. It has been argued that this approach runs the risk of inadvertently legitimising the behaviour – other people are doing it, so why shouldn't I? An alternative would therefore be to focus instead on the fact that the vast majority of people do turn up on time.

Similarly, it has been argued that raising awareness, particularly of risky health behaviours such as heavy drinking or drug taking, may serve to exacerbate the problem. Research in the US into the different approaches taken by colleges to try to reduce alcohol consumption found that most campaigns highlighted the 'descriptive norm', that is the high consumption of alcohol. Through the use of trial communications, the team found that such messages could actually encourage those students who drank less than the amount described to increase their consumption to the level presented as the norm.[25]



'Tim Jackson gives the example of motorway driving (Jackson 2005): if other drivers around him are driving over the speed limit, he may be likely to do the same (following the descriptive not the injunctive norm). If he sees a police car up ahead, he is likely to reduce his speed; the police car performs a focusing function, making the injunctive norm salient. The police car also provides an element of 'surveillance', the sense of foreboding that sanctions may be imposed which is a requirement for adherence to injunctive norms. The focusing function is also required in activating descriptive norms.'[26]

25 Schultz PW, Nolan JM, Cialdini RB, Goldstein NJ and Griskevicius V (2007) 'The Constructive, Destructive, and Reconstructive Power of Social Norms', in *Psychological Science*, vol 18 No. 5, 429–34.

26 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses*, HMT Publishing Unit, London.

While there are instances of social norms changing rapidly, this has often been as a result of legislative change, for example the ban on smoking in public (smoking had already become less acceptable, but the ban made it even more so). More commonly, social norms change slowly, and therefore, in the absence of legislative change, a long-term approach will be required as it will take time for any changes to filter through and become commonplace in society. In other words, a short burst of communications activity alone is unlikely to be effective in shifting a social norm.

Environmental factors

In order to understand why people behave in the way they do, it is essential to take into account the physical conditions and environment in which they live.

Environmental factors can be hugely significant in determining how an individual will behave. Before behaviour change can occur, the right 'facilitating conditions'[27] must be in place in both the individual's local (exo) environment and the wider (macro) environment.

The local (exo) environment

However motivated we are to behave in a certain way, if our local environment puts barriers in the way of that behaviour it is unlikely that we will succeed. For example, an individual may be strongly motivated to use public transport instead of a car, but if there is little access to public transport in their area, it will be difficult if not impossible for them to change their behaviour.

Another example is recycling. Before kerbside collections became commonplace, anyone wanting to recycle needed not only the motivation to recycle but also the commitment to find a recycling facility and access to transport. To be effective, communications aimed at persuading people to recycle needed to go hand in hand with improving access to recycling facilities.

The wider (macro) environment

Factors that operate at a national or even international level can also have a huge influence on individual behaviour. Wider or **macro environmental** factors can include technology, the economy, taxation and legislation.

Most social psychological behavioural models do not make explicit reference to external factors. The Theory of Planned Behaviour (see page 31) looks at environmental factors within the context of 'perceived behavioural control', while the Theory of Interpersonal Behaviour (see page 32) considers external factors as part of 'facilitating conditions'.

Although few models reference specific environmental factors, it is essential that communicators take them fully into account. Systems mapping or similar exercises at the start of any interventions planning should identify the factors influencing behaviour at this level. Social psychological models can then be used to identify factors and plan interventions at the personal and social levels.

27 Triandis H (1977), *Interpersonal Behavior*, Brooks/Cole, Monterey, California.

The implications for communicators

Broadly speaking, factors influencing behaviour at the environmental level will often be tackled through policy or delivery interventions, for example by making changes to regulations or the provision of services. Communications nevertheless have an important role to play.

Communications can provide vital support for policy interventions, for example by providing information about new legislation (such as the reclassification of cannabis) or promoting local services. In such cases, more traditional forms of advertising may be appropriate.

Communications can also influence environmental factors by helping to frame the discourse on particular issues. While this may challenge 'traditional' definitions of the role of communications, it is an important point to consider, particularly where government is seeking to influence behaviours that are deep-seated and difficult to change.

Participative approaches such as citizens' summits, workshops or online dialogue draw on theories of learning and change which argue that sustainable change cannot be imposed. Rather, people need to play an active role in the change process. Communications could be used, for example, to recruit people into programmes that empower them to change the environment themselves or to highlight local problems, thus creating the momentum for change.

Even where hard policy levers are applied, individuals may fail to respond in a 'rational' way (see page 15). Litter penalties are one example of this. Since 2006, councils have had the power to issue fixed penalty notices to anyone dropping litter in public. However, littering remains a major problem, even in areas where those penalties are enforced. In such cases, communications can play a crucial role alongside policy interventions by seeking to persuade people to adopt or advocate a particular behaviour.

Key learnings

- We cannot rely on people to make rational decisions based on the information provided, and we cannot assume that changing attitudes will lead to a change in behaviour.
- Social factors are powerful, and social norms are deeply entrenched. Change in social norms is often slow to happen, and communications are likely to be most effective when working with other interventions in shifting social norms.
- Communications will often provide valuable support for policy interventions in influencing environmental factors.

Change4Life

The cross-government Obesity Team's Change4Life campaign aims to help families improve their long-term health by making positive changes to their lifestyle.

The Foresight report *Tackling Obesities: Future Choices*[28] concluded that obesity is caused by a wide range of factors, including environmental, economic, media, educational and technological factors, and that tackling it calls for a multi-faceted, cross-societal approach. Change4Life, which was launched in 2009, therefore forms part of a wider cross-government strategy, Healthy Weight, Healthy Lives, which includes initiatives such as building safe places to play, promoting healthy food in schools and the development of an active transport policy.

There is no behaviour change model for obesity prevention, so the Change4Life team based its marketing campaign on a hypothetical behaviour change journey derived from a review of behaviour change theories and research with the target market. The plan is to adapt the hypothesis as the campaign progresses.[29]

The right conditions for change

The most relevant models included Robert West's 'PRIME' Theory, the Theory of Planned Behaviour, Social Cognitive Theory and Social Capital Theory. The team agreed that the programme should be split into two steps: first, creating the right conditions for behaviour change; and second, supporting people on their behaviour change journey. Findings from the Tobacco Control campaign (see case study on page 43) suggested that the conditions for behaviour change included being dissatisfied with the present, having a positive image of the future and having specific triggers for action.

The marketing plan was therefore split into six phases, which map on to the behaviour change journey shown opposite:



- Pre-stage: engaging with workforces and partners, including local service providers and NGOs, both face to face and through direct marketing.
- Phase 1: reframing obesity as relevant to the target audience groups with the aim of encouraging a social movement, using TV, print and outdoor advertising, PR, a helpline, a campaign website and fulfilment materials, and by building partnerships.
- Phase 2: personalising the issue by making people realise that their behaviours could be putting themselves and their families at risk. The main mechanism for this was a questionnaire, asking families about a typical day in their lives. Responding to this questionnaire triggered individualised advice and guidance. Activity was targeted at postcodes with the highest risk of obesity.

28 Vandenbroeck P, Goossens J and Clemens M (2007), *Tackling Obesities: Future Choices – Building the Obesity System Map*, Government Office for Science, London..

29 Department of Health, Change4Life marketing strategy, 2009.

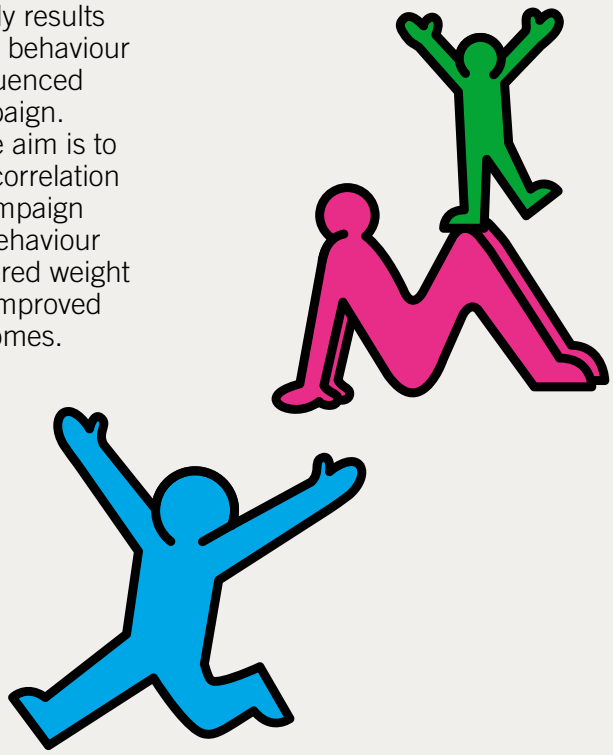
change 4 life

Eat well Move more Live longer

- Phase 3: defining the eight behaviours families should adopt and promoting them through advertising and a range of partners, using direct and relationship marketing and focusing activity on areas where target audience groups were most likely to live.
- Phase 4: inspiring people to change through real-life stories in the local and national press, and locally targeted activities.
- Phase 5: ongoing support and encouragement for at-risk families going through the change process, delivered by post and online.

Impact

Although it is too early in the campaign to validate all the assumptions made about behaviour change, early results suggest that behaviour is being influenced by the campaign. The ultimate aim is to establish a correlation between campaign response, behaviour change, altered weight status and improved health outcomes.



Measuring Change4Life's impact through the behaviour change journey



Behaviour models: some examples

Models help us to understand the underlying **factors** that influence behaviour. There are many different social psychological models, some specific to particular behaviours and others more general, and it is worth spending time identifying which are most appropriate to the behaviour you are seeking to influence.

It is likely that you will identify a number of models that are relevant to the behaviour you are seeking to influence. From these, you will be able to identify those factors where communications are likely to have an impact. As discussed previously, models should be used in conjunction with other evidence to build up as comprehensive a picture as possible of the behaviour in question.

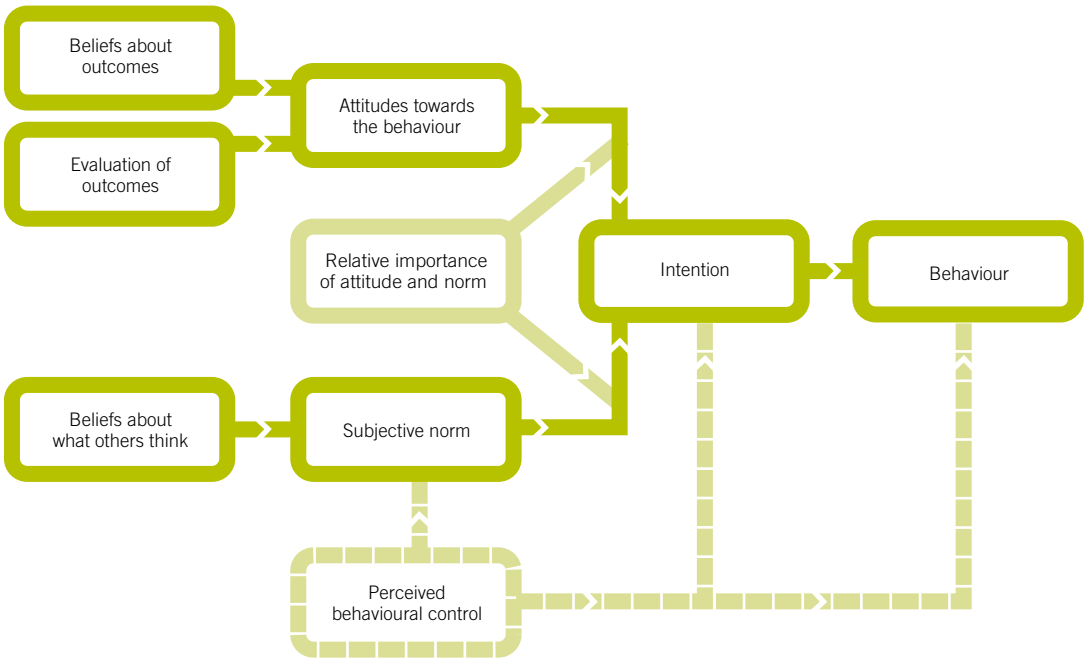
The three examples of models included here have been selected because they represent the differing levels of complexity and scale that can be found in models:

- **The Theory of Planned Behaviour:** provides an example of an intention-based model. It is also one of the best-known and widely used behavioural models.
- **The Theory of Interpersonal Behaviour:** builds on intention-based models by including other factors, notably habit. As discussed above (see page 17) this factor is a major influence on many of the behaviours that government is seeking to change.
- **The Needs, Opportunity, Ability model** refers explicitly to environmental-level factors, something that is relatively rare in social psychological models.

For a more comprehensive list of models, see the appendices to the GSR Review[30] which cover over 60 social psychological and behavioural models and theories and includes an appendix matching behaviour types or domains (for example environment, health or transport) to models.

30 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses*, HMT Publishing Unit, London.

Ajzen's Theory of Planned Behaviour (1986)[31]



The Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB)[32] is a well-known model that has been fairly widely used in the past, in part due to its relative simplicity and ease of use. According to the model, the key factors influencing behavioural intention are:

- attitudes towards the behaviour;
- subjective norms and;
- perceived behavioural control or agency.

Intention is seen as leading directly to behaviour.

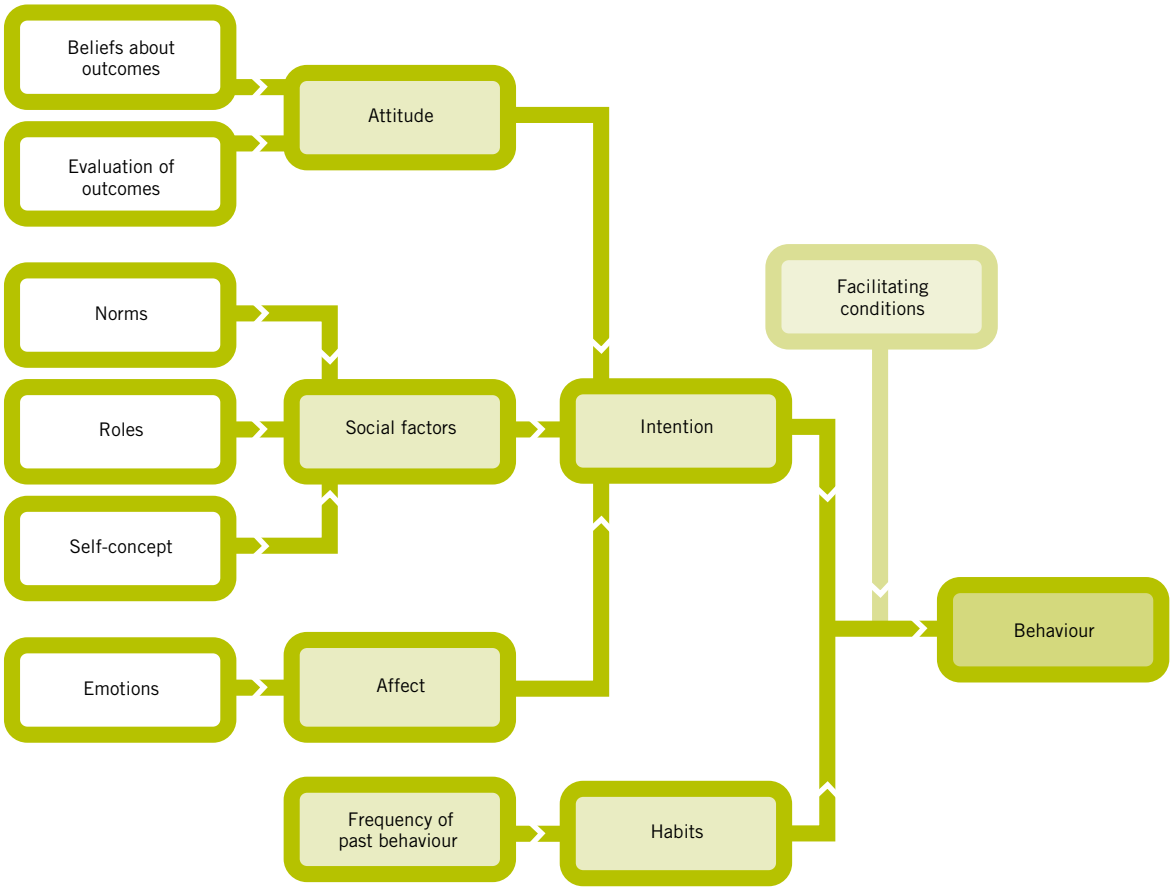
The TPB is an 'adjusted expectancy value model'. Whereas an 'expectancy value' model is based solely on attitude, the TPB also recognises the influence of the 'subjective norm' (that is, how socially acceptable an individual believes their behaviour to be). It also includes 'perceived behavioural control', defined in this case as the ease (or otherwise) of performing the behaviour in question (see page 18, on self-efficacy).

For these reasons, the model is seen as providing a more accurate prediction of behaviours than models based solely on attitude. Nevertheless, the TPB remains an intention-based model. Given that behaviour is driven by many factors other than intention, the model may be more effective at predicting intention than actual behaviour.

31 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses*, HMT Publishing Unit, London.

32 Ibid.

Triandis' Theory of Interpersonal Behaviour (1977)[33]



The Theory of Interpersonal Behaviour

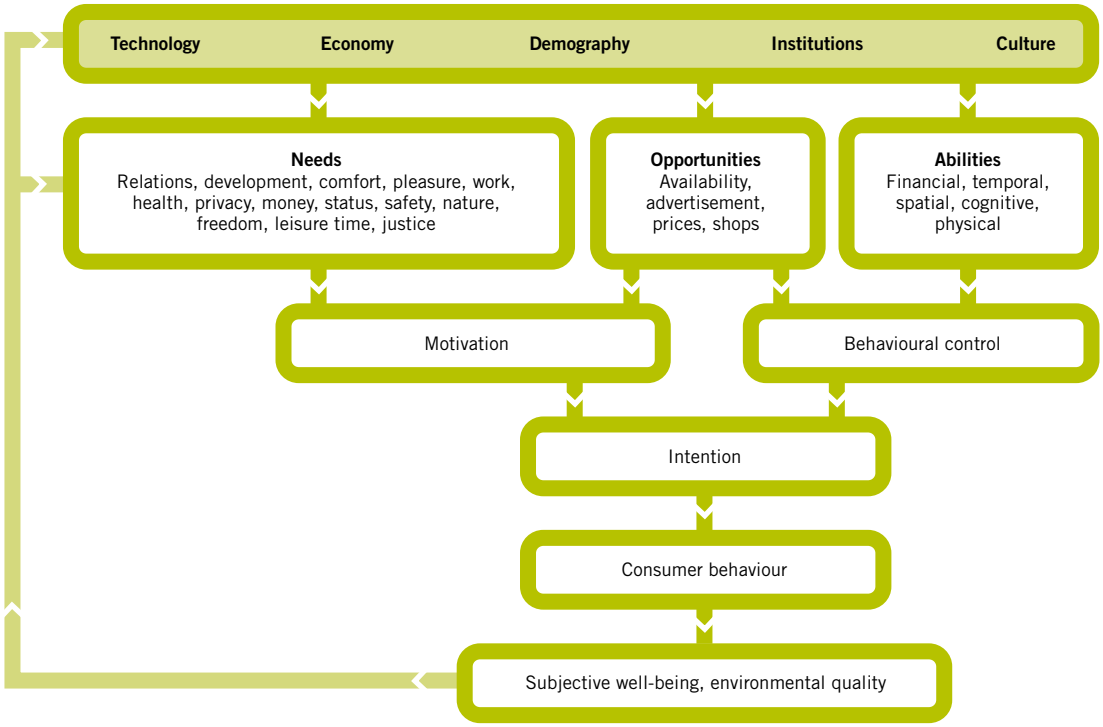
Harry Triandis' Theory of Interpersonal Behaviour (TIB) also defines intention as one of the key factors influencing behaviour. However, unlike the TPB, it also recognises the role of habit and acknowledges the importance of environmental factors (called 'facilitating conditions' in the model). Triandis also recognised that behavioural intention is influenced by **emotions** and **social factors**, elements not included in the TPB.

Of the three directly influencing factors (habit, intention and facilitating conditions), Triandis saw habit as the most influential. He also believed that its influence increased over time and, therefore, that the influence of intention decreased. The more times a behaviour is repeated, the more **automatic** and less **deliberative** it becomes.

While the TIB is less widely used than the TPB, it can be particularly helpful in relation to regular/habitual behaviours such as car use.

33 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses,* HMT Publishing Unit, London.

Velk et al's Needs Opportunities, Abilities model (1997)[34]



Needs, Opportunity, Ability

The Needs, Opportunity, Ability (NOA) model of consumer behaviour is a good example of a model that explicitly incorporates factors at the environmental level.[35]

NOA consists of an intention-based model of individual behaviour 'nested' within a model that shows the influence of macro-level environmental factors. At the individual level, intentions are formed through both 'motivation' (which is driven by needs and opportunities) and 'behavioural control' (agency) (which is driven by opportunities and abilities).

At the macro level, needs, opportunities and abilities are influenced by the five environmental factors at the top of the model: technology, economy, demography, institutions and culture. The model shows a two-way relationship between environmental factors and consumer behaviour, with a large 'feedback loop' linking the top and bottom levels.

Perhaps because of its greater complexity, the NOA is used less frequently than either the TPB or the TIB. However, it provides a valuable demonstration of how environmental factors can influence behaviour and shows clearly that focusing only on personal factors will not be enough to bring about change.

'The NOA emphatically shows the interaction between individual and society, and demonstrates the need for interventions to work on multiple levels of scale.[36]

The FRANK case study (overleaf) provides a practical example of how a behavioural model has been used to inform a communications strategy.

34, 36 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses,* HMT Publishing Unit, London.

35 Gatersleben B and Vlek C (1998), *Household Consumption, Quality of Life and Envrironmental Impacts: A Psychological Perspective and Empirical Study,* in Noorman KJ and Schoot-Viterkamp, AJM (eds), *Green Households? Domestic Consumers, Enviroment and Sustainability,* Earthscan Publications, London.

FRANK

In 2005, the FRANK campaign team set out to adopt a more targeted approach to communicating with young people about drugs

Desk research into the best ways of communicating with young people about drugs[37] identified Gibbons and Gerrard's Dual Path Theory[38] as an effective way of addressing risk issues where there was no direct correlation between attitude and behaviour.

Dual Path Theory behavioural model

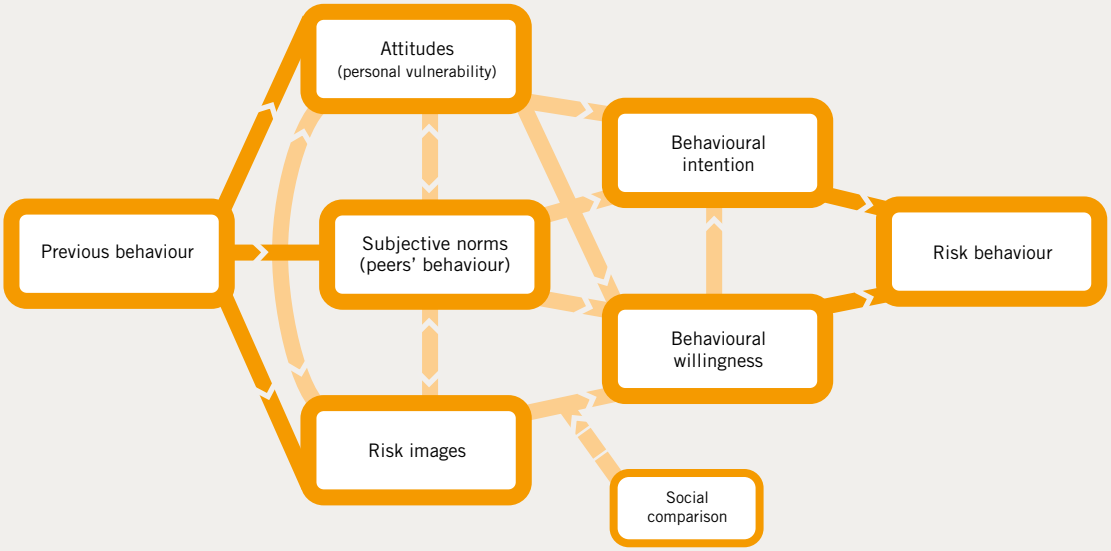
Gibbons and Gerrard's model reflects the fact that drug taking involves rational, irrational and social factors and informs four potential roles for intervention communications:

- boosting young people's resistance (**behavioural willingness**);
- encouraging young people to see drug use as marginal rather than mainstream (**subjective norms** – peers' behaviour);
- emphasising the risks involved in taking drugs (**personal vulnerability**); and
- undermining the image of drug users (**risk images**).

Insights and implications

The model research yielded a number of valuable insights. The first was that if a young person has previously used a drug, this will inform their future drug-taking behaviour. Communications therefore work best when they are targeted at young people before they become regular drug users. The FRANK campaign is not interested in outright rejecters, so resources have been focused on young people who are thinking about taking a drug for the first time and occasional users.

Secondly, younger adolescents (11–14 years old) are heavily influenced by their peers. Even where there is a strong intention not to use drugs, their high level of **behavioural willingness** means that they will look to their peer/



37 Darnton A (2005), *Understanding Young People's Drug Use, Desk Research Report One: Commentary*, for FRANK and COI, London.

38 Gibbons F, Gerrard M and Lane D (2003), 'A Social Reaction Model of Adolescent Health Risk' in Suls J and Wallstone K (eds), *Social Psychological Foundations of Health and Illness*, Wiley-Blackwell, Malden, Massachusetts.

FRANK

social group when making a decision. Messages therefore encouraged this group to contact FRANK for expert advice rather than listening to their friends.

They also indirectly promoted negative perceptions of drug users and emphasised the risks of drug taking. The campaign focused on cannabis, the most prevalent drug for this age group.

Thirdly, young people aged 15+ tend to think more rationally about the risks of drugs and be more drug experienced. Their decisions are more likely to be informed by their own sense of personal vulnerability as well as by their peer/social group. Messaging for this group therefore focused on the risks involved in using drugs (mainly cocaine) and on building up trust and confidence in FRANK.

Impact

This model-driven approach to the campaign is reflected in its evaluation. Key performance indicators (KPIs) include the number of young people contacting FRANK, increasing awareness of the risks, strengthening resistance and promoting negative perceptions of drug users. The campaign has achieved considerable, measurable success in these areas since the model was adopted.

Knowing and trusting FRANK as the expert on drugs:[39]

- Total awareness of the FRANK campaign among the target group is 90 per cent.
- FRANK is the **most trusted** source of drug information and advice for young people
  - 81 per cent trust FRANK to provide them with reliable information;
  - 59 per cent would turn to FRANK for information about drugs, compared with 44 per cent who would turn to their mother, 22 per cent who would turn to their friends and 20 per cent who would turn to their doctor.

Perceived risk of drugs (of cannabis among the 11–14s and cocaine in the 15+ group):

- The percentage of 11–14-year-olds agreeing that cannabis is very likely to damage the mind rose from 45 per cent in April 2006 to 63 per cent in April 2009.
- After the last burst of cannabis advertising (February 2009), 74 per cent said the advertising made them realise that cannabis is more risky than they thought.
- After the last burst of cocaine advertising (January 2009), 67 per cent said the ads made them realise that cocaine is more risky than they thought.

Negative perceptions of drug users (negative average out of 10):

Drug user	March 2006	April 2007	March 2008	5 April 2009
Cannabis[40]	7.2	7.5	7.5	7.7
Cocaine[41]	7.4	7.6	7.8	8.0

Note: The higher the score the more negative the perception is of users of that drug.

Building young people's resistance skills

- After the last burst of cannabis advertising, 73 per cent said that the advertising made them less likely to take cannabis in the future.
- After the last burst of cocaine advertising, 62 per cent said that the campaign made them less likely to take cocaine in the future.

39 Tracking survey (Synovate).

40 Base: young people who have never used cannabis.

41 Base: young people who have never used cocaine.

Key learnings

- Models should be used as tools to identify factors that influence the behaviour you are seeking to change.
- You may find that there are a number of models that are relevant to the behaviour.
- Not all models include factors at the environmental level, but it is nevertheless critically important to identify these and build them into your planning.
- Models should be used in conjunction with primary research and other evidence to build up a full picture of the behaviour. This can then be used to develop an intervention/communications strategy.

Understanding how behaviour changes

In the section headed 'Understanding the factors that influence behaviour' (see page 15) we looked at the various factors that can influence behaviour. In this section, we will look at some theories on how behaviour actually changes. Anyone working on communications aimed at influencing behaviour will need an understanding of the main theories of behaviour change and their implications for communications.

The Stages of Change

The best-known theory of behaviour change is the 'Stages of Change' model,[42] developed in the late 1970s and early 1980s by James Prochaska and Carlo DiClemente and based on smokers' approaches to giving up cigarettes.

Since then, this model has been used for a wide range of primarily health-related behaviours, including weight loss and alcohol and drug problems. The central idea is that behaviour change comprises six stages, with people progressing from one to the next at their own pace.

The six stages of change are:

1. **Pre-contemplation:** The individual has no intention of changing their behaviour in the foreseeable future (usually defined as the next six months), possibly because they have not yet acknowledged that there is a problem behaviour that needs to be changed.

2. **Contemplation:** The individual acknowledges that their behaviour needs to change. While they are not yet ready to change, they intend to do so within the next six months.

42 See Prochaska J and Velicer W (1997), 'The Transtheoretical Model of Health Behaviour Change', *American Journal of Health Promotion,* 12(1), 38–48.

3. **Preparation:** The individual is preparing to change their behaviour within the next month and may already have devised a plan of action.

4. **Action:**The individual has changed their behaviour within the past six months.

5. **Maintenance:** The individual is actively maintaining the changed behaviour (although they can still relapse at this stage).

6. **Termination:** The new behaviour is embedded and the individual is confident that they will not relapse. Their self-efficacy (see page 18) is high.

Individuals are segmented by stage. 'Staged-matched interventions' have been devised and provide suggestions as to how people at each stage can best be moved forward. Over recent years, however, the model has been subject to criticism, with some arguing that there is no evidence that stage-matched interventions are any more effective than other interventions, and that interventions can work at any stage of the change process.

Nevertheless, the model can provide a useful way of identifying where an individual is in their 'change journey' and understanding what this means for targeting and messaging. For instance, individuals who are interested in changing their behaviour (ie who are in the 'contemplation' stage) may be a useful primary target for any communications activity.

Rogers' Diffusion of Innovations

This well-known theory seeks to explain how new ideas and technology spread through society by 'diffusion', defined as 'the process by which an innovation is communicated through certain channels over time among the members of a social system'.[43] Its basic premise is that people fall into the following five categories, according to how likely they are to adopt particular 'innovations':

1. **Innovators**: The first to adopt. As a group they are more willing to take risks. They also tend to be young and to belong to the higher social classes.

2. **Early adopters:** Tend to be seen as opinion leaders among the later adopter groups and, like innovators, tend to be younger and from higher social classes.

3. **Early majority:** Later to adopt than innovators and early adopters. Innovation 'spreads' through contact with early adopters. They are also seen as opinion leaders by some.

4. **Late majority:** Adopt innovations later than average and tend to be more sceptical than the above groups. They are less likely to show opinion leadership than groups 1, 2 and 3, and have less contact with earlier adopter groups.

5. **Laggards:** Adopt innovations later than all the other groups. Laggards tend to be older and are not usually opinion leaders. Their networks tend to be limited to family and close friends.

43 Rogers E (1995), *Diffusion of Innovation*, Free Press, New York.

It is notable that the groups most likely to adopt an innovation early on tend to demonstrate higher levels of opinion leadership (that is, to be held in high regard and have their opinion respected by others). Opinion leadership is often subject-specific; it is possible to be an opinion leader in relation to one innovation but a follower with regard to another. Rogers argues that adoption depends on access to 'information' about the innovation, and that this information should be tailored to the group.

According to the theory, innovation spreads gradually through the first groups. When the level of adoption reaches between 10 and 20 per cent (Gladwell's 'tipping point'[44]) the rate of adoption suddenly increases steeply before levelling off at around 80 to 90 per cent. Diffusion itself also follows a five-stage process:

1. **Knowledge:** The individual is aware of the innovation but lacks information about it.
2. **Persuasion:** The individual becomes interested in the innovation and seeks information about it.
3. **Decision:** The individual weighs the pros and cons and decides whether or not to adopt the innovation.
4. **Implementation:** The individual adopts the innovation.
5. **Confirmation:** The individual decides to continue using the innovation.

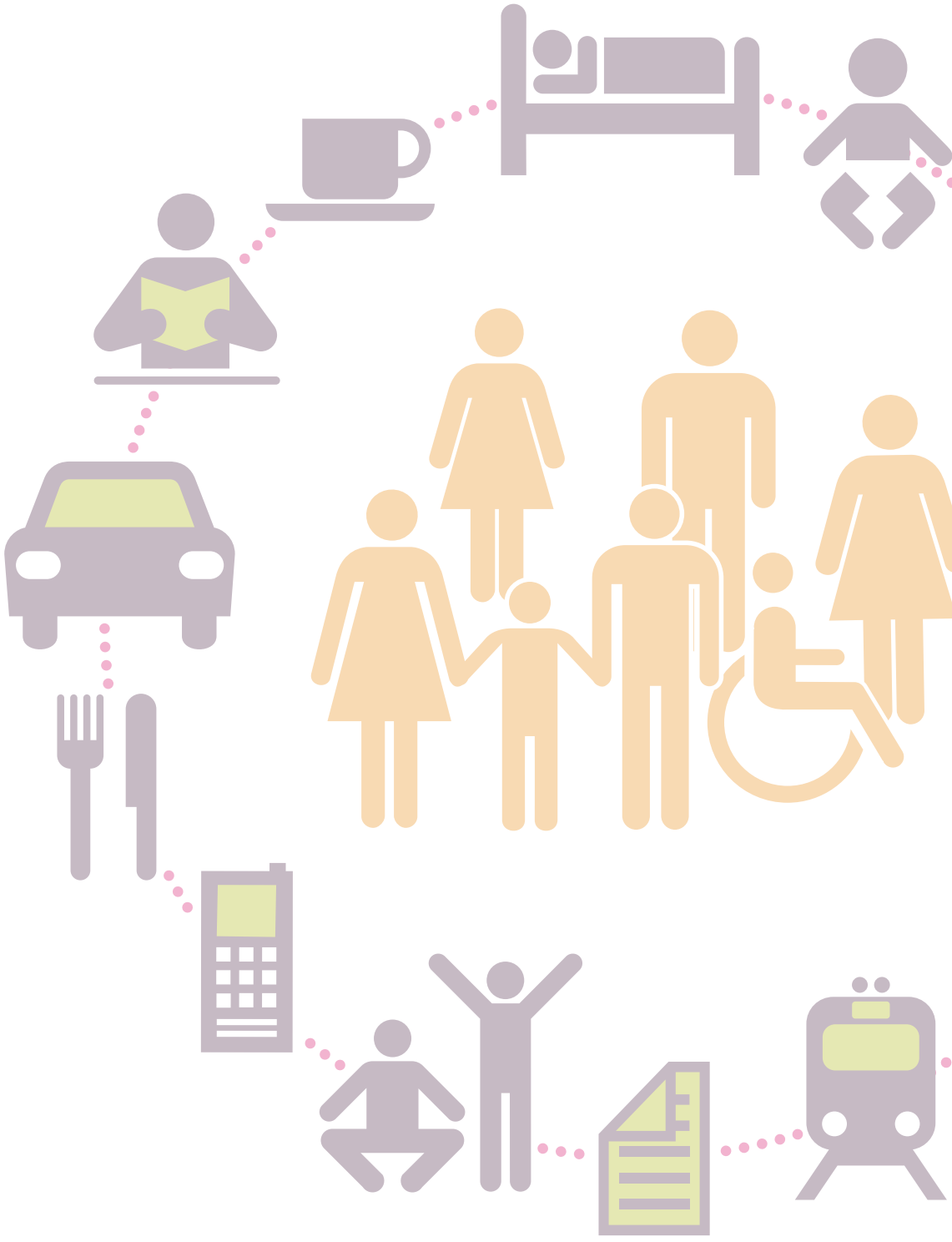
The theory is based on a deliberative linear process similar to that shown in the AIDA marketing model (see page 15). The individual decision as to whether or not to adopt the innovation is very 'rational'.

This theory of change has been widely used in commercial marketing, principally in relation to the adoption of new technologies and products rather than behaviours. Nevertheless, the concept of opinion leaders as important agents of change is a useful one, as is an understanding of how change spreads through society. Both these factors support the case for using communications to target opinion leaders (in the hope that they will then spread the message and encourage take-up among others) and for peer-to-peer marketing that exploits the power of social networks.

Key learnings

- As well as understanding the factors that influence behaviour, it is important to understand how behaviour changes.

44 Gladwell M (2000), *The Tipping Point: How Little Things Can Make a Big Difference*, Little, Brown, London.



EMBEDDING BEHAVIOURAL THEORY

This section focuses on how behavioural theory can be used to support the practical planning, delivery and evaluation of communications. This will help to ensure that communications are designed with a realistic understanding of what they can be expected to achieve, within what timescale and at what cost.

'What influences people's behaviour?' demonstrated some of the ways in which behavioural theory can help us understand human behaviour. However, it also highlighted some of the complexities of the field, and showed that there is no one simple way of addressing communications challenges.

The process set out here recognises and reflects that complexity, but is nevertheless designed to be practical. It is not prescriptive; rather, its aim is to show how behavioural theory can be used to support the development of a robust communications model. We appreciate that communications teams are often working to tight time constraints. This process is designed to be usable and achievable within tight deadlines, and can be adapted to work within both shorter and longer timescales.

For clarity and simplicity, we have split the process into five steps, as shown in the figure overleaf.

The five-step process

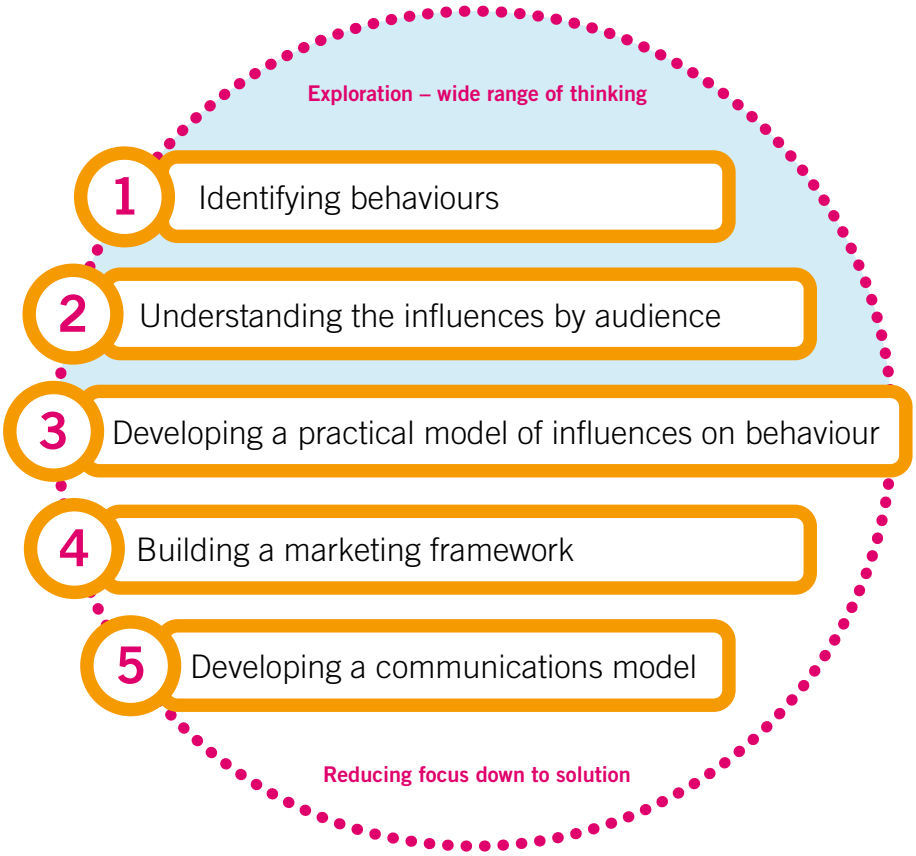
Many communications and policy formation projects are already broadly following all or some of these steps. However, what is often missing is any systematic attempt to utilise the value of behavioural theory throughout the process and to share knowledge between all of those involved in developing interventions, including communications teams and their agencies.

At each stage of the process, an example drawn from the Department of Health's Tobacco Control project brings the theory to life by showing how that step could operate in practice.

'We need an even better understanding of human behaviour, not just to arrive at the optimum solution in terms of motivation but also to understand how to get as close as possible to the behaviour under investigation to stand the greatest chance of influencing it.' Judie Lannon[45]

45 COI/IPA (2008), *How Public Service Advertising Works,* World Advertising Research Centre, London.

The five-step process



Why use the five-step process?

Identifying, translating and applying relevant behavioural theory from the outset will help you to:

- make sure that the right questions are asked and the right people are involved;
- build close working relationships between communications and policy teams and external agencies;
- set clear expectations as to what communications can achieve;
- identify new roles for communications;
- identify the types of agencies that should be involved in the process and ensure that their energies are focused on addressing the challenge, rather than defining it; and
- support robust evaluation based on a clear, shared understanding of objectives and the role of communications in achieving them.

In practice: background to the strategic review of the Tobacco Control campaign

The behavioural goal of the Department of Health's Tobacco Control marketing and communications strategy 2008–10 is to help reduce smoking prevalence to 21 per cent among the general adult population and to reduce the prevalence among routine and manual workers to 26 per cent.

Before a recent strategy review, Prochaska and DiClemente's Stages of Change model (see page 36) played a major role in shaping communications activity. The model was used both to focus the creative targeting of campaigns (for example, campaigns about NHS Stop Smoking services targeted those in the preparation phase) and to evaluate them (for example, analysis of campaign tracking data was based on the stages within the model).

For one part of the campaign, the 'Together' programme, the Prochaska model has formed the basis of the entire contact strategy. Together, which is still in use, offers remote support to move potential quitters from preparation to maintenance (that is, from stage 3 to stage 5 of the model). The blueprint for content creation and the timing of messages are entirely dictated by the model.

However, while the Stages of Change model has been invaluable in structuring thinking, it is a model about how behaviour changes, not what influences behaviour. Many important influences in smoking cessation – such as the impact of legislation and pricing – are 'off the model' and not explicitly described.

Moreover, there was growing clinical evidence that interventions tailored around the model were no more effective than untailored approaches. The strategic review of Tobacco Control communications presented an ideal opportunity to survey the behaviour change landscape and identify a more appropriate model.

Step	Key questions	Outcome	
Step 1 Identifying behaviours	• Are we addressing single or multiple behaviours? • How do we break down the issue into its component behaviours? • How do multiple behaviours relate or group? • Who do we want to undertake the behaviour? • What is the desired and current behaviour? • Does the behaviour involve people starting, stopping, maintaining or preventing?	Agreed target behaviours	Exploration



Identifying behaviours

Step 1 involves identifying the behaviour or behaviours that your policy and/or communications activities are seeking to influence.

As previously mentioned, sometimes government communications will seek to influence a single behaviour – for example, getting drivers to reduce their speed. But many of the more complex issues government is seeking to address, such as climate change and obesity, will require changes in multiple behaviours.

If you are aiming to influence a single behaviour, or the component behaviours have already been identified, go straight to step 2. If not, your starting point should be to identify all the relevant behaviours relating to your policy and communication goals (which may not necessarily be the same) (see pages 13–15 for more detail). Otherwise, it will be impossible to develop an understanding of the factors that influence those behaviours.

Step 1 in practice: the Tobacco Control campaign

The Department of Health identified two key behaviours that it would need to influence in order to reduce smoking prevalence:

- whether or not an individual chooses to make a quit attempt; and
- the method by which they choose to quit.

By getting more people to make quit attempts the aim is to increase the 'market' for quitting. In influencing 'how' people quit, the aim is to increase the overall success of quit attempts. Evidence shows that some methods of quitting are more successful than others: for example, smokers who quit with NHS Stop Smoking services are four times more likely to succeed than those who go 'cold turkey'.

Step	Key questions	Outcome	
Step 2 Understanding the influences by audience	• What factors are at play at the following levels: – **personal** (for example habit, emotions, confidence, knowledge, biases or mental shortcuts)? – **social** (for example is the behaviour with or against social norms, peer pressure, who will influence and how strongly)? – **local and wider environmental** (for example access, price, opportunity, services, proximity)? • How do factors differ across audiences? How does their importance vary across different audience groups?	Detailed understanding of all influencing factors	Exploration

2

Understanding the influences by audience

The next step is to identify all the factors influencing the behaviour(s) that relate to your policy and communication goals. These factors will vary among different audience groups. Behavioural theory should play an important role in this task.

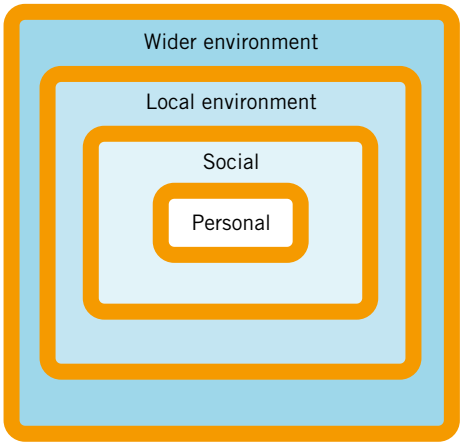
The factors influencing behaviour can be divided into broad levels: personal, social and environmental (both local and wider). (See pages 15–27for more detail.) You will need to consider factors at all these levels. Note that this may mean considering more than one behavioural model and looking at other relevant theories.

The GSR Review[46] describes over 60 models and theories and includes an appendix that matches behaviour types or domains (eg environment, health, transport) to models. This can be a useful starting point for identifying relevant models and factors that influence the behaviour(s) in question.

Generating behavioural insight

As noted above, behavioural models and theories are often based on a theoretical 'everyman'. Models do not always indicate the relative importance of factors, and some are developed with a specific behaviour in mind. To develop meaningful insights into the reasons why people behave as they do, you will need to draw on other information (including primary research) as well as on behavioural theory.

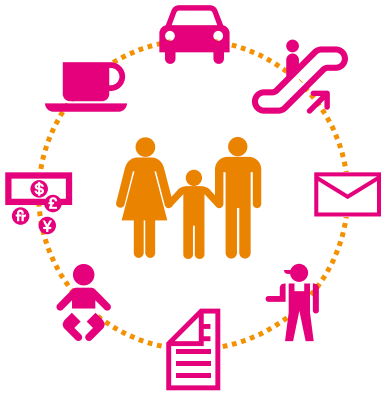
In practice, steps 1 and 2 are likely to be iterative. Exploring the factors that influence one behaviour might highlight another behaviour that could be easier to influence, or where communications have a more obvious role to play. In this case, you will need to go back to step 1 and add the 'new' behaviour to your list before proceeding again to step 2.

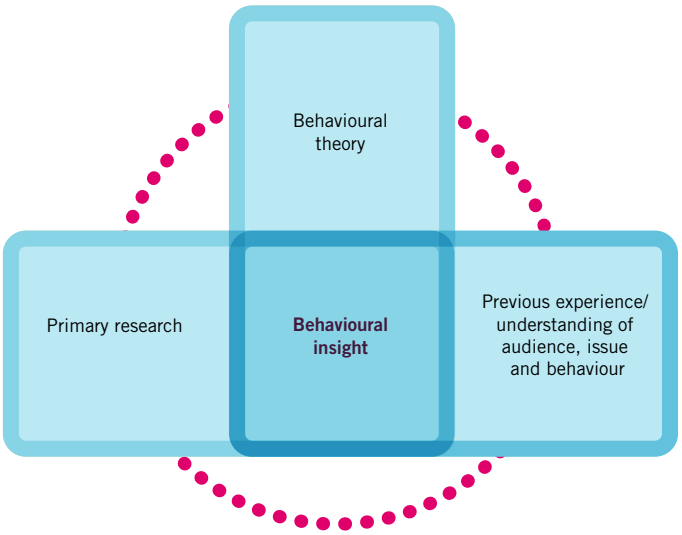


46 Darnton A (2008), *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses,* HMT Publishing Unit, London.

Creating an accurate segmentation will mean exploring people's claimed behaviours; intentions; attitudes; physical, practical and psychological barriers; motivations; goals; and levels of self-efficacy. You may also wish to find ways of linking the segmentation with data describing the actual behaviour of different groups.

Consider links to planning tools such as TouchPoints,[47] TGI[48] and MOSAIC,[49] which leave detailed information on demographics, geodemographics, life stage, media consumption and attitudes, supporting the segmentation process. The tools will help to ensure that your segmentation is actionable, and are best used to supplement your own primary research. The Cabinet Office has produced guidance on segmentation.[50]





Combining sources to generate 'behavioural insights'

The figure above shows the range of sources that will often need to be used to help generate behavioural insights. Techniques may include:

- drawing on the knowledge and experiences of relevant stakeholders, for example frontline service staff;
- reviewing and analysing existing information (including relevant behavioural theory) and data through desk research;
- qualitative and ethnographic research or customer immersion; and
- using semiotics to look at how specific audiences construct and understand meaning.

Behavioural insights can then help to identify the most important influencing factors – that is, those that have the strongest influence on the behaviour or behaviours in question.

Carrying out a bespoke segmentation can help you identify how the factors that influence behaviour affect different audience sub-groups.

47 IPA TouchPoints is a consumer-focused multi-media database designed to provide insights into how people use media.

48 The TGI Survey enables an understanding of consumer attitudes, motivations and behaviour.

49 MOSAIC classifies residential postcodes into 12 lifestyle groups.

50 www.cabinetoffice.gov.uk/public_service_reform/contact_council/resources/segmentation.aspx

Segmentation in action: HMRC

When HM Revenue & Customs set out to segment its target audience by looking at the factors that influence their behaviour in relation to tax, the first step was to scope the issue through a large-scale data review and over 100 interviews. These were used to develop a framework that identified the factors driving the way that people behave. Qualitative research followed, and was used to design a major piece of quantitative research. The findings pointed to five distinct segments, based on four dimensions: awareness (of obligations); motivation (to comply); ability (to comply); and opportunity (to comply).

Step 2 in practice: the Tobacco Control campaign

The Department of Health used a number of different models and theories to gain further insight into the factors that influence smoking behaviour, as well as primary research with the target audience and interviews with academics and practitioners. A number of new insights emerged from these sources.

Many theories identify the role of attitudes and beliefs in driving motivation. For smoking cessation these operate in two ways: by shaping the desire to stop smoking (through beliefs such as 'smoking harms me and my family'); and by shaping positive images or a 'vision' of the future. This latter form of 'positive motivation' was particularly important, as primary research among the target audiences identified that while many smokers had a strong desire to stop smoking, there were far fewer positive associations with the concept of being a 'non-smoker'.

Robert West's 'PRIME' Theory of motivation identified the need for a trigger as well as motivation to drive a quit attempt. Previous marketing had sought only to drive motivation.

The concept of self-efficacy or agency (the extent to which an individual believes that they can carry out a particular action successfully and that that action will bring about the expected outcome) has been identified in many theories, including the Theory of Planned Behaviour and the Theory of Reasoned Action. The role of self-efficacy was also highlighted by NHS Stop Smoking service practitioners and is summarised in the model subsequently developed (see below) as 'confidence in ability to quit'.

The impact of social norms on behaviour is also explicit in many models, and research among the target audience highlighted the role of peer pressure in driving both quit attempts and relapse. This was captured in the model as an influence that drove 'positive environmental pressure to quit'.

Many other influences that operate at a cultural or environmental level – such as legislation and price – play a very important role in driving cessation and influence the 'environment' for quitting.

Finally, in order to successfully change their behaviour smokers have to know **how** to change successfully. In culture change models this is sometimes referred to as 'practical steps for action'.

Step	Key questions	Outcomes	
Step 3 Developing a practical model of influences on behaviour	• How do we prioritise the factors identified at step 2? • How do these factors influence current and desired behaviours? • What is the relative importance of the factors? • Do we have data to measure the factors? • Can we build a data-driven model? • If we can't, what are the pragmatic hypotheses we can work with and test? • What are our early hypotheses about how behaviour might change? • What are our early hypotheses about the role that communications might play?	• Model of key influencing factors • Understanding and/or measurement of how the factors work together and their importance • Initial hypothesis about role of communications	Towards a solution

3

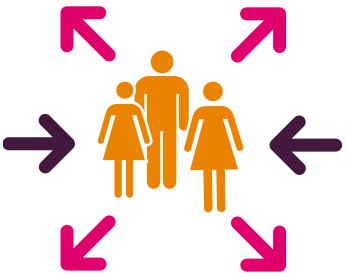
Developing a practical model of influences on behaviour

The insights into behaviour developed at step 2 can now be used to develop a practical model that brings together all the relevant behaviours and influencing factors, and which is based on a deep understanding of the relationship between current and desired behaviours and the key influencing factors involved. Sometimes, it will be appropriate to adapt an existing model; at other times, you will need to create a model specifically for the task in hand.

Developing a practical model will require input from people with a range of different skills, including experts in behaviour (who may well be academics) and experts in policy and communication. This will help ensure that the model works across all interventions, not just communications, ensuring consistency and coherence.

The model should be dynamic and have a temporal element too it so that it can adapt in line with changing circumstances. For example, a model developed two years ago might not take into account the economic downturn, and would need to be updated to reflect the impact of this factor on customers' attitudes, behaviours and intentions. The simplest solution is to schedule regular reviews into your planning process.

Whether it is data-driven or not, a practical model is essential. It will help to focus thinking about the behaviour(s) in question and the influencing factors, and can be used to develop a marketing framework (see step 4 below).



Often, practical models are developed both from a behavioural theory (explains behaviour) and change theory (explains how to change behaviour) perspective.

Using the behaviour model to create hypotheses of change

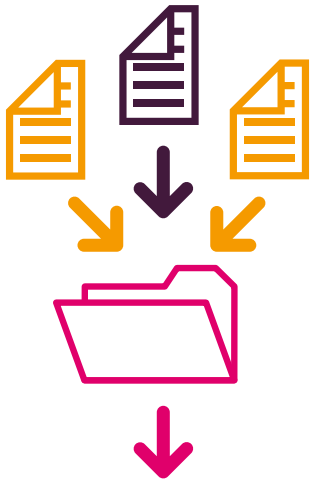
Interrogating the model can help you to develop hypotheses about how change might take place and (in the case of data-driven models) to predict the role that communications might play within the wider intervention mix. This information can then be fed into the marketing framework (see step 4). You can use the model to answer the following questions:

- Which influencing factors have the biggest impact on the behaviour(s) we are seeking to change?
- Where can communications legitimately play a role?
- How much of our budget should we allocate to communications and how much to other interventions?

Testing the model

You can test your model by populating it with data that measure factors and behaviour (note that you may need to use proxy data measures against some inputs). It can then be used to predict the outcomes of different interventions. The data will need to be measured over time to allow understanding of how the behaviour changes.

Once you have data or proxy data for each factor, you can use a statistical technique for modelling the relationships between variables (such as linear regression or agent dynamics) to produce a predictive tool. This can be used to predict the response to future interventions and also look at future trends.



Data-driven models should always be created in partnership with policy colleagues. Such models require considerable resources, and may not always be achievable at the outset. In practice, ongoing evaluation should aim to create a data-driven model that can then be used to adapt and refine the communications strategy.

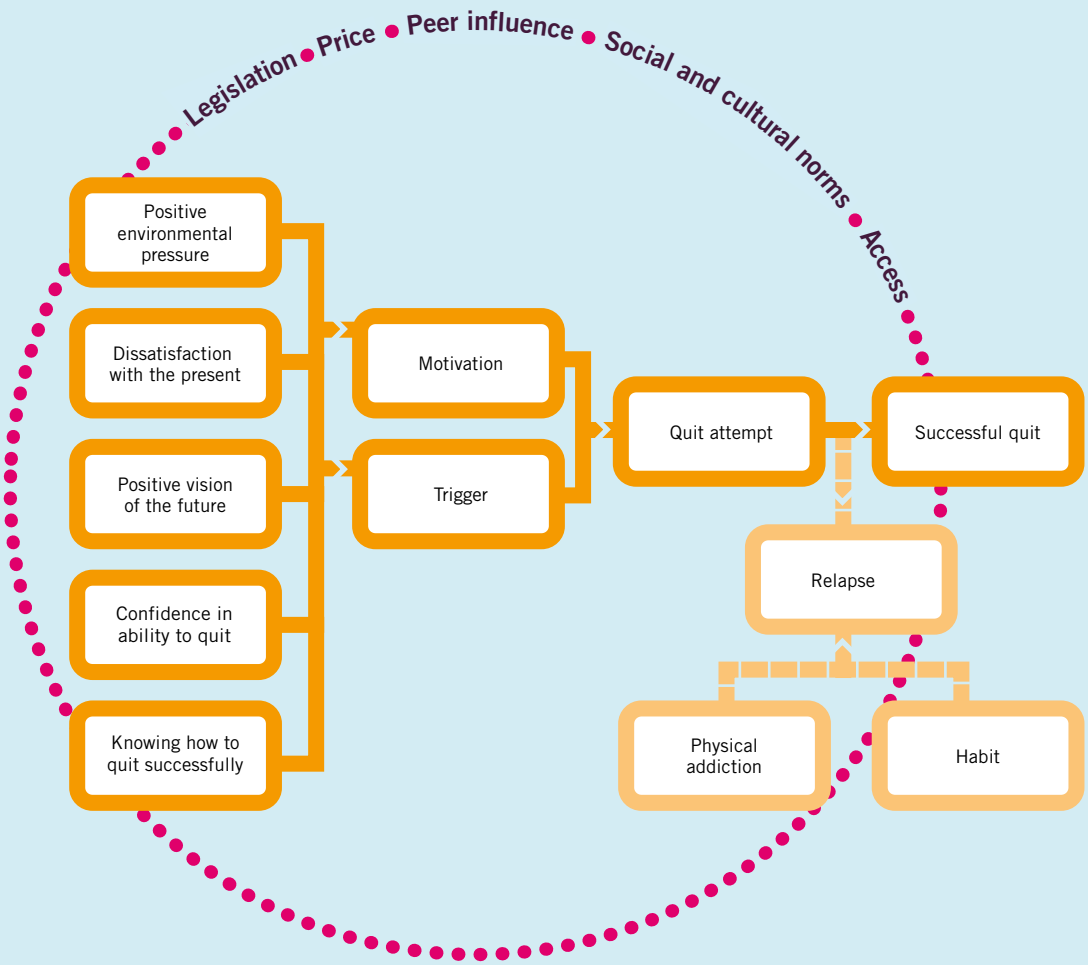
Step 3 in practice: the Tobacco Control campaign

The influences that were identified in step 2, along with the conditions for successful behaviour change, are captured in this generalised model of smoking cessation (see figure).

Identifying the influences on behaviour change has shaped the Department of Health's marketing and communications strategy in many ways. Most profoundly, it has helped to define marketing objectives and to develop the workstreams that contribute to meeting those objectives.

The department also developed a data-driven model that would quantify the impact of levers such as price and legislation and help everyone involved gain a better understanding of the scale of the task for communications. For example, when first developed in 2007, the model identified that the all-adult prevalence target would be met but that the target for prevalence among routine and manual workers was much more challenging. Among this audience, 530,000 smokers needed to quit in order to hit the target. The model showed that communications should deliver 298,000 of these. The model is updated on a regular basis as new information emerges, and it continues to be used to help set quantifiable targets for communication and to aid budget setting.

Generalised and simplified smoking cessation behavioural model



Step	Key questions	Outcomes	
Step 4 Building a marketing framework	• What factors will marketing/interventions need to target? • Where will communications play a role? What factors will they affect, and how? Will they play a leading or supporting role? • What are the communications objectives? • What are our top-line evaluation metrics for these communications objectives?	• An understanding of the role of communications and the factors they are designed to influence • An agreed set of communications objectives • How communications fit into the wider picture • Top-line metrics for setting and evaluating key performance indicators	Towards a solution



Building a marketing framework

Techniques such as systems thinking (see page 13) and approaches such as social marketing show the benefits of looking at communications in the context of all interventions rather than in isolation. Communications should be designed to complement and reinforce other interventions. In the private sector, this holistic approach is generally seen as the key to effective marketing and the most 'joined-up' companies are usually the most successful.

The basic idea underpinning systems thinking is that the whole is more than the sum of the parts, and that putting pressure on a single point will impact on the rest of the system. For example, if a police drug seizure reduces supply but demand remains constant, the price of drugs will increase and other supply streams will open up. The main purpose of the marketing framework is therefore to show how all interventions – including, for example, legislation, enforcement and stakeholder engagement as well as communications – can work together to deliver change.

The framework will help to identify the role – or roles – that communications can play. Often, this will be to influence factors and/or intermediate behaviours rather than to have a direct effect on the end behaviour. As the case study earlier shows (pages 34–35), one of the key aims of the current FRANK campaign is to make drug use less appealing by focusing on non-aspirational and unattractive images of drug users.

In other cases, communications may be used to support and maintain the behaviour change once it has taken place (for example, by supporting people who have given up smoking so that they don't relapse).

It is important to recognise that, in some instances, taxation and legislation (for example) may be more effective than communications in changing behaviour. However, even in these instances communications are likely to play a supporting role. It is therefore important to take care when identifying the role we expect communications to perform.

Setting objectives and writing a brief

The marketing framework should be used to identify and set communications objectives. In practice, these objectives are often to change one or more of the factors that influence behaviour, rather than the end behaviour itself.

The communications objectives – combined with an audience segmentation, as described above (page 46) – can be used to generate a high-level evaluation matrix and plan. It is important to remember that communications may need to be assessed in terms of their impact on influencing factors rather than on the actual behaviour itself. Any evaluation of communications must therefore form part of a broader evaluation framework or at least attempt to separate out the effect of other influences and/or interventions.

You should now have all the information you need to create a communications brief. The brief should reflect the five-step process, and take into account all other relevant interventions. It should also include the behaviours you have identified as relevant to your policy and communication goals, the influences that affect those behaviours, your communication objectives and your top-line KPIs.

Step 4 in practice: the Tobacco Control campaign

The marketing/interventions framework identifies the role for marketing in the context of other interventions such as legislation and price. It should include the behavioural goals, the conditions for change and the primary and secondary change agents for helping to bring these about. So, for example, we see that one of the necessary conditions for tobacco control is to create dissatisfaction with the present. The interventions aimed at bringing this about are marketing and communications and legislation.

The marketing/interventions framework

Behavioural goals:
1. To decrease smoking prevalance among routine and manual workers to 26 per cent by 2010 by:
2. Increasing the number of quit attempts
3. Increasing the success of quit attempts.

Conditions for change	Positive environment for quitting	Confidence in ability to quit	Dissatisfaction with present	Positive vision of future	Triggers for action	Knowledge of how to quit
Primary change agent	Legislation	NHS services/ medication	Marketing and communications	Marketing and communications	'Natural' triggers; eg life stage, illness	NHS service/ medication
Secondary change agent	Price		Legislation	Legislation	Marketing and communications	Marketing and communications

Step	Key questions	Outcomes	
Step 5 Developing a communications model	• Does everyone involved understand the role communications can play and the factors they are aiming to influence? • How do we expect communications to influence people's behaviour over time? • What are the key triggers and barriers at each stage of our change journey? • How will communications influence these? • Where do communications fit within the marketing framework? • How do we evaluate each stage of the change journey? • How can we use our learnings to adapt our practical model? • How can we use our learnings to adapt our hypothesis?	• A communications strategy • An understanding of whom communications are targeting and where communications fit into the overall picture • An evaluation plan and matrix	Towards a solution



Developing a communications model

The marketing framework developed in step 4 should define:

- the role of communications (which factors it is aiming to influence and how);
- where communications fit into the wider picture;
- top-line metrics for setting and evaluating KPIs; and
- the target audience and its behaviour(s).

Once your communications brief is in place, you can move on from looking at behavioural theory to consider how change theory can help you develop a strategy for bringing about change. Academic theories of change can be useful here, although they will need to be adapted to reflect the specific behaviours you are seeking to influence; this may require you to formulate and test hypotheses about how they apply to the behaviour you are seeking to change over a period of time. The GSR Review[51] has a detailed section on theories of change, some insights from which appear in section 1 of this document.

It is also important to remember that when we talk about 'behaviour change' we are really looking at two distinct areas: behavioural theory and change theory. A practical behavioural model should reflect the importance of changing, as well as explaining, behaviour. But while a model should incorporate some change theory, its main purpose should be to understand the behaviour and its influences. However, as we move on to look at creating a communications strategy (that is, how we can use communications to help change the behaviour), change theory becomes more important.

Change theory and change modelling tend to be generic and rarely seek to explain how behaviours differ from each other in terms of the way they change. So when using change theory in creating communications models, it is vital to keep the specific behaviour that you are trying to change in mind. If we lose sight of the behaviour or behaviours we are seeking to change, we will lose most of the benefit of applying the theory.

Unlike many behavioural models (which seek to explain the influences on people's behaviour), change models work over time and in stages. The aim is to provide a strategy for moving people from one stage to the next. In practice, people rarely move in a neat linear pattern. Rather, they move forward, sometimes in jumps, and relapse, often several times.

There are a number of examples of campaigns where a behaviour change model has been developed from change theory only. For example, the original Tobacco Control communications strategy was based on Prochaska's Stages of Change model (see page 36). However, in testing the model, the Department of Health found that a deeper understanding of the factors influencing behaviour needed to be made more integral to the process.

51 Darnton A (2008) *GSR Behaviour Change Knowledge Review. Reference Report: An overview of behaviour change models and their uses,* HMT Publishing Unit, London.

There are also plenty of communications strategies (in the widest sense of the term) that use change theory but that are based on practical marketing experience rather than academic theory. Often, in practice, the theory is the same and only the language is different; however, there are a number of terms that are used interchangeably but which actually have quite different meanings.

For example, the terms 'behavioural change journey' and 'customer journey' are sometimes used interchangeably. However, these are two very different things. The behavioural change journey outlines the stages involved in a change of behaviour (for example, in Prochaska's model, from pre-contemplation to contemplation and so on). A customer journey is the experience or series of experiences that a citizen has with a service or brand on the way to a specific output – for instance, the number and type of contacts they have with a government department or agency before receiving the benefit they have applied for.

Segmenting the audience on the basis of change

While some change models (such as the Stages of Change model, see page 36) are based on audience segmentation, generally they allow for the fact that, even within specific behaviours, the extent to which people want to change varies greatly. This means that they can be classified into different groups or stages. Segmentation not only helps to define groups; it can also help to determine the most effective action for each group.

We have already suggested that target audiences may need to be segmented in order to understand their behaviour. Now, we are suggesting that each behavioural segment should be further sub-divided according to how willing (and able) its members are to change their behaviour and what help they need to bring that change about.

Prioritising barriers and triggers for change

Even where the behaviour we are seeking to influence is homogeneous across the target audience (for example, paying the congestion charge) we will need to look at how communications can help to support the desired change. That will mean identifying and prioritising the barriers and triggers associated with the behaviours as well as assessing their relative weight. Because most behaviours are influenced by multiple factors, and people will be at different stages of behaviour change, you will almost certainly need to develop a range of communications targeted at multiple triggers and barriers in order to bring about change.

Setting goals and evaluating success

KPIs and plans for evaluating communications should be developed alongside and be based on the communications model. Change to the factors that the communications are seeking to influence should be evaluated at each stage, and the results used to adapt both the communications

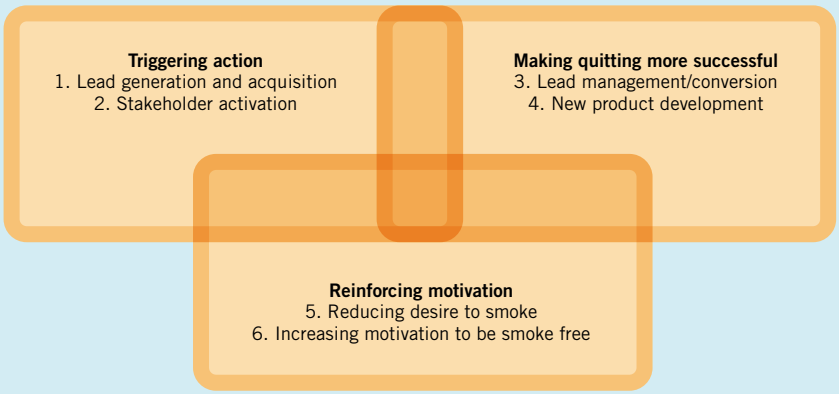
themselves and the applied behavioural and change models that you have developed. This is integral to the process and will enable you to maximise the efficiency and effectiveness of your communications much more accurately.

The evaluation plan should be approached with as much care as the other steps in this process. Influencing behaviour is a complex task, so it is important to learn as much as possible both about what works and what doesn't work so well. A typical evaluation plan will be based on a consideration of behavioural insights, the change process, communications objectives and activity, and how best they can all be measured and understood.

Step 5 in practice: the Tobacco Control campaign

A simple model was used to drive the shape of the overall strategy. This identifies three marketing objectives and, within these, a number of different workstreams for communication. (Continued over)

Marketing objectives and workstreams

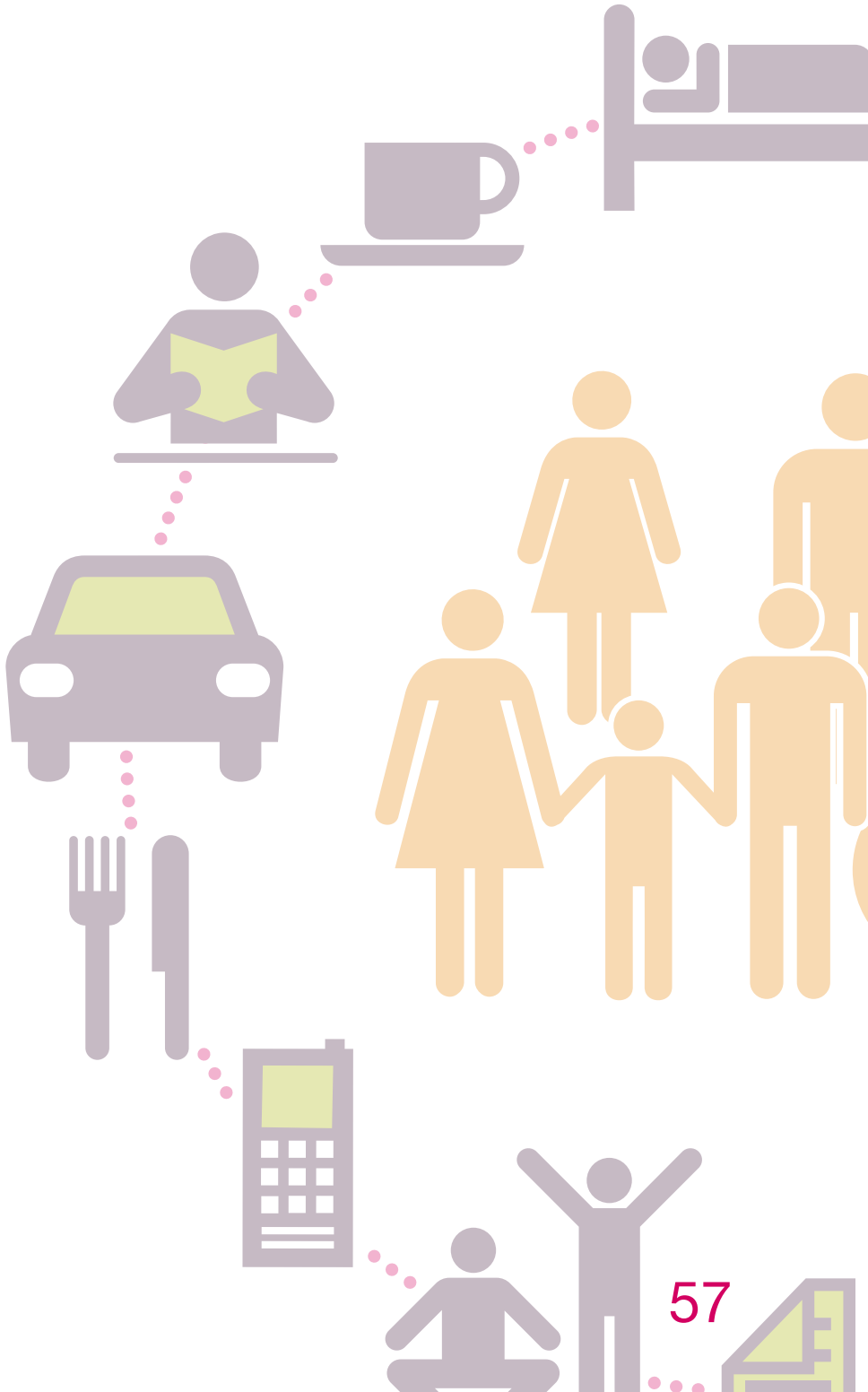


Step 5 in practice: the Tobacco Control campaign

A wide range of KPIs have been defined in order to enable the Department of Health to monitor all aspects of the strategy (see next page). The KPIs reflect the defined marketing objectives and the way in which communications are expected to influence behaviour.

Triggering action	
Business KPIs	Percentage of smokers making a quit attempt in any given year Percentage of smokers making a quitting-related action in any given year Percentage conversion of quitting-related actions to quit attempts
Marketing KPIs	Percentage of smokers making a quit attempt in any given year triggered by Department of Health marketing activities Percentage of smokers making a quitting-related action in any given year triggered by Department of Health marketing activities Volume of centrally generated valid responses for NHS support Volume of centrally generated active responses for NHS support Quality of centrally generated responses (percentage intermediate conversion) Cost per valid/active response
Making quitting more successful	
Business KPIs	Volume of quitters using NHS support Percentage of smokers using NHS support to quit (market share)
Marketing KPIs	Salience (spontaneous awareness) of NHS support Percentage of smokers believing that NHS support is the most effective way to quit Understanding of the different types of NHS support available User imagery associated with NHS support Quit rate among customer relationship marketing (CRM) participants vs control Intermediate conversion among CRM participants vs control Advocacy/net promoter score for NHS support
Reinforcing motivation	
Business KPIs	Claimed motivation to quit Smokers' perceptions of smoking prevalence among general population Increase in the proportion of smoke-free homes
Marketing KPIs	Awareness and understanding of negative consequences of smoking Emotional engagement with communication Fame/talkability/word of mouth impact of communication Perceived relevance of negative consequences to themselves or their family Image of non-smokers and ex-smokers Perceived impact of communication on desire to quit

The first year of the new strategy has seen improved overall quit results, with a particularly large increase in online response and engagement. The statistical model predicts that marketing activity has resulted in 1.3 million quit attempts and 95,000 successful quits in 2008/09, while econometric modelling for 2009/10 predicts over 2 million quit attempts and 160,000 one-year quits as a result of social marketing activity.



CONCLUSIONS AND FUTURE IMPLICATIONS

This document is intended to stimulate debate about how communications can most effectively influence behaviour, and to contribute to our overall goal of helping to develop ever more effective and efficient government communications. Here we summarise our conclusions and look at some of the implications for government communicators.



Applications for communications development

The starting point for effective communications should be a deep understanding of human behaviour and how to change it. Behavioural theory has a key role to play in helping us to understand why people act in the way they do. We have focused on social psychology and behavioural economics, two disciplines that have become more accessible in recent years, but we recognise the need to cast the net wide to capture valuable learnings from other relevant theories. In future, our aim will be to develop our thinking and practice in this area so that we draw from the full range of insight into human behaviour and apply it to the development, delivery and evaluation of communications.

Understanding behaviour and its influences should be based on a combination of theory, primary research and existing understanding and experience. To provide the best behavioural insights we need to employ the most appropriate tools and techniques and synthesise across the range of sources. What we have learnt in practice is that we don't always have the time or budget to work through the steps outlined in our process in as much depth as we might like. However, this should not preclude the use of the process in a pragmatic way, building up a deeper understanding of the behaviour and its influences as our communications develop.

Creating a single practical behavioural model for each behaviour change programme will enable a consistent approach. We believe that using a team of relevant experts to create one model that is used by all of those involved in developing and delivering activities to support behaviour change has a number of advantages. It allows us to develop and share a common understanding and language throughout the whole process. It also provides a framework on which the communication strategy can be built and implemented, alongside the range of other interventions. In the longer term, it can be a unifying platform across policy and communications.

Communications should not be viewed in isolation. By taking a holistic view of all interventions it becomes easier to identify the role for communications and help inform budgeting decisions, by pointing to where communications can have the biggest impact.

Developing a practical behavioural model can help make communications more effective at influencing behaviour. Such models allow us to drill down into the ecology of influences on people's behaviour and provide us with the tools to work more efficiently and effectively at changing it. Models should also help us to better identify realistic communications objectives targeted at specific factors that contribute to the behaviour, and to identify a role for communications that complements and supports other interventions.

Communications can work on many levels. The case studies we have chosen illustrate campaigns that have explicitly drawn on behavioural theory. They show that communications can perform a range of different functions, from reframing an issue, to promoting normalisation, to building up people's belief and confidence in their own ability to change.

Future implications for communications development, delivery and evaluation

Understanding behaviour will support more robust and meaningful evaluation. A deep understanding of the behaviour(s) you are seeking to change should lead to a clear understanding of the role that communications can play and to the establishment of specific and realistic objectives. This should in turn enable you to develop a focused evaluation plan which sets relevant key performance indicators and measures that explicitly relate to the factors that communications are seeking to address. The plan should set out the methodologies and techniques required to test, refine and validate your initial hypothesis.

Evaluation should be ongoing. Given that the process of developing communications designed to bring about behaviour change will necessarily be an iterative one, evaluation should also be ongoing. By evaluating behavioural and change models and activities at each stage, we can test our original hypotheses and either validate or adapt them as necessary. This should in turn yield valuable insights as to what is and isn't working and why. Communications should be evaluated with consideration of all interventions and influences on behaviour, so that the contribution of communications can be clearly understood.

Understanding behaviour and its influences will enable us to harness the most efficient and effective communications channels. The spread of new technologies and the proliferation of content and communications channels mean that we have more tools at our disposal than ever before. It also means that we need to look at communications in new ways and, as emphasised throughout this document, alongside the factors that influence the behaviour we are seeking to change.

- **Earned opportunities in the form of trusted experts, such as family, friends and social media contacts, are an important resource.** People look to those around them to guide their behaviour and support them through change. For communications, this area has traditionally been the preserve of PR. However, the internet creates powerful new opportunities, including blogs and user-generated content, which can be effective channels for facilitating social proof and peer group support.

- **Owned communications opportunities delivered via your own assets, such as call centres, websites or outreach programmes, will have a significant impact on the way people experience your brand or service.** Such opportunities can also provide a useful way of offering the face-to-face or personal encouragement that is such an important part of the behaviour change process. They can also be useful in cases where people need to experience the behaviour before their attitudes can change.
- **Paid-for media opportunities (which traditionally account for the biggest part of the government communications budget) are not always the most trusted sources.** Such opportunities provide effective channels for information and persuasion but are not always the most trusted or listened-to sources. Consideration should be given to how these work together with the earned and owned opportunities, within the ecology of influence on people's behaviour.

How we conceive and develop campaigns and propositions will also need to be reframed by a deeper understanding of how to deliver the role of communications within the practical behaviour change model. It is apparent that we increasingly need to understand holistically how all the triggers of change can be harnessed together and, within that, how we re-purpose communications to seed, start or simply nudge a wider narrative among our audiences while planning for its effects alongside those of the other interventions. In this context the implication is for a shift away from discrete campaigns and towards multiple messaging and propositions that stimulate ongoing relationships with the distinctive groups we need to engage for sustained and successful behaviour change.

There is scope for further exploration of the role that brands can play within behaviour change campaigns. This will help us to make more informed decisions as to when a brand can be used to support behaviour change, and to incorporate an understanding of the behaviour and its influences into the development of the brand architecture and positioning.

NEXT STEPS

There is still considerable scope to further explore the implications of embedding behaviour change theory in the development of communications.

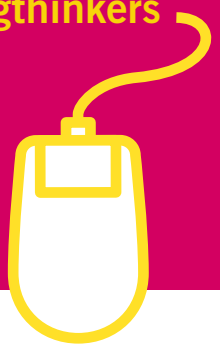


The following questions provide a flavour of the kinds of areas we are currently considering:

- **How do we best encourage this emerging thinking and practice to become a widespread and common language that is understood and applied by all of those involved in supporting behaviour change?**
- **How do we ensure that we keep abreast of theoretical developments?**
- **How do we ensure that all of those involved in the development of communications are trained in understanding theory and applying it to their work?**
- **How do we get better at applying theory through the communications process? What are the best tools and techniques to use at each step?**
- **How do we best learn from and share our experiences, so that we can gain a better understanding of the factors that influence behaviour across government initiatives and of the most effective way of addressing them?**
- **How do we ensure that we make effective use of research, combined with theory, to help us better understand behaviour?**

We hope that this document will launch the debate and mark the start of an ongoing dialogue that will lead to better practice and more effective government communications. We are in the process of developing a programme of work to take this thinking further.

Please go to **http://coi.gov.uk/blogs/bigthinkers** if you would like to join the debate.



APPENDICES



APPENDIX 1: The five-step process

Step	Key questions	Outcomes	
Step 1 Identifying behaviours	• Are we addressing single or multiple behaviours? • How do we break down the issue into its component behaviours? • How do multiple behaviours relate or group? • Who do we want to undertake the behaviour? • What is the desired and current behaviour? • Does the behaviour involve people starting, stopping, maintaining or preventing?	Agreed target behaviours	Exploration
Step 2 Understanding the influences by audience	• **Personal:** – What are the attitudes, values and beliefs of the target audience? – Is there a gap between attitudes and behaviour? – Are people aware of the need to undertake the behaviour? Is the requirement known to them? – Do they have the knowledge to undertake the behaviour? – Is the behaviour habitual or one-off? – Are people confident about undertaking the behaviour? – If people do undertake the behaviour, will the outcome be beneficial to them? – What emotions are involved in the current and desired behaviours? – What biases/heuristics might be at play? • **Social:** – Is the behaviour in line with or against social norms? – Is peer pressure likely to be an influence? – Who will influence them, and how strong will their influence be? • **Environmental** – What factors influence them at the local and wider environmental level (access, price, opportunity, services and proximity)? • How do factors differ across audiences? How does their importance vary across different audience groups?	Detailed understanding of all influencing factors	
Step 3 Developing a practical model of influences on behaviour	• How do we prioritise the factors identified at step 2? • How do these factors influence current and desired behaviours? • What is the relative importance of the factors? • Do we have data to measure the factors? • Can we build a data-driven model? • If we can't, what are the pragmatic hypotheses we can work with and test? • What are our early hypotheses about how behaviour might change? • What are our early hypotheses about the role that communications might play?	• Model of key influencing factors • Understanding and/or measurement of how the factors work together and their importance • Initial hypothesis about role of communications	Towards a solution
Step 4 Building a marketing framework	• What factors will marketing/interventions need to target? • Where will communications play a role? What factors will they affect, and how? Will they play a leading or supporting role? • What are the communications objectives? • What are our top-line evaluation metrics for these communications objectives?	• An understanding of the role of communications and the factors they are designed to influence • An agreed set of communications objectives • How communications fit into the wider picture • Top-line metrics for setting and evaluating key performance indicators	
Step 5 Developing a communications model	• Does everyone involved understand the role communications can play and the factors they are aiming to influence? • How do we expect communications to influence people's behaviour over time? • What are the key triggers and barriers at each stage of our change journey? • How will communications influence these? • Where do communications fit in with the marketing framework? • How do we evaluate each stage of the change journey? • How can we use our learnings to adapt our applied model? • How can we use our learnings to adapt our hypothesis?	• A communications model • An understanding of whom communications are targeting and where communications fit into the overall picture • An evaluation plan and matrix	

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APPENDIX 3: Acknowledgments

In creating this document we have drawn on the expertise of a number of people from government, academia, industry and COI. Inclusion in this list does not imply formal approval by these organisations or individuals of the content of this document. We would like to thank:

- colleagues from government departments and agencies including the Learning and Skills Council, the Department for Children, Schools and Families, the Department of Health, the Department for Environment, Food and Rural Affairs, HM Revenue & Customs, the Department for Transport, the Department for Work and Pensions, the Home Office, RAF Careers, the Health and Safety Executive, the Electoral Commission, and industry and COI colleagues who spoke to us about their approach to developing behaviour change strategies;
- experts in the areas of communications and behaviour change who attended workshops at COI and/or who peer reviewed this document: Will Collin, Andrew Darnton, Mark Earls, Daniele Fiandaca, Alison Hoad, Robert Horler, Steve Morris, John Owen, John Poorta, Stuart Sullivan-Martin, Charlie Snow and Kate Waters;
- the Government Social Research Unit, in particular Anna Richardson and those involved in the GSR Behaviour Change Knowledge Review, with whom we have worked closely to develop a common understanding of behavioural theory and models;
- the Department of Health, the Department for Children, Schools and Families, the Department for Transport, the Home Office and Peterborough Environment City Trust for providing case studies of behaviour change campaigns; and
- the Cabinet Office with which we've worked closely throughout this project.

Their contribution has been invaluable in helping shape our thinking and to produce this final document.

This document was written by the Behaviour Change and Communications team: Mairi Budge, Clare Deahl, Martin Dewhurst, Stephen Donajgrodzki, and Fiona Wood.

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Influencing Public Behaviour to Improve Health and Wellbeing

An independent report

February 2010



Geoff Mulgan

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Geoff Mulgan

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Between 1997 and 2004 he worked in various roles in the UK government including director of the Government's Strategy Unit and head of policy in the Prime Minister's office.

Before that he was the founder and director of the think-tank Demos and chief adviser to Gordon Brown MP. Geoff has advised many governments around the world and is a part time adviser to Australian Prime Minister Kevin Rudd; a visiting professor at LSE, UCL, Melbourne University and the China Executive Leadership Academy; on the boards of the Work Foundation and the Design Council; and chair of Involve and of the Carnegie Inquiry into the Future of Civil Society.

Foreword

Persuading people to adopt healthier behaviours has become a central theme of modern public health policy. It underpins the goal of making the NHS more of a health service rather than a sickness service. Yet it is rarely easy. Most of us do things that damage our health. And most of us have habits that we would like to change.

The question I was asked to address in this report was what is known about what works in changing behaviour. To answer the question we looked at insights coming from the many fields concerned with behaviour – from commercial advertising to the latest academic insights from behavioural psychology. It was soon clear that this is as much an art or craft as it is a science. There are many promising ideas, and there are some success stories. However the evidence base is thin. Behaviours can change in fundamental ways – but usually through the interaction of incentives, information, peer pressures and changes to the environment, rather than because of any one set of measures.

Some of the lessons suggest the need to shift direction. For example, we are increasingly learning about the importance of networks in shaping how people behave (whether its obesity or smoking), and how behaviour can be changed. Who you know shapes how you act. This suggests the potential for much more targeted action rather than mass advertising. Other lessons are about the tone that communications should adopt. Sometimes very stark messages are unavoidable. But against a backdrop of huge volumes of communication, it's important to be economical, and often more can be achieved by positive messages, that emphasise personal wellbeing rather than just stoking fears.

Behaviour change also requires some changes of emphasis for the NHS. Because the hard evidence base is so thin, there is an urgent need for faster experiment, with robust evaluation and faster learning. We badly need better knowledge about what works, and at what cost. We also need better collaboration since the NHS can directly influence only a small proportion of public behaviour. Others need to be partnered with, including local authorities, the media and retailers.

This report is a snapshot of a field that is evolving rapidly. I'd like to thank the many experts who gave generously of their time and who are themselves advancing knowledge on so many fronts. I hope that this report does justice to their insights.

Executive Summary

We know that people care about their health. We also know that around half of all illness is linked to choices people make in their everyday lives – whether that is the choice to smoke, drink excessively or eat too much and exercise too little. For this reason, governments have increasingly focused on helping people to make different choices. But people don't smoke or drink too much because they are ignorant, stupid or perverse – rather, it is the combination of the enjoyment that they get from these things and wider social or other environmental factors that mean they find it hard to adopt healthier behaviours.[1] A key challenge for the Government, therefore, is how best to use scarce taxpayer resources to help people make the right choices for them.

The challenge I was set in writing this report was to build on current approaches, using the latest evidence from areas such as behavioural economics and psychology, to suggest ways in which the Government could become more effective in this area, to help people to make healthier choices where they wish to do so.

In support of this work, we carried out three main tasks:

- a literature review and initial discussions with some key practitioners and academics;
- two seminars with a wider group of experts in the field, drawn from academia, local and national government, business and the third sector; and
- qualitative research to investigate the public's views of their own experiences and the Government's role in behaviour change. Selection of participants was based on a segmentation model developed specifically by the Department of Health (DH Healthy Foundations Life-Stage Segmentation Model – see Annex A for more details).[2]

The key themes to emerge from this process are:

- the need, in our messages on public health, to put more emphasis on the positive, in particular how people can feel better by changing their behaviours;
- to speed up experiment, with faster learning, in order to develop as rapidly as possible the robust evidence base needed to underpin more effective behavioural interventions;
- linked to this, the necessity for the Department of Health to orchestrate its own knowledge to ensure that it remains on top of the rapidly evolving evidence base on behaviour change, segmentation and the design of environments;
- that the most powerful tools involve reshaping environments to encourage people to make healthier choices, while still leaving open the option of choosing differently;

1 Our interest here is in how public behaviours can be changed from the relatively damaging to health to health promoting. In most cases there is a broad distribution of behaviours. There are two overlapping goals for policy: to shift the average, and to reduce the extremes of harmful behaviour. guidance.nice.org.uk/PHG/Published

2 DH Healthy Foundations Life-Stage Segmentation Model: www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyandGuidance/DH_090348

- that only a small part of behaviour change is under the control of the Department of Health or the NHS, so it is vital to mobilise partners in the media, business, local authorities and across central government; and
- that leadership – including by ministers – is crucial. Messages which show key leaders walking the talk, together with honesty about the difficulties of changing behaviour, are a vital complement to other types of message.

Given these key themes and principles, my immediate recommendations are:

i. First, public campaigns will continue to play an important role, but will not have a uniformly strong impact across all groups in society. And to succeed against a backdrop of the huge volume of messages being sent to people, messages and tone that are perceived as paternalistic or patronising are likely to be less effective than those seen as more supportive; they should, in broad terms, put more emphasis on the positive than on the negative, and in particular on how people can feel better by changing their behaviour. Sometimes it will remain necessary to challenge and even shock people – and, at least in the case of smoking, negative messages can be more useful in relation to why to quit, with positive messages being more important in relation to how to quit. But messages of this kind need to be used sparingly.

ii. Second, while the current evidence base makes it difficult to make many immediate recommendations on specific programmes, one area where this is possible is to extend financial incentives for pregnant mothers to quit smoking, drawing on current successful pilots in Dundee and Birmingham.

iii. The fine grain detail of how environments are shaped is becoming increasingly important to health. An important challenge for the future will be to ensure more people involved in policy and service design have a feel not only for the evidence on behaviour change but also for the details of successful service and physical design.

iv. Fourth, in relation to mobilising partners, there are a number of positive examples of good practice which should provide ideas on similar approaches across health improvement work. For example, the Food Standards Agency and Department of Health are working with the food industry to:

   – pilot calorie labelling on menus and menu boards to help consumers at the point of choice;

   – push for agreement with manufacturers on smaller portion sizes (e.g. of chocolate bars and soft drinks); and

   – rebalance the advertising and marketing of food to children to reduce their exposure to promotion of food high in fat, salt and sugar and increase their exposure to promotion of healthier options.

   Other government departments also need to be mobilised – for example, as has happened with HM Revenue & Customs (HMRC) on tobacco smuggling, and in joint working with the Department for Children, Schools and Families (DCSF).

v. Fifth, the Olympics provide an ideal catalyst for a more ambitious approach to area-based projects – for example, challenging major towns and cities to compete to transform their fitness and overall health and wellbeing. Nowhere in the UK has yet attempted a comprehensive strategy to boost exercise levels, yet the time must be ripe to do this. There is also a key role for political leadership to encourage people to be aware of the conflicting messages coming to them, more of which tend to encourage overeating or drinking than the reverse. This may not be the place for regulation and law, but major businesses could be much more vigorously held to account for the messages they send, particularly to children.

vi. Sixth, although I recognise the range of competing priorities, ideally more health research would be focused on behaviour change. Despite some very strong evidence – collated by NICE among others[3] – on the effectiveness and cost-effectiveness of *some* behaviour change methods, the great majority have not been adequately studied or measured. Public and private investment in health research is overwhelmingly skewed towards clinical solutions rather than the ones described in this report (only around 2% of the health research budget goes to prevention).

3 guidance.nice.org.uk/PHG/Published

The Structure of this Report

This report starts by considering, in Section 1, some of the latest evidence from behavioural psychology and economics, before looking, in Section 2, at the range of tools available to government policy makers to influence behaviour change. I then use this in Section 3 to assess the efficacy of some past and present approaches, and set out in Section 4 some potential ways to build on successes, looking at the form and tone of public health messages, as well as the role of other organisations (both inside and outside government). In Section 5, I consider the views of both the public and front-line professionals – based on our Customer Insight research – before reaching some conclusions and setting out my recommendations in Section 6.

Introduction

Few of us find it easy to change long-standing habits even when we know that they are no good for us. Many people who smoke, drink or eat too much know that they shouldn't.[4] Many others do so despite their best intentions.

But all governments are under intense pressure to get better at influencing public behaviour – both to make it easier for us to make 'better' (including healthier) choices where we wish to do so, and to take action to prevent others making choices which impact negatively on our welfare. We have abundant evidence on the cost of bad behaviour for the taxpayer and society as a whole. And, when it comes to health issues, we know that the only way to arrest worsening obesity is through changes to habits of exercise and diet which many of us will find very challenging, even though they may only need to be relatively small.

Governments have extensive powers to influence behaviour – from law and education to regulation and taxation. But these are exercised within the context of emerging public views on what is legitimate. While government has an important role in shaping public perceptions, there is understandable nervousness about being too explicit, or too draconian. It took nearly 50 years for governments to gain the legitimacy to impose smoking bans. Many people view these types of behaviour as matters for private life, not public legislation. It could be argued that, in the past, government communication was sometimes paternalistic or even patronising, which in some cases backfired, encouraging those people to reinforce their behaviour as a way of asserting their independence and identity.

These anxieties have been compounded by the lack of hard evidence on what works. Despite some partial success stories, such as campaigns against drink driving or encouragement to eat more fruit and vegetables, the evidence base on behaviour change is thin and uneven. NICE has shown the effectiveness of, for example, smoking cessation programmes. But a report produced last year on the cost-effectiveness of public health interventions confirmed just how little is known about what works.[5] What we do know is that:

- Information and education are disappointingly ineffective tools for persuading people to change behaviours.
- Rational persuasion has relatively little impact on entrenched habits, particularly if they involve strong peer pressures or even addiction. This is why the lessons from commercial marketing are of only limited use – the great majority of advertising is aiming at marginal shifts in choices (e.g. between different washing powders) which aren't remotely comparable with trying to persuade someone to quit after 20 years as a smoker.
- There are some pointers to more effective interventions – e.g. engaging people on alcohol treatment when they are coming out of an incident at A&E. But we don't know yet what other tools will work best and in cost-effective ways.

4 Smokers and overeaters may be more aware of the harm they're doing than heavy drinkers, many of whom think their behaviour is normal.

5 Matrix Evidence/Bazian (Oct 2008), *Prioritising investments in public health*. www.healthengland.org/health_england_publications.htm

Section 1 What Can We Learn From Behavioural Psychology and Economics?

Key messages

- The fields of behavioural psychology and economics are still developing, but do provide many useful insights into behavioural change. Integrated theories of behaviour change, such as West's PRIME model, can be used, if not to design whole intervention programmes across a range of health behaviours, then to test policy ideas even before they are piloted.
- The most effective behaviour change interventions will address all, or most of, the points made above, through a variety of routes – it is not enough to design interventions which are aimed at one or even a few of these areas.

In recent years there has been a good deal of effort to learn more about why people do and don't change their behaviour. An earlier overview of the state of the field was undertaken by the Prime Minister's Strategy Unit in 2002. The award of the Nobel Prize for Economics to Daniel Kahneman significantly raised the profile of behavioural economics, and more recently Cass Sunstein and Richard Thaler's *Nudge* became a best seller.[6] At the same time, the Department of Health has drawn on various other theoretical models, such as Robert West's PRIME model of behaviour change,[7] to guide its work. The best research has drawn on observation of how people really do behave, rather than deducing conclusions from theories (such as economic theories of how people might respond to incentives).

6 Thaler RH and Sunstein CR (2008), *Nudge: Improving decisions about health, wealth and happiness*, Yale University Press.

7 See www.primetheory.com

There are several main insights from this body of work which are now widely accepted, even if the experts differ on the precise mechanisms (the range of views is described in more detail in Annex B). All of these show why traditional public information campaigns rarely succeed on their own.

i. The first is that people use **rules of thumb** ('heuristics') to help them make decisions, which are not strictly rational.

ii. People also tend to **overdiscount the future** – for example, putting too much weight on the pleasures of excessive drinking now, against the risk of the potential health problems that could result later in life (or even the risk of being injured in a fight or accident on the way home from the pub).

iii. In addition, **we tend to pay more attention to potential losses than gains**. As a result, for example, we are more likely to change a behaviour if told of the increased risk which would result if we fail to act, than if told of the reduction in risk that would result from change. As with rules of thumb and overdiscounting, it's very difficult to go against the grain of this natural tendency.

iv. People make decisions using both their rational conscious brain and their 'automatic processing system', the parts of the brain that **make decisions unconsciously or subconsciously**. The most powerful interventions address both.

v. How we behave is influenced by **contexts and by 'choice architectures'**. A teenager may know about contraception but push that knowledge to one side when drunk. When trying to change habits, such as smoking or excessive drinking, people often need personalised plans that help them think through how to deal with difficult situations, e.g. social occasions, where they are used to smoking or drinking excessively. Similarly, the precise context in which choices are made can be important – people can be 'nudged' towards better choices through everything from portion sizes in cafeterias to making particular kinds of pension the default option.

vi. Behaviours are bound up with **identities**. If being able to 'hold your drink' is part of someone's social identity, they will need an equally powerful identity, with which they can strongly identify, to replace it if they are to change their behaviour (e.g. perhaps as a responsible father).

vii. There is now strong evidence that phenomena such as obesity are heavily influenced by **networks and relationships**: who you know shapes how you behave. Behaviours can spread rather like viruses. Equally, we're more likely to change if we think it matters to someone who matters to us, or if there is a group to help us (like an Alcoholics Anonymous group for example).

viii. For all the above reasons, what works with one group won't with another. **Segmentation** and targeting are all-important. Methods for changing behaviour need to be aligned with cultures, cognitive styles, social contexts etc. In relation to alcohol, for example, some groups may be most influenced by messages about long-term harm, while others may be more influenced by self-image and the perceptions of others.

ix. Changing the **environment** in which people live and work is often the most powerful way of influencing their behaviours. For example, where the social norm is to smoke, it is harder to be a non-smoker. Banning smoking, however, obviously has a big impact.

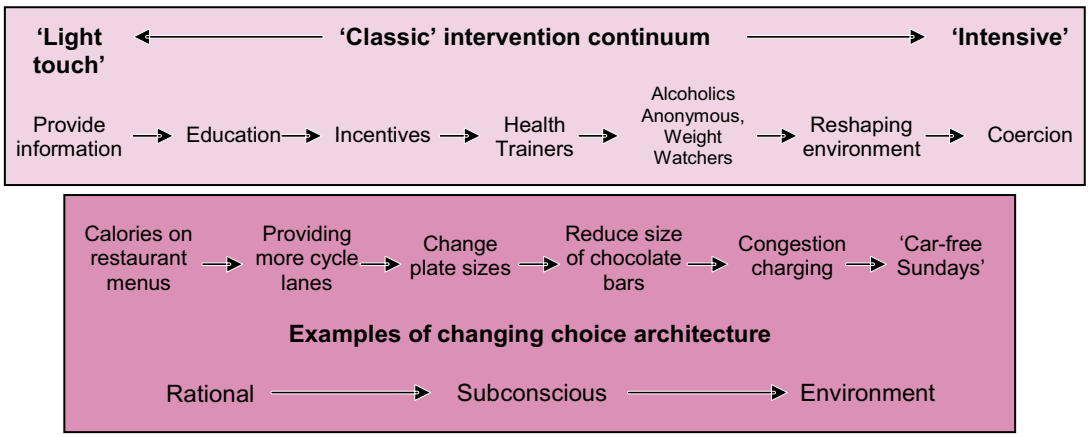
While innovative policies are building on some of these ideas, these insights have not yet been fully incorporated into policy – perhaps understandably because many of these insights are relatively recent. Some of the tools that are described in the next section remain underdeveloped. For example, segmentation methods, which divide up the population by lifestyle or culture, are not much more than 30 years old, but remain far from an established science. Nevertheless, we can map the different types of policy tool that can be used, and relate them in a rough and ready way to the state of knowledge.

Section 2 The Intervention 'Toolkit'

Key messages

- There is a wide range of interventions open to government to help people change 'unhealthy' behaviours, but its ability to move towards the more interventionist end of the spectrum is constrained by public perceptions of legitimacy.
- In between information provision – which tends to be insufficient on its own to deliver behaviour change – and more interventionist policies, there are some promising potential policy routes, including ensuring that information is delivered to people in a form that is salient to them, and changing the environment in which people make choices (e.g. portion sizes). Interventions built on one-to-one relationships – such as the Family Nurse Partnership (FNP) programme – also look like a promising route forward. But these will tend to be resource intensive and may, therefore, require careful targeting.
- Current evidence would not support the extensive use of financial incentives to support behaviour change. But emerging evidence from work to help expectant mothers stop smoking suggests that they may be useful in that, albeit limited, context.

The diagram below sets out the range of options available to policy makers in designing interventions aimed at supporting people to change their health-related behaviours. These are shown as forming a rough continuum. Lighter touch interventions are on the left and more 'intensive' or 'intrusive' interventions on the right. Interventions aimed at changing the 'choice architecture' or environment can also be arranged along a similar intervention spectrum.



Here I comment briefly on what is known of the efficacy of each set of tools.

Information provision

Information provision is seen as the most legitimate form of intervention by the state, since it leaves the maximum room for choice for the individual. However, experience has repeatedly shown that information and education, while necessary conditions for behaviour change (at least in terms of laying the groundwork for further action by government), are relatively ineffective at supporting behaviour change on their own.[8]

It has also been shown that the form in which the information is provided matters. One interesting example is the publication by the Australian Government of the table below, showing the risk of death resulting from different levels of daily alcohol consumption.

On its own, this information may allow some people to judge their preferred level of alcohol consumption. But one of the key messages from the Customer Insight work we commissioned was that people did not readily understand statistics – in this case, what might be seen as a reasonable risk? What the Australian Government has done is to base its recommended daily alcohol consumption at 2.5 UK units, using the comparable lifetime risk of dying in a road traffic accident as the comparator by which to judge this limit. This provides some salience to the limit chosen – it gives people a useful benchmark for assessing risks.

8 For example, see Gilmore I (2006), What lessons can be learned from alcohol control for combating the growing prevalence of obesity? *Obesity Reviews* (2007) 8 (Suppl. 1): 157–60, on the case of alcohol and drinking behaviours.

Lifetime risk of alcohol-related death, drinking a certain amount daily (men)[9]

Number of Australian units of alcohol consumed per day	Total risk of alcohol related death	Death from alcohol related disease	Death from injury
1 (= 1.25 UK units)	0.4%	0.2%	0.2%
2 (2.5 UK units)	0.9%	0.4%	0.5%
3 (3.75 UK units)	2.8%	1.3%	1.5%
4 (5 UK units)	4.2%	2.0%	2.2%
5 (6.25 UK units)	5.8%	2.7%	3.1%
6 (7.5 UK units)	9%	3.8%	5.3%
7 (8.75 UK units)	12.2%	4.7%	7.5%
8 (10 UK units)	14.8%	5.1%	9.7%

What might make this table more useful would be to provide similarly salient examples of equivalent risks for other levels of alcohol consumption, for example the risk associated with riding a motorbike, horse riding, or other everyday decisions with which people could easily identify. While this could be accompanied by a government recommendation – aimed at those audiences who want it – it would enable others to make a decision based on the level of risk they are normally prepared to take in other aspects of their lives, and therefore improve the effectiveness of information provision as an intervention.

This assumes, of course, an approach to decisions (in this case, about drinking) that probably doesn't reflect most people's actual approach (which is, for example, likely to be driven by such things as habit, social context and what friends are doing). But it is undoubtedly part of any more comprehensive strategy, and might particularly help those who have reached a point where they want to take more active decisions about their overall level of a particular behaviour.

9 Australian National Health & Medical Research Council (2009), *National Guidelines to reduce health risks from drinking alcohol*, 48. Interestingly, this is combined with advice recommending that Australians should consume no more than 5 UK units on any single occasion – again, this makes the advice more salient, as it reflects many people's usual drinking patterns, where they may have a few drinks socially on some days and drink little or nothing on other occasions.

Choice environment

Moving right along the intervention continuum, we come to ways of changing **people's choice environment**, making it easier to choose 'healthier' options without preventing people from making less healthy choices if that is what they want. Examples of this include the recent proposal by the Food Standards Agency (FSA), working with the confectionary industry, to reduce slightly the size of chocolate bars.[10] This will reduce the calorie intake of those who want a one-off treat, without impinging on the freedom of those who want more to buy another chocolate bar.[11] This builds on an important lesson from behavioural psychology/economics about portion size – that people will tend to eat what's put in front of them, so that reducing portion size can have an impact on calorie intake and, eventually, obesity. Other examples include much greater provision of safe bicycle lanes (as in many countries); restricting the numbers of fast food outlets; or preventing 'happy hour'-type alcohol promotions as a condition for licences.

Building relationships

The next set of tools involves relationships – either one-to-one methods or the mobilisation of peers. A good deal has been invested in health coaches and health trainers, with some promising early evidence (though as in so many cases, the assessment has been designed in ways that make it hard to judge cost-effectiveness). In the private market, spending on personal coaches and counsellors has grown massively in recent decades, providing pointers to where demand may be heading more generally. People often like to have an external pressure – challenging but sympathetic – to help them to do the things they want to do anyway.

At the other end of the social spectrum, the **Family Nurse Partnership** (FNP) programme is another example of such an approach, which relies very heavily on the development of one-to-one relationships between the nurses and the families with whom they work. **Significant resources have been targeted at a relatively small population, and the benefits run much wider than health**.

For other individuals, however, being part of a mutually reinforcing group may be the key to behaviour change – the **peer-to-peer** elements of WeightWatchers and Alcoholics Anonymous are clearly key components of those approaches. A good deal of work is underway on potential ways of linking people with long-term conditions into clubs which could encourage mutual support for condition management and healthier behaviours. Recent evidence shows that obesity is strongly influenced by social networks – you are more likely to be obese if someone you know is, and even if someone once removed is. One-to-one support is part of the toolkit for reversing these flows of influence, mobilising social networks in the other direction.

10 news.bbc.co.uk/1/hi/health/8173936.stm

11 It could be argued that consumers' utility will be reduced because there is unlikely to be a price cut corresponding to the reduced size of a chocolate bar. On the other hand, this is relatively trivial compared with the costs associated with other, more intrusive interventions.

Financial incentives

A stronger form of intervention is to provide **financial incentives** to encourage people to adopt healthier behaviours. The newly established Centre for the Study of Incentives in Health (CSI Health)[12] has launched a programme to assess the long-term impact of such incentives. However, as well as being unpopular among the public (who tend to argue that they unfairly reward people for 'bad' behaviours), current evidence suggests that the impact of such incentives may be limited to the short term (just as most performance-related pay schemes tend to diminish in effectiveness over time). While this could be simply a design issue (the level and nature of the incentives offered, as well as their timing, clearly matter), it is hard to argue for their widespread use on the basis of current evidence.[13]

A more positive example – and perhaps an exception to that general rule – comes from a successful experiment carried out in Dundee, where expectant mothers were paid relatively small sums – £12.50 in the form of a credit on an electronic card, which could be spent on groceries at the local supermarket (excluding alcohol and cigarettes) – if they stopped smoking. In a positive assessment of the pilot, researchers found that an important reason why the incentive worked was 'that using rewards gave mothers an excuse to opt out of the social norm of smoking within their peer group, but, crucially, did not isolate them from that group'.[14] A similar scheme has just started in Birmingham as a joint venture between the Young Foundation (of which the author is Chief Executive) and Birmingham East and North Primary Care Trust (PCT), giving people with long-term conditions a 'Nectar'-style card on which they will receive points for healthy behaviours. Again, pregnant mothers are a first target. In these cases, there is a significant benefit to a third party – the unborn children of mothers who would otherwise smoke. However, there is also, potentially, a risk of gaming, with non-smokers taking up smoking in order to access the incentive. And as with all financial incentives there is a risk of turning a non-economic behaviour into an economic one, ultimately with people expecting to be paid for actions which they should be doing voluntarily.

12 More details available at www.kcl.ac.uk/schools/biohealth/research/csincentiveshealth/

13 For a short but lucid discussion of current evidence on the use of incentives, see Marteau TM, Ashcroft RE and Oliver A (2009), Using financial incentives to achieve healthy behaviour, *BMJ*;338:b1415.

14 www.nsms.org.uk/public/CSView.aspx?casestudy=72#top

Bans and more intrusive interventions

At the more intrusive end of the intervention spectrum is the use of interventions such as **full or partial bans**. Smoking provides an interesting example here: as the evidence of harm has been accepted by the public, government intervention has grown from simple provision of information to, first, the provision of a wide range of support to stop smoking (helped by the development of new medicines and other aids) and then, more recently, the introduction of a ban on smoking in enclosed public spaces. Despite its intrusive nature, public support for this remains quite strong, in part because the public have been convinced of the harm to others as a result of passive smoking, in part because some smokers themselves felt that it would help them to quit, but also simply because many non-smokers find the smoky atmosphere that used to prevail in pubs and some restaurants to be unpleasant. This suggests that building support for interventions at the more intrusive end of the spectrum not only takes time, but may also depend on building coalitions of people with different perspectives.

Another example of an intervention that lies at the intrusive end of the spectrum is Singapore's approach to tackling childhood obesity. This involves compulsory exercise for overweight children, as well as careful monitoring of their diet – both of which involve some explicit segregation from others at school. While this has successfully reduced rates of obesity in children from 14% to 9% (at a time when obesity has been rising in neighbouring countries), it has been argued that this has come at the price of stigmatising overweight children (which may have been a prime influence in getting them to lose weight), and a growth in psychological problems, including eating disorders.[15]

As a rule, there is much more legitimacy for measures that focus on protecting children rather than adults. The parallel report written by Richard Reeves argues that adults should be free to harm themselves if they so wish (subject to providing information and shaping environments so that there is no bias towards harm). So, looking ahead, options such as banning smoking in cars when children are present, increasing tax on alcopops and regulating marketing of food to children will all be seen in a different light to measures aimed at the whole population.

15 PRI's The World. www.pri.org/theworld/?q=node/14022

Section 3 Assessment of Past and Current Approaches – What Has Worked and What Hasn't

Key messages

- The reduction in smoking prevalence in the UK over recent decades is an impressive public health achievement. The continued reductions in recent years owe much to the combination of a range of approaches.
- However, smoking may not provide a model for policy in other areas, such as drinking or diet – moderate consumption of fatty food, for example, does not have the same scale of negative health consequences as moderate smoking.
- The lessons from other areas of successful behaviour change are also quite limited. Most of those changes involved relatively marginal changes to behaviour which were not so closely bound up with identity and cultures, whereas challenges such as the UK's relatively high rate of teenage pregnancy are much more complex.

Over time, government has tried a range of approaches across the intervention spectrum outlined above. This section examines the reasons for successes and (relative) failures in different areas.

Arguably, the most impressive example of behaviour change in recent decades in health has been the reduction in smoking. This has been influenced by a combination of nearly all the tools described above, ranging from information, to financial incentives, to environmental shifts. Smoking cessation programmes provide a wide variety of support for people to stop smoking – including nicotine-replacement therapy, counselling services, etc – which has been shown to improve the chances of successfully quitting. It has an impressive track record – over the last year, the NHS helped 337,000 people stop smoking, as measured by quit rates at four weeks. This represents a slight fall from 2007/08, but that was helped by the introduction of the ban on smoking in enclosed

public spaces. At a cost of £219 per person (excluding pharmaceutical costs), the intervention looks very cost-effective when compared with NICE cost-effectiveness thresholds.[16]

Of course, the success in reducing smoking rates – now below the 2010 target of 21% – has taken over 40 years, starting with the dissemination of information on the harms caused by smoking and, perhaps, culminating with the ban on smoking in enclosed public spaces, a measure that was politically unthinkable only a few years previously. The personal harm involved in smoking is unambiguous, and the collateral harm to others is hard to ignore.

Smoking appears to provide a model for other fields, showing how over a period of decades more moderate actions can contribute to a climate of opinion in which more drastic changes become legitimate. However, this is by no means guaranteed. In other areas, successes have been more limited (e.g. the number of 'heavy' drinkers has increased slightly over recent years from 7% to 10%, although overall alcohol consumption appears to have peaked in 2004.[17]) Moreover, efforts to tackle smoking are different from those to reduce excessive alcohol consumption and encourage good diet and exercise, in that smoking is comprehensively bad for health and its impact is cumulative. None of the other key behaviours discussed here have the unambiguous characteristics of smoking – drinking undoubtedly causes significant collateral harm, but most drinking doesn't. Excessive eating creates costs but doesn't directly hurt others. As a result, it's wrong to assume that other policy areas can simply follow the example of smoking.

Looking more broadly, the types of intervention in other fields that look to have been most successful have generally involved relatively marginal changes to behaviour which were not so closely bound up with identity and cultures:

- increased road safety, including the reduction in drink-driving, and the use of seatbelts and motorbike helmets;
- more recently, the increased use of bicycle helmets (although this is not mandatory, unlike seatbelts and motorbike helmets);
- dog owners cleaning up after their pet in public spaces, such as parks and pavements;
- the fall in the number of cot deaths;
- the shift from full-cream milk to skimmed milk and from butter to low-fat spreads over the last 20 years;
- the increase in the use of sunscreen and higher factor sun creams over the last two decades;

16 NHS Information Centre, www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services/statistics-on-nhs-stop-smoking-services:-england-april-2008-to-march-2009. Clearly, there are weaknesses in measuring quit rates after only four weeks – not least because we know that it often takes a number of attempts before smokers successfully quit – but given the low costs of this intervention, it is still extremely cost-effective.

17 Institute of Alcohol Studies (2008), *Drinking in Great Britain*, http://209.85.229.132/search?q=cache:5o_qv8iKub0J:www.ias.org.uk/resources/factsheets/drinkinggb.pdf+UK+pure+alcohol+consumption+per+person&cd=2&hl=en&ct=clnk&gl=uk

- the 'Milife' programme developed by Unilever,[18] an example of a successful weight loss programme developed by the private sector, which looks to have achieved good results in early trials;[19]
- WeightWatchers and Alcoholics Anonymous, good examples of other successful health programmes led by non-government organisations; and
- the Family Nurse Partnership programme, developed over many years in the US and now adopted in the UK, with apparently strong outcomes potentially justifying its relatively high costs.

Most of these involved relatively simple actions, compared with some of the complex changes that might be needed to tackle obesity, drug and alcohol abuse, or teenage pregnancy, for example. They also provide some interesting contrasts:

- They do not all require government action: where there are potential markets, as in weight-loss programmes, drugs treatment or nicotine patches, the private sector may have an important role. Similarly, private responses to public concerns about saturated fat – partly driven by government campaigns – have helped drive the shift to lower-fat spreads and skimmed milk.
- Some changes have been led by coercive actions, particularly in road safety, but this has not been universal: the increase in the use of bicycle helmets has not required legislation backed by penalties.

There are also plenty of examples of relative failure. The UK does relatively badly in areas such as sexually transmitted infections, binge drinking, drug use and teenage pregnancy (which has seen some reductions in recent years with teenage births at their lowest level for 15 years, but still remains high relative to most other European countries). Experiments can sometimes make things worse. Some evaluations of drugs education suggested that it may increase usage rather than reducing it. One recent pilot, conducted separately from the teenage pregnancy strategy, may even have led to an increase in teenage pregnancy rates[20] (though, of course, part of the purpose of pilots is to test out alternatives). In all these cases the causes of failure were complex, but in every case part of the reason was that the counter pressures – from peers, from pleasure – were too strong.

18 www.milife.com/(S(x2oqvp45prgsazey1xa1kg45))/MiLifeHomePage.aspx

19 www.jmir.org/2008/4/e56

20 www.ioe.ac.uk/Study_Departments/YPDP_Final_Report.pdf

Section 4 So What More Could be Done?

Key messages

- Individual members of the public may feel 'bombarded' by a range of separate, uncoordinated public health messages from government (on top of stories in the media), with little sense of which to prioritise or where to start, which risks encouraging people to be sceptical about and 'switch-off' from all public health messages.
- There is an opportunity for the Department of Health and the local NHS to examine a more person-focused approach, supplemented by targeting based on lifestage and other transition points.
- Some of the Department of Health's current work is already moving in this direction – for example, *Change4Life*. This is a very positive step.
- Some members of the public may be turned off by what they perceive (fairly or unfairly) as a relentlessly negative stream of campaign messages – not just from government but also from charities, various experts and from the wider media.
- As is already being done by campaigns like *Change4Life*, there may be a case for shifting the balance of messages towards life and wellbeing rather than only health, and about feeling good now as much as avoidance of future conditions.
- Our behaviours are influenced by a whole host of organisations, from national departments to local authorities, media and business. So, to change behaviours, the Department of Health and local NHS organisations need to build coalitions and work collaboratively with those other organisations.

I've already suggested some of the types of policy that need to be pushed forward, including more systematic use of tools to shape choice architectures, incentives, one-to-one influence and so on. In every case, however, the details are all-important: dosage, calibration and timing are decisive. Too much use of financial incentives, for example, undermines their effectiveness (as people then start to expect to be paid for actions). Too much reliance on health coaches can easily become very expensive as caseloads shrink. Too assertive a redesign of choice architectures can quickly lead to resentful backlashes.

I would also argue for a change in how information campaigns (and the policies that underpin them) are considered. Interventions to improve health and wellbeing can tend to focus on the activity rather than the individual, e.g. separate interventions are planned for alcohol, tobacco, illegal drugs, exercise, etc. This allows staff to develop expertise in relation to a particular health issue, and can make sense in terms of designing universal policies such as bans or taxes. However, the downside to this approach is that **individual members of the public may feel 'bombarded' by a range of separate, uncoordinated public health messages from government (on top of stories in the media), with little sense of how best they can make a difference to their own lives. There is also a risk that too much information can encourage people to be sceptical about and 'switch-off' from all public health messages**.

Some of the current work on health inequalities (and *Change4Life*) is attempting to follow segmentation of the public, with more tailored messages linked to how people are and live rather than conditions. Messages and actions are also being targeted at **particular points in time**, when people are likely to be more receptive to interventions. This could be **lifestage** (e.g. the Financial Services Authority provide a booklet on the financial consequences of having children, which is used by midwives to help them answer the frequent questions on finances they found that they were receiving from families with young children); **situation** (e.g. radio adverts for a particular flu treatment were recently targeted at commuters travelling to or from work – when the adverts were most likely to be salient to those not wanting to miss work – and resulted in a 25% increase in sales); and **life transition** (e.g. hospital treatment or discharge; claiming unemployment benefit for the first time; starting a new school; GP check-up).

The **channel** for health messages is also extremely important. The temptation in some parts of government is often to opt for mass advertising, as that will hit the highest audience numbers. But the efficiency of this is open to question – it risks substituting the appearance of action for effectiveness. One of the paradoxes of a more media-intensive environment is that 'circles of trust' – family and close, trusted friends – have become more important in the key decisions we make. One key question for public health professionals, therefore, is how they might mobilise the parts of the NHS or other services which are closest to this in order to get important messages 'out there'. For example, those services which have face-to-face contacts, and build long-term relationships with members of the public, might be best-placed to deliver what can sometimes be difficult messages about the need for someone to lose weight or stop smoking, etc. These messages can be helped if there is a backdrop of public information and awareness raising – again reinforcing the point that it is the interaction of different tools that is decisive.

Given the evidence that behaviours are influenced by networks and relationships, there is clearly scope for much more efficient interventions that target particularly influential individuals, or individuals who link many different networks. If they can be persuaded to stop smoking, or to change their diet, they may influence many others. The tools for identifying these individuals, and working with them, remain much less developed than mass communications tools, but may turn out to be much more cost-effective in the long run.

Clearly, the role of **professionals** here is crucial, and in particular, choosing them on the basis of, and/or providing them with training in, the most effective **interpersonal skills**. This is noticeable in the Family Nurse Partnership (FNP) programme, for example – its success is heavily predicated on such skills, not least because it is often dealing with people who have previously been (or feel) let down by 'the system'. Non- and paraprofessional roles could become increasingly key in such one-to-one, relationship-based services, where the key requirements are often more about people skills – the ability to empathise and share a problem – rather than medical interventions (although this will vary between services).

Apart from the specific issues highlighted above, there are a number of broader areas where further shifts of approach may help deliver more effective behaviour change interventions. These include the form and tone of public health messages (which are at least as much about the underlying policy approach as the messages themselves), and how allies might be more effectively mobilised. The following sections address each of these in turn.

The form and tone of public health messages

Allied to the issues highlighted above about the delivery of public health messages is the issue of the **tone** of those messages. This was a particular issue highlighted in our research, which suggested that some members of the public may be turned off by what they perceive (fairly or unfairly) as a relentlessly negative stream of campaign messages – not just from government but also from charities, various experts and from the wider media. Sometimes scary messages are necessary to break through, as with the 1980s *Don't Die of Ignorance* campaign. But they have to be used sparingly.
The *Change4Life* and related campaigns are attempting more positive messages about the benefits of a healthier lifestyle. If, as early results suggest, this has had a very large take-up, e.g. of returns of cards requesting personalised advice on diet for families, it is worth asking whether adopting similarly positive approaches in some other areas might also lead to greater engagement with public health messages.

Wherever possible, messages should be about life and wellbeing rather than only 'health', which can be interpreted solely as the absence of illness rather than in a more holistic sense; about feeling good now as much as avoidance of future conditions; and with a recognition that people are balancing health concerns with others, including scarce time and wanting to have fun. Examples of such approaches might include messages along the lines of, 'If you only do one thing, here's five simple suggestions…', and 'try to be balanced, not perfect'.

Some countries have used humour and lightness in their public health campaigns – for example, in Australia campaigns against excessive driving speeds focused on the idea that speeders had small penises, playing directly on macho stereotypes but in a light way that was 'sticky' – i.e. easy to remember. Knowsley Primary Care Trust (PCT) has created a 'Haynes Manual', based on the car maintenance manuals, for 'Knowsley Man', aimed at engaging hard-to-reach male audiences.[21] An alternative but equally innovative example is Florida's *Truth* anti-tobacco campaign aimed at teenagers. Previous campaigns were thought to have been unsuccessful because they took the form of adults telling teenagers what to do, infringing their strong sense of autonomy. The *Truth* campaign, by contrast, emphasised how adult-run tobacco companies were manipulating teenagers into smoking.[22]

Mobilising allies

Our behaviours are influenced by a whole host of organisations, from national departments to local authorities, media and business. So, to change behaviours, the Department of Health and local NHS organisations need to build coalitions and work collaboratively with those other organisations.

Campaigns such as *Five a Day* and *Change4Life* have helped to turn some **businesses** from potential competitors into allies with, for example, many firms using the fact that their products 'count' towards the five-a-day target as a marketing tool. Similarly, working with train companies to improve access and facilities for cyclists could play a major role in increasing the take-up of cycling and the health benefits that this could bring.

Even where health and business interests are not aligned, there are some opportunities for quick wins, which should not involve over-onerous regulation, but can be achieved by shaping default decisions or providing information at the point someone makes a decision. For example, changing (or, rather, reverting) to a standard wine glass of 125ml or a standard single measure for spirits in pubs and restaurants – while still offering the option of a larger glass for those who want it – would be relatively straightforward, and copying New York's example of ensuring that calories are printed on restaurant menus would help to inform consumers and allow them to make decisions using that information, without impinging on their liberty. Ensuring that calorie content is provided on alcohol containers is a similar example – given that Customer Insight work suggests that aesthetic issues are more important to many people than health ones, this might be effective at reducing excessive drinking.[23]

21 209.209.85.229.132/search?q=cache:FU0FWR2ENJ0J:www.menshealthforum.org.uk/uploaded_files/MHFmag9.pdf+%22knowsley+man%22+%2B+%22haynes+manual%22&cd=2&hl=en&ct=clnk&gl=uk

22 www.tobaccofreedom.org/msa/articles/truth_review.html

23 This could risk leading to people choosing to drink rather than eat – clearly, any such approach would need to be carefully designed, targeted and piloted before it was fully rolled out.

There are also opportunities for less easy wins from working with business. The Government has already taken steps in this area such as banning all advertising of tobacco, and restricting advertising during children's programmes on television. **Further steps along this route might involve tackling what some have described as an environment of 'toxic advertising' in our towns and cities, where adverts to promote unhealthy food and drink outnumber more 'healthy' messages**. Clearly, there is a balance to be struck between restrictions to protect health and the right of companies to market their products, but given what we know about the impact of people's wider environment on the choices they make, it is questionable whether that balance is currently right.

Local government is perhaps the most important partner for the Department of Health and the NHS in delivering public health objectives. Importantly, many people working in local government are keen to play a bigger role in promoting public health, as is shown in the number of health targets chosen by local authorities themselves among their own objectives. Good examples include the partnership between Knowsley PCT and Knowsley Council,[24] as well as in health-related fields such as transport (e.g. **Smarter Travel Sutton**),[25] which provide concrete examples of the contribution to public health goals which local government can make. Of course, local authorities play a key role in education, and health partnerships at local level with both them and the schools for which they are responsible can deliver significant long-term health benefits.

Going forward, the Department of Health is working on **Health Impact Contracts**, where it might commission services directly from local authorities where they are best-placed to deliver health benefits, with funding linked to outcomes as well as activities. This would be an important development, helping to generate better ideas at local level, not least by providing competition to traditional sources of provision, and tapping into expertise that already exists. Another idea that might tap into local creativity and social entrepreneurship would be to build on the *Healthy Towns* initiative to get local authorities, local NHS organisations and other partners to work together to compete for funding and other support for comprehensive health plans.

Last, but far from least, **charities** can be key to delivering improved services locally and improving health. Their contribution comes in a range of forms, including para-professional roles and support groups. In past decades, the organisation I now run helped give birth to many organisations mobilising citizens – from the Open University to the University of the Third Age (U3A), where older people get involved in teaching and passing on their skills to their peers, the College of Health and the Patients Association. The time might be ripe for similar models to the U3A but focused on health – for example, supporting peer-led projects, or projects engaging the younger elderly, in preventing falls or reducing frequent readmissions to hospital.

24 See, for example, a brief summary at www.idea.gov.uk/idk/core/page.do?pageId=6462772

25 www.smartertravelsutton.org/home

Section 5 What do the Public Want?

Key messages

- Public views and perceptions are an important constraint on the range of tools which are open to government to influence behaviour change – and a large proportion of the public, across different social groups, is resistant to more intrusive interventions.
- While this is only one study, albeit with a robust methodology, it does suggest public concern about the perceived tone of health messages and the 'blanket' approach of some health interventions.
- Health professionals indicated a degree of scepticism about much of the public's willingness to change behaviours which carry health-related consequences. Those working in secondary care didn't feel particularly empowered to talk to patients about underlying causes of ill health, while primary care professionals emphasised the need to take a positive approach in order to successfully influence behaviour.

One of the factors that sometimes gets lost in debates on public health issues, many of which are dominated by particular lobbyists, charities, professionals and others with particular views and interests, is the wishes and views of the wider public. Having examined the evidence on how to change behaviours from fields such as behavioural economics and psychology in the earlier sections of this report, we now test these insights against the insights we obtained from members of the public and health professionals as part of this project.

Any actions to change public behaviour need to be seen as legitimate by the public. Most people are strong believers in personal choice and their own right to make unhealthy decisions. While the majority of people accept that the evidence on harm from smoking is strong enough to justify government intervention, this is not the case for alcohol, which tends to be regarded as a social disorder issue, rather than a health issue, other than for children.

> *"This is the freedom of choice thing… if kids are drinking beer from supermarkets then stop selling that to them… don't spoil it for the rest of us and ban it."*

The main barriers to healthier behaviours appear to be the busy nature of most people's lives (particularly for those with children), safety factors and the many temptations that surround us. However, it may well be that some barriers are merely excuses. Many people can and do change health-related behaviours, but the motivation to do so often relies on a particular experience (which makes the risk salient to them, e.g. illness – their own or that of a friend/family member). Exercise is generally seen positively, but is often used as a compensatory mechanism for 'bad' behaviours (e.g. eating a cake or getting drunk the night before).

> *"I did smoke for years… I was always feeling bad and short of breath and knew that it was bad for me. But then I ended up in hospital and everything changed."*

In terms of specific 'wants', four major themes arose:

- People tended to prefer positive, encouraging messages from government to those which cajoled them. This could be supported by practical support, such as free access to exercise facilities, but there was strong resistance to the use of financial incentives, which it was felt would reward 'bad' behaviours.
- Communications such as advertising campaigns should be based on 'real people', and should not use statistics or shock tactics. It was also important that there was real proof of harm – some messages (such as that on alcohol) were not believed.
- Campaigns should not 'nag' people, and interventions should be targeted, rather than being broad-brush (the latter was felt to unfairly 'punish' the innocent).
- There should be a particular focus on parents and children – it was felt that it was best to 'catch people while they are young' in order to develop healthy habits for life.

Naturally, there are tensions between these views and some other evidence about what works best,[26] and a wide range of views underlie these summaries. People tend to say that they want positive messages – even though frightening ones are often more effective in shifting behaviour. But even with this caveat there are important lessons about being sparing with negative messages.

26 Of course, one possible interpretation is that, even where an intervention is successful – a very successful campaign may be one which changes behaviours in less than 10% of the population – it may be so at the expense of 'turning off' a large proportion of the rest of the population.

The view from the front line

Our research also included focus groups with health professionals. Many believe that the public are not sufficiently motivated to change behaviour and things may be getting worse. They fear that people still expect the NHS to sort them out without taking personal responsibility – and again, that this is becoming more, not less pronounced.

> *"You see people in the clinic with diabetes and they treat it like your problem, that the diabetes is the NHS's to deal with, not theirs."*

Secondary care professionals, while recognising that underlying behaviours might contribute to patients' conditions, did not feel empowered to talk to their patients about this, instead focusing on treatments and cures, while professionals working in primary care tended to prefer a partnership-based approach to changing behaviour rather than a more directive one, arguing, for example, that, 'People don't like direct honesty, you have to be positive to even get them on board'.

> *"She said, 'Oh, I'll just get a gastric band… the NHS will pay for that'. No one wants to put any work into being healthy any more."*

Section 6 Conclusions and Recommendations

The prize from changes in health-related behaviours is potentially enormous, particularly in terms of increased healthy life expectancy: for example, while women aged 65 have an average life expectancy of 19.5 years, their average healthy life expectancy is only 11.1 years. There is a similar gap for men, whose life expectancy at 65 of 17.0 years translates into healthy life expectancy of only 10.3 years.[27]

However, behaviour change is not straightforward – for individuals themselves, let alone for governments. So making progress in this area will take time – just as it has with smoking – and will require consistent, long-term actions to shift cultures, to change the environment in ways that make healthy decisions easier, and to provide more targeted, individualised support to individuals and communities. The key lesson from both theory and practice is that behaviour change needs to be approached in mutually reinforcing ways that impact on decisions made both by our 'rational' minds and subconsciously, and reinforced by our environment. In the 19th century, behaviour-change issues dominated civil society – in everything from temperance to Sunday schools. Today, too, top-down measures need to be aligned with the bottom-up pressures of change that are closer to a social movement than a government programme, as public culture becomes more aware of health. The key themes to emerge are:

- the need, in our messages on public health, to put more emphasis on the positive, in particular how people can feel better by changing their behaviours;
- to speed up experiment, with faster learning, in order to develop as rapidly as possible the robust evidence base needed to underpin more effective behavioural interventions;
- linked to this, the necessity for the Department of Health to orchestrate its own knowledge to ensure that it remains on top of the rapidly evolving evidence base on behaviour change, segmentation and the design of environments;

27 European Commission (Nov 2008), *Healthy Life Years in the European Union: Facts and Figures 2005*. ec.europa.eu/health/horiz_publications_en.print.htm

- that the most powerful tools involve reshaping environments to encourage people to make healthier choices, while still leaving open the option of choosing differently. But there is broader scope to widen the mix of policy tools used to influence behaviour, ranging from personal trainers to financial incentives;
- that only a small part of behaviour change is under the control of the Department of Health or the NHS, so it is vital to mobilise partners in the media, business, local authorities and across central government; and
- that leadership – including by ministers – is crucial. Messages which show key leaders walking the talk, together with honesty about the difficulties of changing behaviour, are a vital complement to other types of message.

Given these key themes and principles, my immediate recommendations cover six broad areas:

i. First, public campaigns will continue to play an important role, even if their impact has, in the past, sometimes been exaggerated. But to succeed against a backdrop of the huge volume of messages being sent to people, the emphasis of policy and the tone may need to be less paternalistic (and occasionally patronising) and more supportive; to emphasise less the negative and more the positive, in particular how people can feel better by changing their behaviour. Sometimes it will remain necessary to challenge and even shock people – and, at least in the case of smoking, negative messages can be more useful in relation to why to quit, with positive messages being more important in relation to how to quit. But messages of this kind need to be used sparingly. The language of prevention, for example, can go against the grain.

   The *Change4Life* programme is a good step towards this kind of approach, though it will be important to use its assessment as an opportunity to reflect on the balance between mass media messages and more targeted interventions. It points towards an approach to health improvement which fits with people's own approach to behaviour change – i.e. one which will tend to be more about **balance** or 'doing one thing' to start with, rather than completely overhauling their lifestyle (which is the message that many people get from the multitude of communications about health from government and the media).

   Other messages that might support this change of emphasis would:

   - **tackle the perception that exercise is about going to the gym** (which, judging by our research, appears to be widespread);
   - emphasise the **wellbeing** aspects of exercising rather than just the health benefits (e.g. 'Do one thing and feel good'); and
   - **help people to fit exercise into their daily (and often busy) lives** (e.g. exercise that people can do while they go to work, listen to the radio, etc).

   The *Let's Get Moving* pilots currently being evaluated by the Department of Health may provide one way to approach this. There is also scope to get people to think about health in a more holistic way – people still tend to equate 'health' with 'hospitals', rather than the impact of their daily decisions.

One option which brings some of these points together would be to pilot **positive psychology and resilience** tools with at-risk groups. Several thousand primary school pupils are already benefiting from learning these skills. At the other end of the age spectrum there is considerable evidence that learned optimism has a strong impact on recovery from strokes and heart attacks, and life expectancy. Health trainers could be taught some of the techniques being used in schools to help children to be more resilient, with subsequent testing of both psychological and physical health effects (the US Army is embarking on a very widespread programme of this kind). A virtue of these methods is that they help to enhance self-efficacy, which is one of the preconditions for choosing and following healthier lifestyles.

ii. Second, while the current evidence base makes it difficult to make many immediate recommendations on specific programmes, one area where this is possible is to extend financial incentives for pregnant mothers to quit smoking, drawing on current successful pilots in Dundee and Birmingham. The main target should be communities where smoking remains very prevalent – and where modest incentives could have a significant impact.

iii. Linked to this last point, although I recognise the range of competing priorities, more health research would ideally be focused on behaviour change and, given the current level of pilots in this area, might not require very much additional funding. Despite some very strong evidence – collated by NICE among others[28] – on the effectiveness and cost-effectiveness of *some* behaviour change methods, the great majority have not been adequately studied or measured on a systematic basis. Public and private investment in health research is overwhelmingly skewed towards clinical solutions rather than the ones described in this report (only around 2% of the health research budget goes on prevention).

iv. The fine grain detail of how environments are shaped is becoming increasingly important to health. An important challenge for the future will be to ensure that more people involved in policy and service design have a feel not only for the evidence on behaviour change but also for the details of successful service and physical design. In the long term, the most important actions will **reshape environments**. This is where local government can play the greatest role, for example by reducing the prevalence of fast-food outlets on high streets, making it easier for people to walk or bicycle by making changes to street design, establishing new norms (such as preventing traffic close to primary schools at the beginning of the school day), and looking at the fine detail of how products are made available.

28 guidance.nice.org.uk/PHG/Published

v. Fifth, partnerships and closer working are also crucial. This might be about partnerships between government departments – from the wide range of child health issues which are jointly covered by the Departments of Health and Children, Schools and Families, to the former's partnership with HMRC to tackle tobacco smuggling. But it's also about collaboration with the media, business and local authorities. Some good examples are the work that the Food Standards Agency (FSA) and Department of Health are doing with the food industry through the Healthy Food Code of Good Practice to pilot calorie labelling on menus and menu boards to help consumers of point of choice, to continue to push for agreement with manufacturers on smaller portion sizes (e.g. of chocolate bars and soft drinks), and to rebalance the advertising and marketing of food to children to reduce their exposure to promotion of food high in fat, salt and sugar and increase their exposure to promotion of healthier options.

vi. Finally, the Olympics provide an ideal catalyst for a more ambitious approach to area-based projects – for example, challenging major towns and cities to compete to transform their fitness and overall health and wellbeing. Nowhere in the UK has yet attempted a comprehensive strategy to boost exercise levels – yet the time must be ripe to do this. Building on ideas such as ***Healthy Towns***,[29] **with an emphasis on across-the-board approaches supported by a range of local partners, and with incentives such as increased funding attached to the winners**, might galvanise local efforts to come up with innovative approaches to these health issues, as well as capturing the imagination of the public (as has happened with cities of culture, for example). Such initiatives could be funded both at institutional level (PCT and local authority partnerships) and at community level (e.g. helping to build social capital by supporting people from a housing estate to tackle a health-related issue).

   There is also a key role for political leadership to encourage people to be aware of the unhealthy choice environment which advertising brings – in particular, that advertising tends to encourage overeating or drinking rather than the reverse. This may not be the place for regulation and law – but major businesses could be much more vigorously held to account for the messages they send.

   Indeed, there is a good case for ministers to be more explicit about the competition there is to get messages through, highlighting the **'toxic messaging' that many would argue is pervasive in advertising messages in our cities, and represents a negative form of nudging by companies**. A walk or drive around any city in England will show that the balance of messages will be anti-health – this sends a strong subliminal message to people. Clearly, there is a balance to be struck here between legitimate commercial activity and the public interest, but at the moment there is a clear conflict between the producer interest in promoting addictive, damaging behaviours and the consumer interest. A live issue relating to this is whether product placement should be permitted for alcohol, tobacco or unhealthy foods.

29 www.nhs.uk/change4life/Pages/NewsHealthytowns.aspx

Organisation within the Department of Health

Some cultural and organisational changes might usefully support the recommendations and steps laid out above. For example:

- The Department of Health and the NHS, both locally and nationally, might want to put greater emphasis on tackling health issues via 'non-health' routes, such as creating safer environments in which people can exercise (perhaps through Health Impact Contracts).
- It would be worth rethinking the balance between different types of intervention (advertising campaigns, the provision of information, 'blanket' vs. targeted interventions, etc), both in terms of particular issues and overall.
- There is a case for organising health improvement policy around life-stages, target groups and/or the environments in which people live, rather than particular issues (e.g. alcohol or smoking), in order to help provide a more holistic, person-centred approach and reduce the risk of bombardment by competing health messages.[30]
- Underpinning all of these, there needs to be a clear locus of expertise in the increasingly important territory of behaviour change, which can be drawn upon for detailed policy and programme design.

Recommendation	Where fits on intervention spectrum	Timing
Change emphasis of public health messages from condition to the person, and to emphasise small steps rather than the need to change whole lifestyle.	All	Short term
Broaden the approach exemplified in work by the Department of Health and the FSA with business to other areas of primary prevention, in order to develop more policy options which are aimed at changing choice architecture.	Changing choice architecture	Medium term
Introduce Dundee-style financial incentives for expectant mothers who smoke, targeted initially at deprived areas.	Incentives	Medium term
Create more across-the-board *Healthy Towns Plus* initiatives with funds awarded to best bids from: a) institutions (joint bids from primary care trusts (PCTs), local authorities, etc); and b) local communities.	Incentives, Reshaping environment	Short term (link to Olympics?)

30 DH Healthy Foundations Life-Stage Segmentation Model: www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyandGuidance/DH_090348

Recommendation	Where fits on intervention spectrum	Timing
Department of Health to take a greater health leadership role in Whitehall, and look for opportunities for more effective delivery of its public health objectives through partnerships with other departments (e.g. as it has done on tobacco smuggling with HMRC).	All	Medium term
Tackle 'toxic messaging' in our towns and cities by working with advertising industry, on a voluntary basis if possible, to limit volume of advertising with negative health consequences.	Reshaping environment	Medium to long term

Annex A:
The Department of Health Healthy Foundations Life-Stage Segmentation Model

Background

The Healthy Foundations Life-Stage Segmentation Model provides the Department of Health (DH) with a detailed and consistent understanding of the nation by segmenting people into different groups based on their ability and likelihood to live healthily. This in turn provides a tool for the systematic adoption of consumer behavioural insight into policy development; programme planning and delivery at a national, regional and local level. The key message is that Healthy Foundations isn't only a tool for campaign planning, it's a way of ensuring evidence based policy making is more robust through the systematic use of consumer insight, alongside other sources of knowledge/data informing policy.

The project began in 2006 with the aim of building on existing research and knowledge within DH and academia to arrive at a segmentation of the population of England, looking at the drivers of behaviour across the six Public Service Agreement (PSA) areas: smoking, obesity, alcohol, substance misuse, sexual health and mental health. The research used epidemiology, social and consumer research and the health PSA targets to produce a model to target audiences.

The model is intended as a building block for a customer-focused approach to the development of health behaviour change interventions. The use of segmentation is not new to DH but there has not been one consistent approach to segmentation across the different PSA target areas. One of the objectives of this project was to develop a segmentation framework or model that can be applied across issues, thereby giving a '360 degree' picture of the population rather than a series of overlapping views of people taken from the perspective of each issue.

The research team reviewed more than 80 reports, mapping behavioural drivers and barriers to identify any commonalities across existing target audiences and health issues. The following factors were considered:

- behaviour/lifestyle
- attitudes towards health, decision-making priorities, aspirations (and other shared attitudes which may affect health behaviour), and
- knowledge, attitudes and beliefs forming the basis of current behaviours.

They then interviewed DH stakeholders with an expert understanding of the target audiences currently addressed in campaigns to find out whether the drivers identified matched the stakeholders' own understanding, prioritised them and identified further research. They also held review workshops with key members of DH, health professionals, academics and segmentation experts.

In this way the team identified three overarching 'dimensions' that had the greatest significance when identifying population segments most likely to adopt 'at-risk' health behaviours, and which work collectively to determine people's ability to live healthily and likelihood of doing so. These were:

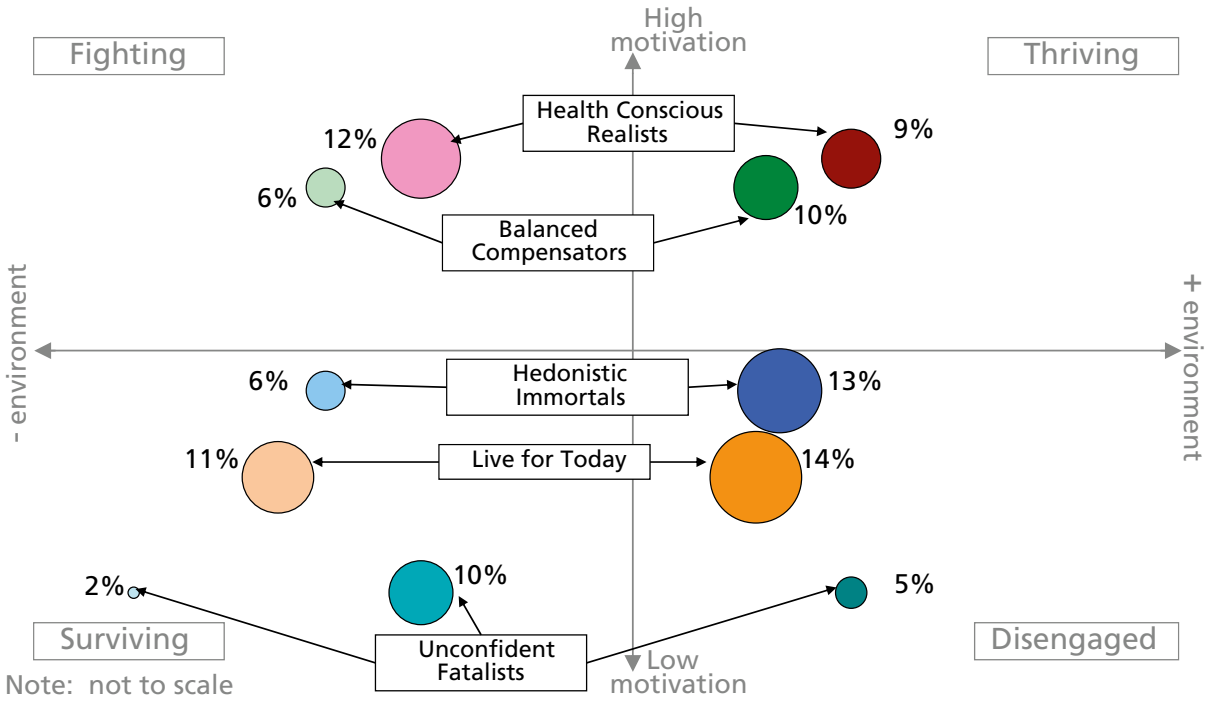
- age/life-stage
- circumstances/environments, and
- attitudes/beliefs towards health and health issues.

Pulling the three dimensions together, we are able to create a rich picture and model for a consistent approach across DH. It should be acknowledged that working with three dimensions rather than two is relatively unusual in health segmentation models. However, it is more frequently used in commercial approaches. It is clear from the research that the task of looking across the entire population on a range of motivations, environments and life stages requires this extra level of sophistication.

In summary, the segmentation model pulls together all three dimensions – age/life-stage, circumstances/environments, and attitudes/beliefs. The life-stage is the foundation, with each life-stage then segmented further by circumstances and attitudes into four categories that the team named 'fighters', 'thrivers', 'disengaged' and 'survivors'.

This segmentation results in the following cluster map:[31]

DH Healthy Foundations Life-Stage Segmentation: cluster map



31 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090348

Healthy Foundations Life-Stage Segmentation Model: initial findings

The Healthy Foundations team found significant differences in health behaviours within different life-stages. A new segment (Alone Again) has been created through Healthy Foundations and this life-stage has been recognised by other government departments as a key target audience due to their behaviours.[32]

The research also found significant differences in health behaviours within each of the five motivation segments, when these were combined with variations in environment (based on the Index of Multiple Deprivation, IMD) within each segment. Those in the most deprived areas tended to exhibit the least positive health behaviours, but this impact was not consistent:

- Environment had an impact on diet and smoking regardless of motivation;
- But for other health behaviours, environment had less of an impact on motivated segments, and a greater impact for less motivated segments.

Taken together, the evidence from Healthy Foundations raises a number of interesting issues and questions:

- It highlights the importance of environment, and its affect on people's ability to change.
- It highlights that a 'single health issues' approach to health improvement and protection may not be the most effective way of engaging with the population.
- But it also highlights the importance of intrinsic motivation as a potential way of mitigating the impact of environment. Some people living in poorer areas report positive health motivations and behaviours. Identifying and exploring how this 'resilience' was formed and sustained will be useful to policy makers in identifying effective interventions (which would probably apply across a range of areas, and not just health).
- It also suggests that the link between living in a poorer community and poor health may not be as straightforward as the headline figures for health inequalities – which show a big gap in life expectancy between different socioeconomic groups – suggest. In particular, it shows that different attitudes to health and healthy lifestyles cross social boundaries – although a greater proportion of those living in the poorest communities might be in the 'Unconfident fatalists' and 'Live for today' segments, others in deprived communities *do* manage to live healthier lives. Understanding the differences within communities might help us to tackle health inequalities more effectively.

32 Personal communication: Presentation to Cabinet Office Insight Working Group; Ewen MacGregor, DH Healthy Foundations 23 Nov 2009.

Annex B:
Psychological Models of Behaviour/Behaviour Change

Recently, behavioural psychologists have attempted to develop more holistic models of behaviour change which offer the potential to create a single model. We have looked at three such comprehensive models:

- Robert West's **PRIME theory**;[33]
- Strack and Deutsch's **Reflective-Impulsive model**;[34] and
- Vlaev and Dolan's **RAM model** and **SNAP framework**.[35]

The key insights from these models are:

- **The three different ways of influencing individuals' behaviours cannot easily be disentangled: many interventions will work via more than one route, or you may need a combination of interventions in order to achieve change**. For example, our Customer Insight work suggested that most people knew that they needed to exercise more (their 'rational brain' has been persuaded), but that this was often outweighed by the environment in which they lived (e.g. not enough cycle lanes), while their automatic/impulsive system would always choose alternative priorities in their busy lives.
- PRIME theory focuses on people's **wants and needs**, as opposed to intentions and beliefs, and seeks to support behaviour change by establishing personal 'rules' (a type of plan) as a source of new, stronger wants and needs that can help people change behaviour (e.g. outweighing learned cues to smoke,[36] such as having a cup of coffee). The 'rule' must also relate to an individual's 'deep identity' – the 'aspects of self-image to which the individual has strong attachment'.[37]
- Vlaev and Dolan's SNAP framework highlights some of the main ways in which interventions can trigger the automatic/impulsive system to help support behaviour change:
  - **salience** – we react/pay most attention to information that stands out relative to other stimuli (e.g. because it is new or more important);
  - **norms** – social norms regulate our actions, and our perceptions of peer norms provide a standard against which we measure our own behaviours;
  - **affect** – feelings play a strong role in our behaviour, and emotions are a key influence in decision making; and

33 See West R (2009a), *PRIME theory of motivation and its application to behaviour change*, presentation to UCL, slide 13. Slides available at: www.primetheory.com. This presentation also includes a useful wider discussion of the problems with individual models of behaviour change.

34 Strack F and Deutsch R (2004), Reflective and Impulsive Determinants of Social Behaviour, *Personality & Social Psychology Review*, Vol 8, No.3: 220–47.

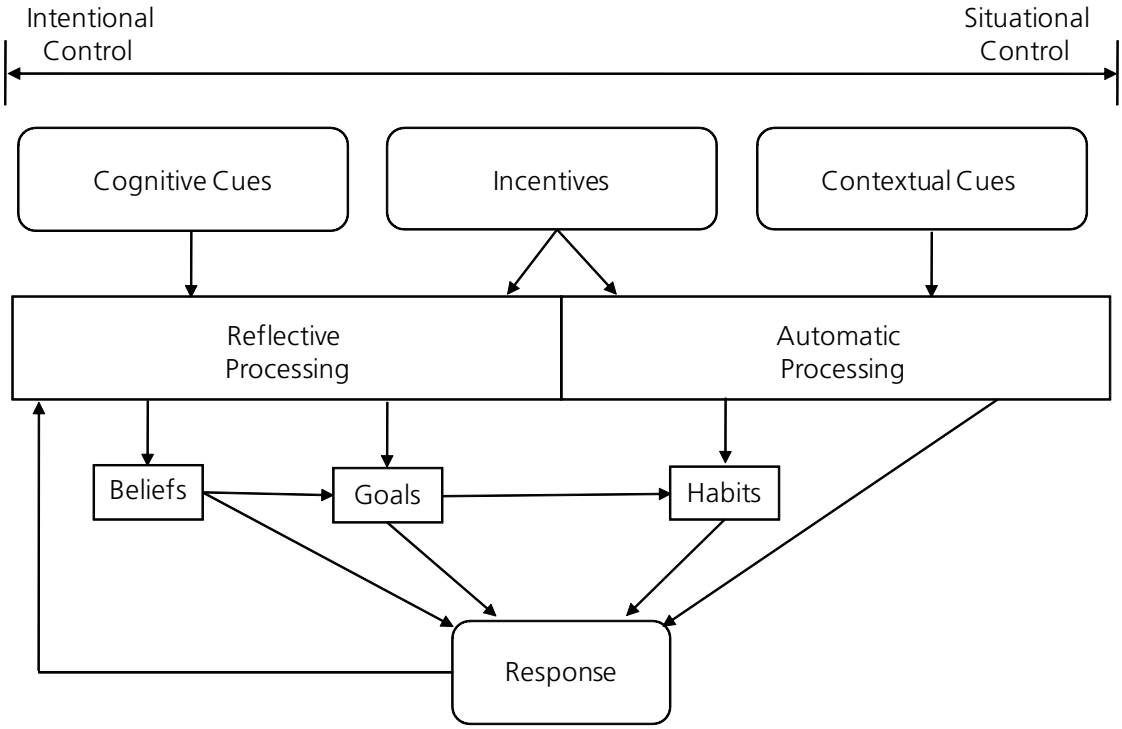
35 Vlaev I and Dolan P (2009), *From changing cognitions to changing the context: a dual-route model of behaviour change*, Imperial College Business School Discussion Paper, 4. www3.imperial.ac.uk/business-school/research/publications/discussion_papers/changing%20cognitions

36 West R (2009b), *The multiple facets of cigarette addiction and what they mean for encouraging and helping smokers to stop*, 1. www.primetheory.com

37 West R (2009a), op. cit., slide 23.

– **priming** – we respond subconsciously to cues in our wider environment, whether direct (e.g. when asked what they intend to do, people tend to act according to their response) or indirect (e.g. many experiments suggest that our actions can be influenced simply by placing particular items in our environment – for example, briefcases and boardroom tables tend to make people less cooperative).[38]

Vlaev and Dolan's Reflective-Automatic Model[39]



38 Vlaev and Dolan (2009), op. cit., 48.

39 Ibid, 96.

HOUSE OF LORDS

Science and Technology Select Committee

2nd Report of Session 2010–12

Behaviour Change

Report

Ordered to be printed 11 July 2011 and published 19 July 2011

Published by the Authority of the House of Lords

London : The Stationery Office Limited
£price

HL Paper 179

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See Appendix 1
A full list of Members' interests can be found in the Register of Lords' Interests:
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References in footnotes to the Report are as follows:

Q	refers to a question in oral evidence;
BC 1	refers to written evidence as listed in Appendix 2.

SUMMARY

The aim of much government policy is to bring about changes in people's behaviour and so a government's success will often depend on their ability to implement effective behaviour change interventions whilst, at the same time, avoiding significant harmful side effects.

Governments can use a variety of different types of policy interventions to change the behaviour of the population. These range from providing information or undertaking campaigns of persuasion that promote certain behaviour, to taxation and legislation. In Table 1 of this report we set out a schematic list of types of intervention.

The currently influential book *Nudge* by Richard Thaler and Cass Sunstein advocates a range of non-regulatory interventions that seek to influence behaviour by altering the context or environment in which people choose, and seek to influence behaviour in ways which people often do not notice. This approach differs from more traditional government attempts to change behaviour, which have either used regulatory interventions or relied on overt persuasion. The current Government have taken a considerable interest in the use of "nudge interventions". Consequently, one aim of this inquiry was to assess the evidence-base for the effectiveness of "nudges". However, we also examined evidence for the effectiveness of other types of policy intervention, regulatory and non-regulatory, and asked whether the Government make good use of the full range of available evidence when seeking to change behaviour.

We heard evidence that, although much was understood about human behaviour from basic research, there was relatively little evidence about how this understanding could be applied in practice to change the behaviour of populations ("applied research at a population level"). We make some recommendations to address this issue.

Although we acknowledge that further applied research at a population level is needed, we also found that the available evidence supports a number of conclusions. Our central finding is that non-regulatory measures used in isolation, including "nudges", are less likely to be effective. Effective policies often use a range of interventions.

We concluded that it is important to consider the whole range of possible interventions when policy interventions are designed. We place particular emphasis on this conclusion because the evidence we received indicated that the Government's preference for non-regulatory interventions has encouraged officials to exclude consideration of regulatory measures when thinking about behaviour change. Though there is a lack of applied research on changing behaviour at a population level, there is other available evidence that the Government need to use to better effect. We were therefore disappointed to find that, although we received some examples of evidence-based policies, such as policies on energy-efficient products and smoking cessation services, we were also given many examples of policies that had not taken account of available evidence, including policies on food labelling and alcohol pricing.

We also found that a lot more could, and should, be done to improve the evaluation of interventions. This is not only good practice but would help to build a body of research that could inform effective policies targeting population-level behaviour change.

Understanding behaviour and behaviour change are necessary for developing effective and efficient policies in all areas. Although this report draws on case studies that focus on the Department of Health and the Department for Transport, our conclusions and recommendations are directed to all Government departments.

Behaviour Change

CHAPTER 1: INTRODUCTION

1.1. Many of the goals to which governments aspire—such as bringing down levels of crime, reducing unemployment, increasing savings and meeting targets for carbon emissions—can be achieved only if people change their behaviour. Consequently, understanding how to change the behaviour of populations should be a concern for any government if it is to be successful. Recent examples of behaviour change initiatives that have had significant success include policies to reduce smoking and drink-driving and to increase the use of condoms to protect sexual health.

1.2. The current Government have said that they intend to use what they describe as more "intelligent ways" to change people's behaviour and so challenge "the assumption" that central government can only change behaviour by "rules and regulation".[1] As a result, since taking office, their focus has been on non-regulatory interventions and, in particular, on the concept of "nudging", an idea made fashionable in recent years by Richard Thaler and Cass Sunstein in their book *Nudge*. The purpose of this inquiry was to consider whether the Government's approach is an effective one and whether it can be improved. In doing so, we have looked at what the "sciences of human behaviour" can show about changing people's behaviour, how behaviour change research is applied to the formulation of Government policies and whether the Government have taken sufficient steps to ensure that behaviour change policies are evidence-based and properly evaluated.

1.3. We acknowledge that there are a range of issues about the ethical acceptability of behaviour change interventions and that, in some circumstances, changing behaviour will be considered controversial. Though these issues are important, we have not explored them in detail in this report but have instead highlighted them as matters which policy makers should take into account when formulating and implementing behaviour change interventions.

Scope of the inquiry

1.4. Although the current Government have focused on "tools … to achieve behaviour change that [are] non-regulatory in character", it became clear to us during the course of this inquiry that assessing the effectiveness of non-regulatory interventions could be done only by looking at them in the context of the whole range of interventions, both non-regulatory and regulatory. We have not, therefore, restricted ourselves to considering the effectiveness of non-regulatory interventions but have examined the evidence relating to a variety of policies to change behaviour.

1.5. That is not to say that we have assessed each and every Government policy which is intended to change behaviour. Instead, we have directed our attention to the extent to which the Government are making best use of the contribution

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1 *The Coalition: our programme for Government*, Cabinet Office (May 2010).

of disciplines such as neuroscience, psychology, sociology and behavioural economics to the formulation of policy.

1.6. To complement this broad approach, we have also undertaken two case studies. We chose these case studies on the ground that both policy areas raise significant challenges which need to be addressed urgently,[2] and for which changing behaviour will be central to success. The first looks at Government behaviour change interventions to reduce the prevalence of obesity and the second at interventions to reduce car use in order to limit CO_2 emissions. This choice of topics illustrates attempts to change behaviour first for the benefit of individuals, and second for the benefit of the wider community now and in the future.

1.7. Though, as a consequence of undertaking the case studies, this report highlights the work of the Department of Health (DH) and the Department for Transport (DfT), we believe that our conclusions and recommendations are relevant to all Government departments.

Structure of the report

1.8. In Chapter 2, we discuss some of the terminology relating to behaviour change, clarify how we use various terms in this report and briefly consider some of the ethical and other issues associated with behaviour change interventions. In Chapter 3, we look at what science can tell us about how to influence behaviour and the strength of the evidence-base. In Chapter 4, we consider the extent to which the Government make use of the available evidence about how to change behaviour and how this might be improved. In Chapter 5, we look at the potential impact of central Government's approach to changing behaviour. In Chapter 6, we consider whether the Government evaluate their interventions appropriately and discuss how evaluation could be improved. Chapter 7 sets out the findings from our two case studies.

Acknowledgements

1.9. The membership and interests of the Committee are set out in Appendix 1, and those who submitted written and oral evidence are listed in Appendix 2. The calls for evidence for this inquiry are reprinted in Appendix 3. In October 2010 we held a seminar on changing behaviour to reduce the prevalence of obesity, a note of which is set out in Appendix 4. In January 2011 we held a seminar on changing behaviour to reduce emissions from car use, a note of which is set out in Appendix 5. In February 2011 we held a seminar on the ethics of behaviour change, a note of which is set out in Appendix 6. We thank all those who assisted us in our work.

1.10. Finally, we are grateful to our Specialist Adviser, Professor Charles Abraham, Professor of Behaviour Change at the Peninsula Medical School at the University of Exeter, for his expertise and guidance during this inquiry. We stress, however, that the conclusions we draw and the recommendations we make are ours alone.

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[2] A 2007 Foresight report, *Tackling obesities: future choices*, estimated that, without action, obesity-related diseases will cost society £49.9 billion a year by 2050. The Climate Change Act 2008 requires the UK to cut greenhouse gas emissions by 80% by 2050.

CHAPTER 2: DEFINITIONS, CATEGORISATION AND THE ETHICS OF BEHAVIOUR CHANGE INTERVENTIONS

2.1. In this Chapter we look at the terminology associated with behaviour change, including "nudging". We also discuss some factors that may be relevant to determining whether a behaviour change intervention will be publicly and ethically acceptable.

Definitions and categorisation

The "sciences of human behaviour"

2.2. There is no single science of behaviour change. A number of scientific disciplines, including neuroscience, psychology, sociology and behavioural economics, contribute to what is known about human behaviour and we refer to these sciences collectively as the "sciences of human behaviour". Behaviour change interventions apply findings, drawn from these various sciences, in order to influence human behaviour.

A "behaviour change intervention"

2.3. A wide variety of types of policies affect the way people behave.[3] Table 1 (which builds on the Nuffield Ladder of Interventions)[4] sets out a possible taxonomy, including examples, of different types of intervention. Some witnesses argued that the concept of "behaviour change intervention" could not usefully be defined on the ground that all government policies include, to a greater or lesser extent, some element of intended behaviour change.[5] Whilst we acknowledge the force of this point, and encourage policy makers always to consider the behavioural implications of a policy, we have focused on those interventions where the principal intention is to change people's behaviour. We have referred to these interventions as "behaviour change interventions".

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3 BC 76, BC 105, BC 107, BC 108, BC 110.

4 The Nuffield Ladder of Interventions is an analysis of interventions developed by the Nuffield Council of Bioethics in a report on ethical issues in public health published in 2007. It classifies categories of public policies according to degree of intervention in the personal life of individuals. (*Public health: the ethical issues*, Nuffield Council of Bioethics (2007)).

5 BC 52, BC 76, BC 83, BC 86.

TABLE 1

Table of interventions

	Regulation of the individual		Fiscal measures directed at the individual		Non-regulatory and non-fiscal measures with relation to the individual				
						Choice Architecture ("Nudges")			
Interventions category	Eliminate choice	Restrict choice	Guide and enable choice						
			Fiscal disincentives	Fiscal incentives	Non-fiscal incentives and disincentives	Persuasion	Provision of information	Changes to physical environment	Changes to the default policy	Use of social norms and salience
Examples of policy interventions	Prohibiting goods or services e.g. banning certain drugs	Restricting the options available to individuals e.g. outlawing smoking in public places	Fiscal policies to make behaviours more costly e.g. taxation on cigarettes or congestion charging in towns and cities	Fiscal policies to make behaviours financially beneficial e.g. tax breaks on the purchase of bicycles or paying individuals to recycle	Policies which reward or penalise certain behaviours e.g. time off work to volunteer	Persuading individuals using argument e.g. GPs persuading people to drink less, counselling services or marketing campaigns	Providing information in e.g. leaflets showing the carbon usage of household appliances **Regulation to require businesses to use front of pack nutritional labelling, or restaurants to provide calorific information on menus*	Altering the environment e.g. traffic calming measures or designing buildings with fewer lifts **Regulation to require businesses to remove confectionery from checkouts, or the restriction of advertising of unhealthy products*	Changing the default option e.g. requiring people to opt out of rather than opt in to organ donation or providing salad as the default side dish	Providing information about what others are doing e.g. information about an individual's energy usage compared to the rest of the street **Regulation to require energy companies to provide information about average usage*

*Note: * Demonstrates how regulation of businesses might be used to guide the choice of individuals, thus distinguishing it from regulation which restricts or eliminates the choice of individual.*

Behaviour change and non-regulatory tools

2.4. Although several Government officials who gave evidence to us recognised that a broad range of policy instruments, including regulation and taxation, could be used to change behaviour,[6] some suggested that the Government's emphasis on non-regulatory tools had led to a tendency for behaviour change to be linked only to non-regulatory interventions.[7] Gemma Harper, Chief Social Scientist at the Department for the Environment, Food and Rural Affairs (Defra), for example, told us that in her experience, within central government, "behaviour change is very much used as a shorthand for alternatives to regulation and fiscal measures".[8] The evidence of Oliver Letwin MP, Minister of State at the Cabinet Office, also reflected this ambivalence. At one point, he used a broad definition of behaviour change intervention when he suggested that legislation was a "form of achieving change".[9] But, later, he contrasted "behavioural science" and "behavioural insights" with regulation,[10] suggesting that behaviour change policies included only non-regulatory interventions. We consider the implications of this uncertainty in the Government's approach to behaviour change in Chapter 5.

What is a "nudge"?

2.5. The Government's non-regulatory approach to behaviour change has often been described as "nudging". The Cabinet Office's Behavioural Insights Team (BIT) (see Box 7, page 32) is referred to in the media as the "nudge unit",[11] and "nudge" has been used in Government policy documents, Ministerial statements and debates in the House of Commons.[12]

2.6. The word "nudge" was originally used in the context of influencing behaviour by Richard Thaler and Cass Sunstein.[13] They define a "nudge" as

> "... any aspect of the choice architecture that alters people's behaviour in a predictable way without forbidding any options or significantly changing their economic incentives. To count as a mere nudge, the intervention must be easy and cheap to avoid. Nudges are not mandates. Putting the fruit at eye level counts as a nudge. Banning junk food does not."[14]

2.7. "Choice architecture" refers to the environment in which an individual makes choices. Changing the way options are presented or altering the social and physical environment can make it much more likely that a particular choice becomes the natural or default preference. Individuals may often be

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6 QQ 2, 55, 58.

7 QQ 2, 54, 55, 294.

8 Q 54.

9 Q 703.

10 Q 715.

11 For example: "David Cameron's 'nudge unit' aims to improve economic behaviour", *The Guardian*, 9 September 2010; "Nudge unit: how the Government wants to change the way we think", *The Belfast Times*, 3 January 2011; "Whitehall won't be nudged", *The Telegraph*, 17 February 2011.

12 For example: *Creating growth, cutting carbon*, Department for Transport (January 2011); HL Deb 30 November 2010 col 669; HL Deb 19 January 2011 col 824.

13 *Nudge*, Thaler and Sunstein (2008).

14 *Ibid*, p.8.

unaware of the effect that changes in the choice architecture have on their individual choices and actions. In these circumstances, nudges can be understood to have influenced the non-deliberative aspect of a person's choices or actions (see paragraph 3.4 below). Businesses often seek to prompt non-deliberative actions by their consumers through, for example, by setting default portion sizes or using product placement in films and television programmes.

2.8. We received differing accounts of the Government's use of "nudge". For example, the Sustainable Transport White Paper contrasts "nudging" with anything that forbids or restricts choice, and Norman Baker MP, Parliamentary Under Secretary of State for Transport, equated "nudging" with a broad range of non-regulatory interventions, such as the provision of bus and train timetables. Mr Letwin, however, suggested that "nudging" had to involve "prompted choice" and therefore excluded informational and promotional forms of non-regulatory intervention.[15]

2.9. In our view, interventions which may be described as "nudging" are not synonymous with, but rather are a subset of, non-regulatory interventions (see Table 1). We have drawn this conclusion because, first, not all non-regulatory interventions are nudges in the standard understanding of the term. Nudges prompt choices without getting people to consider their options consciously, and therefore do not include openly persuasive interventions such as media campaigns and the straightforward provision of information. Secondly, "nudges" themselves may be provided through regulatory means. For example, businesses may be required by regulation to provide a particular choice architecture in order to "nudge" individuals. Dr David Halpern, Head of the Cabinet Office's BIT, acknowledged this latter point when he said: "of course you can construct regulation to enable choice".[16] Similarly, Anne Milton MP, Minister for Public Health at the Department of Health (DH), said: "you can use regulation to nudge people".[17]

Interventions and ethical acceptability

2.10. Many witnesses accepted the presumption that the state should develop and pursue policies which are of benefit to individuals and to the wider population. Consequently, they should aim not only to provide conditions in which individuals can achieve those benefits but also act to make it easier for them to do so. This position allows for governments to intervene, for example, to tackle obesity and reduce harmful alcohol consumption on the ground that individual health is a good which the government have a responsibility to promote.

2.11. Even when a government is justified in taking steps to tackle a problem, the measures used to resolve the problem may not necessarily be judged ethically acceptable. The evidence highlighted two factors which might bear on the acceptability of an intervention. First, the degree to which an intervention intrudes into an individual's life. Secondly, the extent to which an intervention is covert. Witnesses also related the ethical acceptability of an

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15 Q 703.

16 Q 47.

17 Q 705.

intervention to the extent to which it is popular with, or welcomed by, the public.

Intrusiveness

2.12. Some witnesses argued that the most intrusive interventions would require the most justification and should be deployed with particular care because they restrict or eliminate choice.[18] The Government said that they "aim to apply behaviour change theory only in ways that minimise intrusion".[19] This corresponds to the widely held classical liberal view, reflected in parts of the European Convention on Human Rights, that certain individual freedoms are intrinsically valuable and should be protected unless there is strong justification for doing otherwise—as, for example, the curtailing of freedom imposed by a prison sentence is justified because it prevents criminals from causing harm to others. The importance of protecting freedoms is a reason for testing the proportionality of proposed behaviour change interventions, but does not provide any single metric by which proportionality can be judged. As a general point, we accept that regulatory interventions which restrict choice may be judged more acceptable if there is good evidence that they will be effective in tackling an urgent issue which is having significant detrimental effects on the population.

2.13. In seeking to avoid interventions that restrict choice, the Government have focused on interventions which enable and encourage certain choices.[20] Several witnesses argued however that interventions which enable and encourage choice by affecting non-deliberative processes, such as "nudges", also involve ethical issues because they involve altering behaviour through mechanisms of which people are not obviously aware.[21] This raises an interesting question about the extent to which nudging is compatible with the Government's commitment to "extend transparency to every area of public life".[22] It also highlights the potential ethical implications of the widespread use of nudges by commercial organisations.

Transparency

2.14. Professor Luc Bovens, London School of Economics and Political Science, suggested that there were two sorts of transparency which might be relevant to behaviour change interventions. Transparency might mean telling people about an intervention directly, or it might mean ensuring that a perceptive person could discern for themselves that an intervention had been implemented. He suggested that the latter, weaker form of transparency distinguished nudges from subliminal messaging, which was widely considered to be ethically unacceptable on the ground that it was wrong to influence people in a way that they are incapable of identifying . Professor Bovens concluded that ethical acceptability did not require governments to explain that an intervention had been implemented,

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18 BC 75, BC 81, BC 107.

19 BC 114.

20 The Government's written submission to the inquiry quotes from the Coalition agreement that this Government "will be a much smarter one, shunning the bureaucratic levers of the past and finding intelligent ways to encourage support and enable people to make better choices for themselves" (BC 114).

21 Q 109.

22 *The Coalition: our programme for Government*, *op. cit.*

especially as this fuller sort of transparency might limit the effectiveness of the intervention. On this view, an intervention would be acceptable provided those who were nudged had the ability to discern its implementation (even if in practice they almost never did so).[23]

2.15. The line which divides an intervention that it is impossible to discern from one that it might be possible to discern, but almost never will be, is imprecise. We note however that this weaker form of transparency is all that is required of businesses when they seek to influence our behaviour through nudges. Retailers do not, for example, tell consumers that they have designed their stores in a way that is intended to encourage purchasing of specific types of product, such as confectionery.

Ethical acceptability and "public permission"

2.16. Some witnesses suggested that the ethical acceptability of an intervention was related to its level of public acceptance, or popularity, or even the degree to which its use was based on "public permission".[24] We are not convinced by this link. For example, levels of public acceptance for interventions might improve after their introduction, as happened for example with the ban on smoking in public places.[25] Moreover, the very fact that the degree to which the public accepts, or welcomes, an intervention can change over time suggests that this is likely to be determined by assumptions about the impact of the intervention which had perhaps initially been based on incomplete information. Consequently, it may be ethically acceptable for governments to introduce a measure even though it is unpopular if there is strong evidence that it will be effective and beneficial. For example, the ban on smoking in public places was not ethically unacceptable despite the fact that it initially had only modest levels of public acceptance.

2.17. It is important to note, however, that a measure which does not have public support is, in general, less likely to succeed. Professor Mike Kelly, Director of Clinical Excellence at National Institute of Health and Clinical Excellence (NICE) drew our attention, for example, to the adverse impact of using pricing as the primary mechanism of control of alcohol in Scandinavia,[26] and Ms Milton appeared to agree when she observed that "the trouble with nannying is that it can be hectoring, and produce the opposite effect".[27]

Distinction between individuals and business

2.18. The discussion so far has focused on interventions which affect individuals. It was suggested to us that the arguments for the ethical acceptability of an intervention are different if it applies to businesses rather than individuals. Professor Thomas Baldwin, Professor of Philosophy, University of York, summed this up as follows:

> "… it is individual persons whose status as rational agents is a fundamental value of liberal society; but commercial organisations are not rational agents of this kind … So they do not merit the kind of

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23 Appendix 6.

24 BC 81, BC 103, BC 105, Q 47.

25 Appendix 6.

26 Q 182.

27 Q 705.

> liberal freedom from interference which applies to individual persons, and there is, therefore, no principled objection to regulating them in restrictive ways. What they can nonetheless demand is that they be regulated only in ways which are effective, well-motivated, and fair; and they can argue that if the ends sought by regulation can be achieved by voluntary codes, then this approach should be tried first. So here too there is an intervention ladder which starts from voluntary codes and ends up with restrictive formal regulations. But in this case the relevant considerations are primarily pragmatic rather than principled."[28]

We agree with Professor Baldwin insofar as he points out that different considerations should apply to interventions which affect individuals directly than those which affect commercial organisations directly. The latter are more likely to be pragmatic, rather than ethical, considerations.

Conclusion

2.19. Though governments must consider the acceptability of any behaviour change intervention, there is no set of rules against which to determine whether or not an intervention is acceptable. Rather, ethical acceptability depends to a large extent on an intervention's proportionality. Proportionality can be determined by looking at the scale of the problem the intervention is designed to solve and the evidence that it will be effective in doing so. This should be weighed against ethical considerations including intrusiveness, restriction of freedom and transparency. We do not believe that levels of public acceptance or "public permission" are a necessary pre-condition of an ethically acceptable intervention, but given the potential impact of low levels of public acceptance on the effectiveness of an intervention, this must be relevant to any policy decision.

2.20. **The idea of the Government intervening to change people's behaviour will often be controversial, and so it is important that ministers are always able to explain the evidence-base of any proposed behaviour change intervention, and why it is a necessary and proportionate means of addressing a well-defined problem.**

[28] BC 66.

CHAPTER 3: UNDERSTANDING WHAT INFLUENCES BEHAVIOUR

Different kinds of evidence

3.1. Current understanding of how to change human behaviour is derived from the various sciences of human behaviour and from two overlapping types of research.[29] First, basic research, consisting of the development of theory describing the processes which shape behaviour and empirical, including experimental, tests of this theory. Secondly, applied research, which is the application of basic research to understanding how behaviour can be changed in everyday setting. When applied research is conducted using samples that are representative of the population to demonstrate effective behaviour change it is particularly relevant to policy makers. In this report, we refer to the latter form of research as "research at a population level". Of course, for evidence to be of most use it must have been evaluated rigorously and over the long-term. We discuss evaluation further in Chapter 7.

Understanding behaviour: basic research

What influences behaviour?

3.2. Basic research confirms that human behaviour is the product of a multitude of interrelated factors. This is true both of particular actions and also of patterns of behaviour over a lifetime. Given the complexity of factors underpinning behaviour, it is impossible to summarise concisely what is known about those factors and how they interact. Influences on behaviour can, however, be characterised broadly as comprising: genetics, individual thoughts and feelings, the physical environment, social interaction (with other individuals), social identity (interaction within and between groups), and the macro-social environment.

3.3. We can also say that some actions are consciously planned, or deliberative, while others are governed by automatic, or non-deliberative, processes (the focus of "nudges"). For example, a decision to buy a new car will usually be made only after much conscious deliberation (coupled with unconscious motivations), but when a car is being driven down a familiar route the driver will be able to navigate without thinking about where they are going, so acting automatically. The distinction between deliberative and non-deliberative choices and actions are described in terms of dual process theories. Professor Theresa Marteau, Professor of Health Psychology, King's College London, provided an overview in her evidence to us:

> "We can understand people's behaviour as comprising the interaction between two systems. The first is a reflective system, whereby what we do is a result of goals that reflect our values and where we're aware of what we're doing. The other system, which actually accounts for much more of our behaviour, is an automatic system, whereby we're often not aware of the impulses that have generated our behaviour. There is an increasing recognition that both these systems are very important in explaining our behaviour. Often they work synergistically, so they work

[29] We recognise that the terminology used to distinguish between different types of research is the subject of debate and that distinctions between different categories of research are not clear cut. Identifying categories is, however, necessary for the purposes of discussion.

> together well. Sometimes they work antagonistically. This is one of the reasons why, while many of us have very good intentions, we often find ourselves behaving in ways that go against our intentions."[30]

Some witnesses argued that public policy has placed too much emphasis on the reflective system or deliberative decision-making, leading to an assumption that behaviour change can only be achieved by appealing to knowledge and values and, as a result, underestimating the importance of the automatic or non-deliberative aspect of making choices.[31]

3.4. Both deliberative and non-deliberative choices and actions can be affected by social factors (such as personal interaction and interaction within, and between, groups) and the large-scale social context (such as state of the economy). Behaviour is also influenced by the physical environment in which it takes place. The ready availability of cheap and unhealthy food, for example, makes it more likely that people will consume it. Similarly, if there are very busy roads and no cycling lanes, people are less likely to travel by bike. Professor Marteau acknowledged the contribution of behavioural economics in highlighting the contextual and automatic determinants of behaviour.[32] She observed that "... behavioural economists have been extremely successful ... in highlighting to policy makers the potential behaviour change gains from going beyond information-based campaigns, which rarely effect significant behavioural change, to alter 'choice architecture' with its potential to be far more effective".[33]

Gaps in understanding

3.5. Several witnesses identified a number of gaps in understanding about human behaviour. Examples given to us included a lack of understanding about aspects of the automatic system, particularly in relation to how emotional processes regulate everyday behaviour;[34] a lack of comparative research into the limits to the transferability of behaviour change interventions across cultural differences;[35] uncertainty about how genes interact with environmental and social factors to cause behaviour;[36] and, a lack of understanding about the effect of social dynamics on behaviour.[37] Other witnesses commented on the challenges involved in integrating the numerous theories of behaviour which were emerging from across the range of sciences of human behaviour. In this regard, Professor Michie, Professor of Health Psychology at University London, argued that, though there had been advances in multi-disciplinary working, more work needed to be done.[38]

Applied research at a population level

3.6. Whilst theoretical understanding of behaviour change appears to be strong, several witnesses drew our attention to the comparative lack of research at a

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30 Q 331.

31 BC 71, BC 96.

32 BC 103, BC 110.

33 BC 110.

34 BC 54, BC 72, BC 96, BC 108.

35 BC 13.

36 BC 45, BC 108.

37 BC 54, BC 90.

38 Q 88.

population level.[39] NICE, for example, commented in relation to public health interventions that:

> "The majority of *experimental* evidence about behaviour change relates to individual approaches, and comes largely from disciplines within psychology ... much of the evidence is limited and it is rare that evidence can be extrapolated or generalised from those interventions to the wider population with confidence and without caveats ... There is less experimental evidence about what works to influence behaviour when working with or at community or population levels."[40]

They further noted that there is "a marked lack of information about what works to change behaviour at policy level".[41]

3.7. Richard Bartholomew, joint head of the Government Social Research service (GSR), said that though there were theories explaining why people behaved in certain ways there was a dearth of clear evidence about how to translate that into change.[42] The British Psychological Society (BPS) agreed to some extent, noting that further research was required "to develop cost-effective strategies that can be adopted and utilised in practice".[43] The Sustainable Development Commission said that there needed to be more "understanding of what interventions work best in practice".[44]

3.8. Our impression that there is relatively little evidence of the effectiveness of particular behaviour change interventions at a population level has been reinforced by how few substantial responses we received following our request for examples of successful interventions. A number of witnesses also alluded to a lack of evidence about the cost-effectiveness of interventions[45] and to a disappointing lack of long-term data against which to judge the effectiveness of interventions over sustained periods.[46]

3.9. Businesses, on the other hand, have demonstrated success at changing behaviour patterns on a large scale through measures like advertising and product promotion.[47] However, governments can face greater challenges than businesses in changing behaviour. Government may often wish to establish new behaviour patterns, such as getting people to take more exercise, or helping people to break ingrained habits, like smoking cigarettes. This is difficult to achieve. By contrast, businesses normally seek to sell people those things that they like and want.

Conclusion

3.10. **There is a lack of applied research at a population level to support specific interventions to change the behaviour of large groups of people (including a lack of evidence on cost-effectiveness and long-term impact). This is a barrier to the formulation of evidence-based**

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39 BC 52, BC 58, BC 73, BC 83, BC 94, BC 105, BC 108, BC 110.

40 BC 52.

41 *Ibid*.

42 Q 25.

43 BC 105.

44 BC 83.

45 BC 42, BC 52, BC 67, BC 103, BC 108.

46 BC 52, BC 70, BC 105, BC 109

47 BC 101.

policies to change behaviour. To address this problem, the Government will need both to evaluate their own behaviour change interventions rigorously and establish new evidence by commissioning and funding more applied behavioural research on this scale. Recommendations are made in Chapters 4 and 6 about how this can be achieved.

CHAPTER 4: EVIDENCE-BASED POLICY

Are Government policies evidence-based?

4.1. Behaviour change interventions based on evidence about what works are more likely to be successful than those which are not. We have concluded that there is marked lack of research at a population level (see paragraph 3.11 above). This leads us to two further conclusions: first, the Government should take steps to ensure that this sort of research is undertaken; and, secondly, policies should, insofar as is feasible, reflect the evidence that is, or becomes, available.

Examples of evidence-based policies

4.2. We were given a number of examples of policies which were, to a greater or lesser extent, designed to reflect the available evidence. These included smoking cessation services (see Box 1, page 20), the Health Trainers Intervention (see Box 15, page 49) and energy efficient products policy (see Box 6, page 27).[48] A common feature of these examples is that they were all developed by, or in consultation with, academics with expertise in changing behaviour.

BOX 1

NHS Centre for Smoking Cessation and Training

The NHS Centre for Smoking Cessation and Training (NCSCT) was set up after implementation of Stop Smoking Services (SSSs) across the United Kingdom. The Centre was established in 2009 "to assess training needs, develop training standards, pilot and evaluate training programmes, develop a certification system for smoking cessation practitioners, deliver the training across England and continuously evaluate it, develop an accreditation system for trainers and courses and contribute to national policy development".[49] Professor Michie noted that the team at the NCSCT undertook systematic reviews and looked at the Cochrane evidence reviews, alongside analysis of DH data on smoking cessation. That evidence was then used to form the basis of outcome measures and interventions which have been put into practice. Assessment and training have been continually monitored and revised in order to learn from experience and to take account of scientific advances, new evidence and contextual changes. The training is evaluated by its impact on stop smoking success rates, using comparisons of success rates of practitioners against controls. Participants' feedback on the training as well as their self-reported confidence in their competences are also assessed and used to evaluate training.[50]

Examples of policies which were not evidence-based

4.3. We were also given examples of (previous and current) Government policies which were not based on evidence. Two of these, minimum alcohol pricing and the Act on CO_2 campaign, are described below (see Boxes 2 and 3, page

[48] We note that the Health Trainers programme had substantial flaws in its evaluation and so must be considered poorly designed in that regard; however, its design did reflect the available evidence.

[49] BC 27.

[50] *Ibid*.

21). The case studies provided further examples: witnesses observed that those commissioning weight management interventions at a local level were often insufficiently knowledgeable to make evidence-based decisions (see paragraph 7.24 below), and the DfT policies in relation to sustainable transport were said not to reflect the evidence about the effectiveness of disincentives to car use (see paragraph 7.36 below).

BOX 2

Act on CO_2

'Act on CO_2' was a cross-Government brand launched in 2007 with the aim of getting people to reduce their carbon footprint. It included a range of communications activities relating to home energy usage, smarter driving and car purchasing. The Sustainable Development Commission noted that the campaign 'Act on CO_2' had been criticised for "failing to communicate effectively with the public, for being too negative in its messages, and for not including any supporting interventions to address the barriers to adopting low carbon behaviours".[51] The campaign is an example of how policy was not based on the available evidence because:

- It involved only the provision of information. The Green Alliance note that it is now widely known "that information deficit models in practice rarely work: information alone is insufficient to lead to action".[52]
- It did not include a range of interventions within a multi-component package to tackle a number of causes of behaviour and barriers to change.

BOX 3

Alcohol pricing

Professor Kelly and Professor Michie told us in November 2010 that there was good evidence about the effectiveness of alcohol pricing on reducing alcohol related harm but that it had not fed through to Government alcohol policy. Subsequently, in January 2011, the Home Office announced a ban on the sale of alcohol below the rate of duty plus VAT.[53]

This policy has been criticised however for not reflecting the evidence about the level at which pricing affects behaviour. Requiring alcohol to be sold for no less than the rate of duty plus VAT means that minimum price for a unit of beer would be around 21p and for spirits around 28p. The NICE guidance on preventing harmful drinking published in 2010 shows that at the minimum price level proposed by the Government, a reduction in consumption of between 0.1% and 0.4% could be expected. However, a minimum price of 40p per unit would reduce consumption by 2.4%, while minimum prices of 50p and 60p would reduce consumption by 6.7% and 11.9% respectively.[54]

Reasons why policies may not be evidence-based

4.4. There are two reasons, in addition to a lack of applied research at a population level (see paragraphs 4.9–4.16 below), why policies are not always

[51] BC 83.

[52] BC 107.

[53] HC Deb 18 January 2011 col 34WS.

[54] *Alcohol use disorders—preventing harmful drinking*, NICE (2010).

based on the best available evidence: ministers are unaware of relevant evidence, or they are aware of the evidence but choose not to reflect it in policy decisions.

4.5. Where ministers are unaware of relevant evidence, this is a failure of the process by which the Government are informed about research findings—a process often described as the translation of research.[55] We were given a number of reasons for the breakdown of this process: a lack of significant involvement of Government social scientists and economists; an absence of adequate mechanisms for communication between policy makers and external researchers; an inadequate understanding of behavioural research by policy makers; and an absence of adequate mechanisms for sharing knowledge within Government.[56] We consider how to address these problems in paragraphs 4.17 to 4.42 below.

4.6. Even where ministers are aware of relevant evidence, other factors may lead them to disregard it. This appears to have been the case with current alcohol pricing policy (see Box 3, page 21). Norman Baker MP, a Minister at the DfT, explained: "evidence is best used to inform policy … but not to drive it in an unreconstituted way"; the Government "have to make choices based not just on the evidence-base … but also on the political objectives of the Government at a particular time, and to ensure fairness across the country".[57] Other considerations might include immediate reaction to events, judgements about ethical acceptability, cost and cost-effectiveness. These considerations might justifiably affect the extent to which a policy is based on the available evidence.

4.7. **We acknowledge that there will be occasions when it is legitimate for a government not to implement behaviour change interventions for which there is good evidence of effectiveness. In these circumstances, however, we believe that ministers have a responsibility to explain why they have decided not to do so.**

4.8. **We agree with the principle, stated in the Government's *Principles of Scientific Advice*, that ministers should explain publicly their reasons for policy decisions, particularly when a decision is not consistent with scientific advice and, in doing so, should accurately represent the evidence. This places a responsibility on scientists and social scientists within government to ensure that ministers are provided with accurate and up-to-date advice on the available evidence about how to change behaviour so that they can identify where and why they are not basing policies on that evidence.**

Addressing the barriers to evidence-based policy

Applied research at a population level

4.9. In paragraph 3.8, we conclude that there is a lack of applied research at a population level. Mr Bartholomew of the GSR told us about the "frustration" of policy makers at the fact that, although there is very good academic research, researchers often do not take the final step and answer

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55 BC 83, Q141.

56 BC 52, BC 83, BC 99, BC 100, BC 110, BC 113, Q 131.

57 Q 733.

the question "what would you do about it?"[58] We were provided with a number of reasons why this sort of research is lacking.

Poor evaluation of Government behaviour change interventions

4.10. It is clear that if the Government's attempts to change behaviour at a population level were rigorously evaluated, this would provide evidence about effective interventions. Evaluation is discussed in Chapter 7.

Funding and research capacity

4.11. There was disagreement in the evidence we received about whether, on the one hand, there is research capacity to conduct research at a population level but insufficient funding available to support it or whether, on the other hand, there is simply insufficient research capacity, so that further funding would make little difference. The majority of the evidence we received on this issue related to public health research.

4.12. The BPS suggested that the problem was one of funding: there would be more research at a population level if there were more "funding [of] evidence-based translational research to develop cost-effective strategies that can be adopted and utilised in practice".[59] Many other witnesses agreed. NICE argued, for example, that "the UK's capacity for this kind of research is good with much potential" (albeit "disparate and often highly individualistic") but "there is not enough funding available for behaviour change evaluation ..."[60] Professor Karen Lucas, Department for Transport Studies at the University of Oxford, agreed, stating: "... there is sufficient research expertise, but insufficient research funding and not enough interdisciplinary interaction on this subject ..."[61]

4.13. In relation to funding, Dr Halpern and Professor Michie both highlighted the findings of a 2006 report by the UK Clinical Research Collaboration which estimated that 2.5% of health research funding is spend on prevention and just 0.5% on primary behavioural factors, despite the fact that understanding how to change behaviour is of significant potential benefit.[62] DH responded: "research with relevance to behavioural factors is supported through most of our funding streams" but "spend on this cannot be disaggregated from total spend across the portfolio".[63]

4.14. Professor Dame Sally Davies, Director General of Research and Development and Chief Scientific Adviser for DH and the NHS, suggested that the block to behavioral research was not a lack of funding but rather a lack of research capacity. Other witnesses agreed that research capacity was the more important issue.[64] Professor Marteau and Dr Haynes, for example, noted in relation to health research that:

> "At the academic level and for health-related interventions, the development of [National Institute for Health Research] and the National

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58 Q 33.

59 BC 105.

60 BC 52.

61 BC 11.

62 *UK Health Research Analysis*, UK Clinical Research Collaboration (2006).

63 BC 151.

64 BC 44, BC 128.

Prevention Research Initiative means that there is probably now as much money as there is capacity to develop and evaluate interventions."[65]

Professor Erik Millstone, Professor in Science and Technology Policy at the University of Sussex, said, more broadly, that "... there is very little capacity in the UK to conduct research that is of practical relevance".[66] Dr Tim Chatterton, University of the West of England, agreed that there was scope to build greater capacity in academia for this kind of work.[67]

4.15. We were, nonetheless, provided with a number of examples of how the Government are providing funding for the development of research at a population level in collaboration with the research councils.[68] We set out two of them below (see Boxes 4 and 5, page 24).

BOX 4

The Sustainable Behaviours Research Groups: Defra and the ESRC

The Sustainable Behaviours Research Groups were begun and funded by Defra, the Economic and Social Research Council (ESRC) and the Scottish Government in order to enhance the evidence-base in this field and specifically to develop research in a form that could be used by policy makers. The groups are researching issues including the rebound effects of behavioural changes, the role of routine and habit, and circumstances which facilitate or constrain sustainable behaviour. Both research groups are involved in evidence synthesis and investigating issues relating to the use of evidence by policy officials.

An advisory group has been established, made up of the funders, leading academics from the sustainability field and two independent members (one representing businesses and the other the third sector). This group provides a challenge function from the different fields of expertise and will optimise investments by broadening the reach of findings. Defra has also undertaken a policy timeline mapping exercise so that findings feed into policy objectives.

BOX 5

National Prevention Research Initiative (NPRI): DH and the MRC

DH Policy Research Programme spent £34 million in 2009–10. As part of this the department provides funding to the NPRI alongside the devolved governments and third sector organisations. The aim of the NPRI is to develop and implement successful, cost-effective interventions that reduce people's risk of developing major diseases by influencing their health behaviours. The NPRI has so far committed £33 million to research projects looking at the use of alcohol and tobacco, and diet and physical activity. The most recent calls for research proposal focus funding on cross-disciplinary research that has a large potential influence on population health.

In February 2011, Anne Milton MP, Minister for Public Health, established an National Institute for Health Research School for Public Health Research in order to increase the evidence-base for effective public health practice. DH has also established a Policy Research Unit on Behaviour and Health which will focus on behaviour such as diet and physical activity.

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65 BC 110.

66 BC 28.

67 Q 144.

68 QQ 59, 79, 116, 120, 301, 311.

Conclusion

4.16. Whilst we welcome efforts by some departments to work collaboratively with academics to develop behavioural research, further capacity to conduct research at a population level needs to be developed. Funding for research of this kind is a necessary in order to build this capacity. The long-term evaluation of interventions using population-representative samples will be expensive and it will be necessary for funding to be made available before this work can be carried out. **We urge ministers to consult their departmental Chief Scientific Advisers (CSAs) about whether the amount of money spent on applied behaviour change research at a population level is sufficient to meet their policy needs.**

Translation of research

Role of Government scientists

4.17. Government scientists have an important role in ensuring that academic research is used to inform policy decisions. Professor Kelly noted the need for "a specialist way of making that link"[69] between researchers and policy makers, in order to bring the two very different cultures together. This should be core work for Government scientists.

4.18. A cross-departmental social science resource is provided by the Government Economic Service (GES) and the Government Social Research service (GSR) which are responsible for giving "evidence-based advice to support the rationale, objectives, appraisal, monitoring, evaluation and feedback to support effective policy making and delivery".[70] Government economists and social scientists are civil servants who work within particular Government departments in order to ensure that policies formulated within their department are "guided by the best available analysis and evidence".[71] Mr Bartholomew, joint head of the GSR, described his role within his department as ensuring that policy makers were made aware of the most up-to-date scientific findings, including those about behaviour change, in order to enable effective evidence-based policy.[72] The Government Social Research Unit and Government Economic Service Team in HM Treasury (now the combined Government Economic and Social Research Team) provide the professional support and leadership for social researchers and economists across all government departments.[73]

The Government Chief Social Scientist

4.19. The Government's Chief Social Scientist (CSS), the head of the social research profession in government, has in the past been an independent expert in the social sciences. The post has, however, most recently been filled by two government social scientists from the Department of Education and the Department for Work and Pensions.[74] Professor Sir John Beddington,

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69 Q 159.

70 BC 24.

71 *Ibid.*

72 Q 18.

73 *Ibid.*

74 Q 45.

Chief Government Scientific Adviser (GCSA), confirmed that the CSS is a job currently "divided between two civil servants".[75] The CSS sits on the Heads of Analysis (HoA) group alongside the heads of the other analytical professions, including the GCSA in his capacity as Head of Science and Engineering Profession, and heads of profession for economics, statistics and operational research. The role of the HoA group is to "provide leadership to all analysts in government and champion first rate analysis across government". [76]

4.20. The majority of government departments also have a departmental CSA who works within their department to "ensure that science and engineering are at the core of decisions within departments and across government".[77] The network of departmental CSAs works closely with the GCSA through the Chief Scientific Advisers Committee, one of the functions of which is to facilitate communication on high profile science issues and those posing new challenges for government.[78] We note however that departmental CSAs belong to a different profession from that of the social scientists working within their departments and it is not clear what responsibility CSAs have for the performance and development of social scientists. Sir John Beddington confirmed, when giving evidence to this Committee on science spending in May 2011, that the Government "do not have anybody as a Chief Scientific Adviser who has a background in social research at the moment".[79]

4.21. Professor Marteau was critical of the GES and GSR and suggested they were not doing enough to drive forward an agenda of evidence-based policy making.[80] Academics from the Faculty of Humanities and Social Sciences at the University of Bath also noted that "the profile, status and consequent influence of Government Social Research staff in informing the policy strategy and delivery ... varies across different departments".[81] We were also concerned to hear that current capacity within Government with regard to behaviour change expertise was "variable" and that though a few departments have some notable expertise, others have less or none at all.[82]

4.22. The limited reference to the GES and GSR in the evidence we received suggests to us that they are not as effective as they might be. We also note that evidence submitted to us by the GES and GSR provides little detail about how they intend to promote evidence-based policy.

4.23. Government scientists and social scientists have an important role to play in facilitating the translation of behaviour change research and in remedying the problems with translation which we have identified. **We recommend therefore that, at the earliest opportunity, the Government appoint a Chief Social Scientist (CSS) who reports to the GCSA and is an**

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75 Transcript of the House of Lords Select Committee on Science and Technology, Tuesday 24 May 2011 (Q 14).

76 *Science and engineering in Government*, Government Office for Science (October 2009).

77 *Ibid*.

78 *Ibid*.

79 Transcript of the House of Lords Select Committee on Science and Technology, Tuesday 24 May 2011 (Q 14).

80 BC 110.

81 BC 54.

82 BC 31.

independent expert in social science research to ensure the provision of robust and independent social scientific advice.

4.24. **We further recommend that the Government consider whether existing mechanisms for the provision of social scientific advice, in particular advice on behavioural science, are fit for purpose. This should include consideration of how departmental CSAs and social scientists within departments can best work together to provide up to date social scientific advice to support evidence-based behaviour change interventions.**

Better links between the academic and policy making communities

4.25. Many witnesses highlighted the need for closer working between behaviour change researchers and policy makers to ensure that policies are properly informed by relevant evidence. Some suggested that, given the complexity of the area, researchers should be involved in intervention design from the beginning.[83] As we have already observed, the examples of interventions which were properly evidence-based were notable for their use of external expertise. The BPS were brought into DH to design the Health Trainers programme (see Box 15, page 49), and Defra's energy efficient products policy was developed in collaboration with a broad range of experts (see Box 6, page 27).

BOX 6

Energy efficient products

Defra's energy efficient products policy was developed by a team of behavioural economists, social researchers and communications experts.[84] The policy engaged the manufacturers and retailers to change the context in which the products were sold, using evidence about the importance of the environment in influencing people's decisions. Drawing on research into consumer purchasing patterns, interventions were also designed to raise the salience of energy efficiency at the point of decision making through labelling and communications campaigns. Between 1996 and 2007 the percentage of fridges and freezers purchased by consumers which were A-rated for efficiency increased from 5% to over 70%.[85]

The Sustainable Development Commission described the policy on energy efficient products as evidence-based and, as a result, multi-faceted, making use of a number of different types of interventions, including communication and information provision alongside requirements on industry.[86]

4.26. Other efforts to involve behavioural scientists in the development of policy are also being made. We were told that one of the functions of BIT was to bring in external experts on an *ad hoc* basis and invite the relevant departments to meet them.[87] The departments also provided some examples. DH had developed an arrangement with BPS for the provision of health

83 BC 38, BC 105, BC 108.

84 Q 71.

85 BC 114, Q 71.

86 BC 83.

87 QQ 13, 703.

psychologists to advise on evidence about behaviour change.[88] Though that arrangement has come to an end, Dr Sunjai Gupta, Head of Public Health Strategy and Social Marketing at DH, said that his team continued to include a health psychologist.

4.27. Gemma Harper, Chief Social Scientist at Defra, told us that her department work closely with their departmental scientific advisory council and expert committees. They were also working with the Department of Energy and Climate Change (DECC) on proposals for a social science orientated expert committee in order to ensure that they had the best advice, external to government, on behaviour change.[89] Liz Owen, Head of Customer Insight at DECC, said that, in relation to development of energy efficiency policy, her department was engaging with external experts. She admitted, however, that this was an area in which DECC had "more to do".[90]

4.28. Links are also being made with the research community through internships and research placements. Dr Rachel McCloy, a psychologist from the University of Reading, was an ESRC-funded Public Sector Research Fellow based in HM Treasury. She has been involved in developing a Behavioural Science in Government Network and compiling a database on work across Government (see paragraph 4.38 below).[91] Dr McCloy told us that arrangements such as her fellowship were "very useful in bringing academics in" so that they could see "what it's like on the other side of the table".[92] Dr Chatterton, an ESRC-funded placement fellowship at DECC,[93] told us that placements were "a great way forward". His placement had "opened [his] eyes to how big the gulfs are between the world of government policy making and the world of academia".[94]

4.29. Though many witnesses supported these mechanisms for linking behavioural scientists and policy makers more closely, some suggested that more needed to be done.[95] The Green Alliance, for example, said that placements and *ad hoc* consultation would not be enough for "government to keep on top of the wealth of academic progress, and to ensure the latest research is impacting on decision-making" but that a "greater dedicated resource" was required.[96]

4.30. **Departmental CSAs, whether or not they have experience of the sciences of human behaviour, should be responsible for establishing and maintaining contacts with leading behavioural scientists with expertise relevant to their policy areas and for consulting them as necessary.**

Behavioural insights for policy makers

4.31. The final link in the translation of research is that between scientists and policy makers. A number of witnesses suggested that policy makers

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88 Q 78. Professor Michie noted however that the formal consultancy arrangement with the British BPS had come to an end (Q130).

89 Q 79.

90 Q 329.

91 Q 1.

92 Q 31.

93 Q 144.

94 *Ibid.*

95 BC 103, BC 107, BC 125.

96 BC 107.

themselves should become more familiar with behavioural insights and their potential importance for improving policy.[97] Dr Halpern said that a mark of success for BIT would be widespread expertise in behavioural approaches within five years and that BIT was working with the head of profession for policy making to embed insights about behaviour change across Whitehall. We received, however, no indication of how this would be achieved.

4.32. **We recommend that the Cabinet Secretary, in consultation with the GCSA and CSS, once appointed, should take steps to ensure that civil servants with responsibility for policy making have the necessary understanding of the importance of changing behaviour and can identify the most appropriate people to consult in their own departments about the development of behaviour change interventions.**

Guidance to policy makers

4.33. There are a number of resources available to help policy makers understand behaviour change and design policies which take on board behavioural insights. These include the MINDSPACE report, produced by the Cabinet Office and the Institute for Government;[98] a review by the GSR which discusses models of behaviour change and provides a framework for designing interventions based on their models;[99] a report by the Central Office of Information which also summarises models of behaviour change;[100] NICE public health guidance on behaviour change at population, community and individual levels;[101] and Defra's framework for pro-environmental behaviours, the four Es[102] (adapted by the MINDSPACE report into the 6 Es).[103]

4.34. Despite this wealth of material, witnesses observed that none of the guidance provided an accessible, multi-disciplinary framework for designing behaviour change interventions. Furthermore, the sheer quantity of guidance, none of which covered everything and much of which was too detailed, was potentially confusing and unhelpful.[104]

4.35. **We recommend that the Cabinet Office, in consultation with the CSS, once appointed, consider how to consolidate the available guidance in a form which is evidence-based and accessible to policy makers.**

4.36. **We further recommend that NICE updates its 2007 Behaviour Change Guidance and considers whether accessible, multi-disciplinary guidance could be provided in relation to health-related behaviour change policies, particularly to offer more explicit advice on how behaviour change techniques could be applied to reduce obesity, alcohol abuse and smoking.**

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97 BC 83, BC 110.

98 *MINDSPACE*, Cabinet Office and the Institute for Government (2010).

99 *GSR behaviour change knowledge Review*, GSR (2008).

100 *Communications and behaviour change*, Central Office of Information (2009).

101 *Behaviour change at population, community and individual levels*, NICE (2007).

102 Q 53.

103 *MINDSPACE*, *op. cit.* p. 9.

104 BC 9, BC 52, BC 86, BC 105.

Sharing knowledge across government

4.37. Several witnesses identified a need for better coordination of what is known about behaviour change within and across government.[105] GES and GSR, for example, said that there should be:

- more shared practice in terms of what works and what does not work in influencing behaviour; and
- mechanisms for bringing people working in this area across government together to promote good practice as well as cost-effectiveness.[106]

4.38. The primary mechanism for achieving better co-ordination appears to have been Dr McCloy's work.[107] The Behavioural Science in Government Network is to be supported by a "Civil Pages community" which will act as a "forum for the sharing of relevant information on work in this area across government ... [incorporating] an inventory of work on behaviours across Government ... [and] extant reports on behaviour change, and information about relevant events [and] research developments".[108] Dr McCloy said that the Network had been successful in bringing people together.[109] This view was supported by Ms Harper.[110] Dr McCloy's appointment as Research Fellow is however time-limited and it is unclear how her work will be continued. When we asked Mr Bartholomew, he said that GES and GSR were "looking at other options for fellowships".[111] Several witnesses were concerned about detrimental consequences arising from a lack of continuity of Dr McCloy's work.[112]

4.39. A function of BIT is to "foster more inter-departmental discussion about the effectiveness of different means of changing behaviour".[113] The Government told us that a number of departments, including Defra, DECC and DH, have already contributed to Government understanding and knowledge about behaviour change and that heads of professions had a role in disseminating that knowledge.[114] We were also told that government officials, particularly members of the GES and GSR, sometimes went into other departments to help disseminate knowledge.[115]

4.40. It is not clear how, or how well, these different resources work together—how, for example, the work of BIT relates to the Behavioural Science in Government Network, or how departmental scientists and policy makers participate in either. Andrew Lee, Director of the Sustainable Development Commission, also argued that "there is not nearly enough connecting up between the Cabinet Office and Defra, which have now developed quite a lot of expertise in this area. We had a lot of feedback in our work about officials

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[105] BC 52.

[106] BC 24.

[107] BC 114, Q 26.

[108] BC 24.

[109] Q 31.

[110] Q 80.

[111] Q 33.

[112] BC 76, BC 82.

[113] BC 114.

[114] *Ibid.*

[115] Q 18.

not knowing where the evidence was, or what other people were doing".[116] The Central Office of Information agreed that the structures to join up the different silos of expertise were not yet in place, though also noted that many of these areas of expertise were focused on particular disciplines. A mechanism to join up experts across disciplines was needed to ensure that interventions were strategically planned, and they suggested the creation of a cross-government network.[117]

4.41. There are a number of different mechanisms in place for sharing knowledge but too much activity can make sharing knowledge more difficult rather than easier. **We recommend that the Cabinet Office, together with the GCSA and CSS, once appointed, review the current mechanisms for sharing knowledge about behaviour change among Government departments with a view to introducing a more streamlined structure.**

4.42. **We recommend further that this revised structure should involve the continuation of work begun on the "inventory of behaviours" in order to establish an archive of behaviour change interventions. This archive should provide accounts of the evaluation of the interventions and include unsuccessful as well as successful interventions.**

[116] Q 601.

[117] BC 76.

CHAPTER 5: THE GOVERNMENT APPROACH TO CHANGING BEHAVIOUR

5.1. In their evidence to us, the Government emphasised three aspects of their general approach to policy making which impact on the use of behaviour change interventions: a preference for non-regulatory policy tools, engagement with a range of organisations through partnership working, and a greater role for local authorities. In this Chapter, we consider the implications of each of these aspects on the effectiveness of interventions to change behaviour.

An emphasis on non-regulatory interventions

5.2. The Government's emphasis on non-regulatory behaviour change interventions can be traced back to the coalition agreement:

> "The Coalition's *Programme for Government* rejects 'the assumption that central government can only change people's behaviour through rules and regulations' and promises that 'our government will be a much smarter one, shunning the bureaucratic levers of the past and finding intelligent ways to encourage, support and enable people to make better choices for themselves'."[118]

5.3. The Minister, Oliver Letwin MP, echoed this sentiment, noting that "over very many years, governments of different persuasions have assumed that the way you achieve change ... is to legislate and then administer".[119] He said that while "there is a considerable place for legislation and regulation ... where we can achieve an effect that otherwise you would achieve by legislation, either directly or through nudge, without having to regulate, we prefer that route ..."[120] BIT was established in order to help achieve this (see Box 7, page 32 below). Dr Halpern, Head of BIT, agreed that governments have tended to use "a relatively limited menu" of policies to influence behaviour and that this meant that an "additional suite of approaches" which reflected a "more nuanced model of what actually drives behaviour change" had been missed.[121]

BOX 7

The role of the Behavioural Insights Team

BIT, a small team of civil servants and academics, is based in the Cabinet Office and led by Dr David Halpern. BIT has a steering group chaired by Sir Gus O'Donnell, Cabinet Secretary, and works with a variety of external experts, including Professor Richard Thaler, co-author of *Nudge*. BIT was established with a two-year sunset clause and so will cease to exist in the summer of 2012.

At present the team is working, in particular, on promoting organ donation, smoking cessation, car labelling, food hygiene and charitable giving. The commonality between the projects, according to the Government, is that they do not involve regulating and involve both prompted choice and partnership with the private sector.[122]

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[118] BC 114.

[119] Q 703.

[120] Q 706.

[121] *Ibid*.

[122] Q 703.

Dr Halpern identified the origins of what is now BIT in "deregulatory thrust", in part linked to the Better Regulation Executive.[123] He understands the team's role as raising awareness of "less cognitive, less familiar approaches" as alternatives to legislation, pricing mechanisms and advertising and social marketing.[124] Mr Letwin said that BIT was created in order to help Government departments think about "non-regulatory means of achieving behaviour change".[125]

5.4. Mr Letwin gave four reasons for emphasising a non-regulatory approach: effectiveness, cost-effectiveness, less rigid imposition on individuals and reduced burden on business.[126] We discuss the latter within the section on voluntary agreements (see paragraph 5.20 below).

The Government's arguments for a non-regulatory approach

The effectiveness of non-regulatory and regulatory approaches in isolation

5.5. Occasionally, non-regulatory approaches might be the only reasonable way to achieve behaviour change. Professor John Britton, Director of the UK Centre for Tobacco Control Studies, gave an example: "we cannot legislate to stop people smoking in their home but we can educate and nudge people to change".[127] In some policy areas, particularly crime prevention, legislation might already prohibit certain behaviour and the challenge is to achieve greater compliance. In these cases, further regulation may not be a realistic option.

5.6. Aside from these sorts of circumstances, we were given no examples of significant change in the behaviour of a population having been achieved by non-regulatory measures alone,[128] confirming the view of some witnesses that non-regulatory measures in isolation could have little or no effect and that the most effective means of changing behaviour at the population level was a package of different types of interventions. Findings from our case studies supported this view, as did Defra's work on energy efficient labelling (see Box 6, page 27). Professor Michie also observed:

> "... usually examples of legislation being maximally effective are when there is also work done on persuasive communication—for example, seatbelts and the smoking ban. If these legislative measures had been taken out of the blue, I don't think they would have been as effective as having a big communications campaign at the same time. On the other hand, if one just did the persuasive communication, it wouldn't have been effective."[129]

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123 Q 19.

124 Q 8.

125 Q 703.

126 Q 703.

127 Q 153. There has of course been legislation to encourage people to stop smoking, such as the Health Act 2006 which banned smoking in enclosed public places. This legislation appears to have had an effect on the numbers of individuals who smoke, and consequently who smoke in their homes. Professor Britton was instead referring to a direct ban on smoking in homes.

128 We were given the example of the relatively small changes made to letters sent out by Her Majesty's Revenue and Customs (HMRC) which seem to have had a substantial impact on the levels of response to tax collection letters. We note however that HMRC cannot be sure that the increased response was wholly a result of changes to letters, as other changes to the tax collection process were made simultaneously (BC 114).

129 Q 129.

5.7. Similarly, as Professor Michie suggested, regulatory measures may also be less effective when used in isolation rather than in a comprehensive package of interventions. Professor Kelly and Professor Britton agreed that legislation is likely to be more effective when the public understand the reasons behind it; this means that non-regulatory measures should be used as a means of "explaining and promoting the idea beforehand".[130] Professor Kelly cited the "Clunk Click" marketing campaign encouraging people to wear seat belts, which accompanied seat belt legislation, as an example of such a measure.[131] Mr Letwin made the further point that regulatory measures could sometimes have unintended consequences: that sometimes governments "have discovered, to their horror, that the effect that they sought to achieve has not been achieved and that instead some other effect has occurred—perhaps benign, perhaps counterproductive".[132] Professor Kelly agreed and referred to the counterproductive effects of using strict controls on the price and availability of alcohol in Scandinavia (see Box 3, page 21).[133]

5.8. Nudges are a subset of non-regulatory interventions (see Table 1, page 9) and the points made above about non-regulatory interventions apply. Several witnesses told us that, though some nudges reflect experimental evidence about what influences behaviour, they would be unlikely to have a significant effect if used in isolation. Dr Anable, University of Aberdeen, said in relation to reducing car use, for example, that "nudging will achieve nothing ... over the longer term [and] at the bigger scale".[134] Professor Ray Pawson, Professor of Social Research Methodology, University of Leeds, agreed that "sustained behavioural change is difficult to accomplish and requires more than a well aimed 'nudge' in the right direction".[135] Sara Eppel, Head of Defra's Behaviour Change Centre of Excellence, also said in relation to nudging: "I don't speak up its success … you often need some behavioural intervention to make your policy easier to implement, but you may also end up going for the much harder and faster policies at the end of the day".[136]

The cost-effectiveness of non-regulatory interventions

5.9. The Government have suggested that non-regulatory interventions are a more cost-effective way to change behaviour. Mr Baker, for example, said that "... in terms of value for money, the use of nudge and encouragement, apart from being sometimes as effective as regulation, can also be far more cost-effective for the public purse".[137] The MINDSPACE report also suggests that non-regulatory policy tools could lead to better outcomes at a lower cost.[138] In contrast, Professor Marteau and others, writing for the British Medical

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130 Q 158.

131 Q 164.

132 Q 703.

133 Q 182. Professor Kelly noted that "in certain parts of Scandinavia, this has brought down consumption in terms of people buying alcohol, but it's led to an increase both in people brewing their own and indeed in smuggling".

134 Q 585.

135 BC 6.

136 Q 299.

137 Q 710.

138 *MINDSPACE*, *op. cit*, p. 10

Journal, noted in relation to nudges that "[lower cost] cannot be assumed because the cost-effectiveness of nudges has not been evaluated".[139]

5.10. Effectiveness is a necessary prerequisite of cost-effectiveness. If an intervention has no effect then it cannot be cost-effective. Given Mr Letwin's view about nudging that "it is of course open to question whether any of this will have any effect whatsoever",[140] we find it surprising that the Government judge that they are in a position to assert that nudging is generally cost-effective.

Respecting the freedom of the individual

5.11. Finally, the Government argue that non-regulatory approaches are more "respectful of the freedom of the individual".[141] We believe that this is misleading. For example, there is a difference between regulation of the individual and regulation of businesses and only the former will tend to restrict the freedom of the individual (see paragraph 2.18 above). Indeed, an argument can be made that regulating businesses might increase the freedom of individuals by preventing businesses from influencing their behaviour and so creating a more neutral environment in which to make choices. We also draw attention to our conclusion in paragraph 2.20 that the Government should be able to explain why an intervention is a necessary and proportionate means of tackling a problem.

The need for a range of interventions

5.12. Whilst the Government have emphasised non-regulatory approaches, Mr Letwin acknowledged that there were circumstances when regulation was appropriate. The Government, he said, were not arguing "that we can substitute behavioural science and behavioural insights for the entire panoply of regulation. It may well be that there are all sorts of domains in which regulatory action is required to make major shifts—either only regulatory action, or regulatory action allied to other things".[142] As we have said (in paragraph 2.4 above), however, the evidence of officials suggests that the understanding that regulation has its place is not fully appreciated throughout Government departments. Ms Eppel, Head of Sustainable Products and Consumers at Defra, for example, told us:

> "… at the moment, we're giving a much bigger priority to looking at whether behaviour change [non-regulatory and non-fiscal measures] can contribute, because the Government is less willing to do regulation and that is a stated objective ... previously, we'd probably have looked at regulation more methodically".[143]

5.13. **In general, the evidence supports the conclusion that non-regulatory or regulatory measures used in isolation are often not likely to be effective and that usually the most effective means of changing behaviour at a population level is to use a range of policy tools, both regulatory and non-regulatory. Given that many factors may influence behaviour, this conclusion is perhaps unsurprising.**

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[139] *Judging Nudging: can nudging improve public health*, Marteau et al (BMJ, 2011).

[140] Q 703

[141] BC 114, QQ 54, 58, 77.

[142] Q 715.

[143] Q 294. See also Professor Dame Sally Davies' comments in Q 355.

5.14. **We welcome efforts by the Government to raise awareness within departments of the importance of understanding behaviour, and the potential this has for the development of more effective and efficient policies. We are concerned, however, that emphasising non-regulatory interventions will lead to policy decisions where the evidence for the effectiveness of other interventions in changing behaviour has not been considered. This would jeopardise the development of evidence-based, effective and cost-effective policies.**

5.15. **We therefore urge ministers to ensure that policy makers are made aware of the evidence that non-regulatory measures are often not likely to be effective if used in isolation and that evidence regarding the whole range of policy interventions should be considered before they commit to using non-regulatory measures alone.**

Partnership Working

5.16. The Government told us that "the involvement of private and Voluntary, Community and Social Enterprise sector organisations will be crucial" when they are trying to change behaviour.[144] Much of the evidence we received highlighted the benefits of partnership working, where Government initiatives are supported by other organisations, and suggested that the Government could do more to work with industry, the third sector and local communities to deliver multi-faceted behaviour change interventions through the most appropriate messengers.[145]

5.17. Numerous reasons were provided in favour of partnership working: that interventions undertaken by local communities and social enterprises were an effective way to change behaviour because those who are affected by an issue are the most likely to be able to solve it;[146] that individuals often respond best to messages about behaviour from those within their local community;[147] that the resources of businesses and the third sector were not time-limited in the same way as Governments, enabling greater consistency in their work;[148] that other sectors have a range of expertise about how to influence behaviour which the Government could take advantage of;[149] and that the third sector were particularly good at harnessing community spirit and were trusted messengers for behaviour change interventions.[150] Rory Sutherland, President of Independent Practitioners in Advertising, noted that, in the business world, some brands also engendered trust in a way that governments often do not[151]—a point borne out by the contribution of businesses during the Change4Life (see Box 8, page 37) programme in communicating messages to consumers.[152]

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144 BC 114.

145 BC 76, BC 83, BC 84.

146 BC 41.

147 BC 41, BC 89, BC 96, Q 638.

148 Q 259.

149 QQ 479, 500. Mr Baird provided the example of Diageo's work with Drink Aware on the 'Why Let the Good Times Go Bad' campaign to illustrate this; the campaign was designed by one of Diageo's senior designers.

150 BC 48.

151 Q 525.

152 BC 102.

BOX 8

Change4Life

The Change4Life campaign involved over 200 partners drawn from the voluntary sector, businesses and local government. The campaign also involved over 50,000 local community groups.[153] The *Change4Life One Year On* report noted that a number of health charities, including Cancer Research UK, Diabetes UK and the British Heart Foundation ran their own campaigns in support of Change4Life. Businesses also supported the movement, for example by providing free gym access, discounted fruit and vegetables and low-cost bikes.[154] A number of witnesses agreed that the campaign had used partnership working effectively.[155] Tim Duffy, Chief Executive of M&C Saatchi, noted that the Change4Life campaign minimised conflict and Paul Kelly, Head of Corporate Affairs at Asda, said that the campaign worked because there was clarity around the role and responsibilities of all of the partners.[156]

5.18. Witnesses from businesses and the third sector observed, however, that partnerships worked most effectively where there was little or no conflict of interests or "internal conflict".[157] Tony Hawkhead, Chief Executive of Groundwork, agreed, suggesting that the Green Deal was a good example of effective partnership working because everybody involved got something out of it (see Box 9, page 37).[158] By contrast, voluntary agreements, which are established between the Government and businesses to change the way in which businesses operate without regulation, were cited as a particularly controversial form of partnership working because of potential conflicts of interest.

BOX 9

The Green Deal

The proposed Green Deal allows businesses to offer energy efficiency improvements to homes, community spaces and businesses at no upfront cost, and recoup payments through a charge in instalments on the energy bill. Mr Hawkhead argued that the Green Deal provides an example of a partnership where there is a clear role for Government, businesses and the third sector and no conflict of interest:

"The role for the Government ... is quite clearly setting a framework and creating a clear vision for how the Green Deal will work: negotiating with private financiers, setting out the legislation. Business's role ... will be quite clearly to install the home insulation … and probably to lead on some of the behaviour change work because they will be in there ... Where the third sector can come in there is the whole area around fuel poverty. The Green Deal will not work for fuel poverty, we will need to use the levy on our fuel bills to try and deal with that … That is where the trusting relationship that the third sector has uniquely in poorer communities can make the difference …"[159]

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153 Q 83.

154 *Change4Life One Year One*, DH (2010).

155 BC 83, BC 102, QQ 259, 524, 532.

156 QQ 259, 532.

157 QQ 259, 279.

158 Q 279.

159 *Ibid*.

Voluntary agreements between Government and businesses

Effectiveness

5.19. Some witnesses from both the business sector and the Government favoured voluntary agreements. Officials from DH cited a report from the Organisation for Economic Co-operation and Development (OECD) which concluded that cooperation between governments and the food industry would be crucial if the problem of obesity were to be tackled successfully.[160] Mr Letwin argued that the Government should try to get businesses to work with them because "one of the very few pieces of extremely strong evidence … is that you can easily create regulations that people will observe in the letter but not in the spirit".[161] Voluntary agreements were not, he said, a means of "handing [businesses] the power". A number of witnesses also referred to work on salt reduction as an example of an effective voluntary agreement.[162] (We note, however, that the salt reduction campaign also publicly named and shamed products particularly high in salt and so its effectiveness cannot be attributed only to the voluntary agreement.)

Burden on businesses

5.20. The Government also argued that voluntary agreements would be less burdensome on businesses than legislation. The evidence we received from businesses themselves was mixed on this point. Paul Kelly, Head of Corporate Affairs for Asda, agreed that Asda had had only positive experiences of voluntary agreements.[163] In contrast, Justin King, Chief Executive of Sainsbury's, said that voluntary agreements could be burdensome on businesses,[164] and that, furthermore, Sainsbury's were "not against legislation" and would in some instances "positively encourage it" if it was easy for businesses to work with.[165] Mr King emphasised that voluntary agreements tended to be short-term, making them more difficult for businesses to engage with properly, and that although legislation could be burdensome, it was more "consistent for everybody" and tended "to stand more the test of time than a voluntary agreement".[166] Dr Susan Jebb, Chair of the cross-Government expert advisory group on obesity, agreed that voluntary agreements could "be much more onerous" and said that it was an issue that the food network of the responsibility deal was thinking about.[167]

Conflict of interests

5.21. Many witnesses expressed scepticism about the effectiveness of voluntary agreements because of the overriding commercial interests of businesses.

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160 Q 355.

161 Q 738.

162 BC 16, BC 58, BC 108, QQ 355, 560. The Food Standards Agency noted that "the dietary evidence suggests that population salt intakes have seen, on average, a 0.9g reduction from 2001 to 2008" (BC 16). An extra 15% reduction in salt has been promised by manufacturers through the Responsibility Deal Network. Not all witnesses were positive about the voluntary agreement on salt however. Dr Atherton noted that the change in salt consumption achieved so far was "fairly marginal" (Q 455).

163 QQ 544–5.

164 Q 466.

165 Q 456.

166 Q 467. Mr King cited the example of a voluntary agreement on reducing the use of plastic bags to demonstrate this point.

167 Q 562.

Mr King, for example, said that they were the "refuge of scoundrels", tending to appeal to the lowest common denominator,[168] and were often overtaken by political events.[169] Others went further, suggesting that businesses would never be motivated to do anything which impacts their success. Professor Vivienne Nathanson, Head of Science and Ethics at the British Medical Association, for example, told us about her experience of the alcohol network of the Public Health Responsibility Deal (see Box 10, page 39):

> "... the industry, which is at least two thirds of the ... group, is not motivated so far to really look for things that hurt them. They are looking at completely protecting their bottom line which I can understand—they are businesses—but from the health side we want to hurt their bottom line."[170]

Professor Nathanson said that the health organisations on the responsibility deal "believe that, inherently, voluntary agreements won't work and particularly in the alcohol sector. They may have more chance in the food sector—'may' being an important caveat there".[171]

BOX 10

The Public Health Responsibility Deal

The Public Health Responsibility Deal is an example of the Government pursuing voluntary agreements with businesses and other organisations to help achieve policy goals. The Deal was launched by DH to "[tap] into the potential for businesses and other organisations to improve public health and tackle health inequalities through their influence over food, alcohol, physical activity and health in the workplace".[172] It is overseen by a plenary group chaired by the Secretary of State for Health and includes five networks. Four work within a particular area of public health—food, alcohol, physical activity, health at work—and involve representatives of the Government, businesses and health non-governmental organisations (NGOs), who work together to establish "pledges for action".

There is also a fifth network on behaviour change, which

"... seeks to put behavioural science expertise at the disposal of the other networks, enabling them to push the boundaries of their work. The network is also exploring ways in which Responsibility Deal partners can help build the evidence-base for more ground-breaking future work to change behaviour in environments including the retail sector."[173]

Pledges under the deal were published on 15 March 2011 and six health organisations[174] did not sign up. They expressed particular concern with the alcohol network pledges, arguing that they: were too limited with little or no evidence of effectiveness; prioritised industry views; were not specific or measurable and did not indicate what would be a success. They also noted that

168 Q 456.

169 Q 561.

170 Q 558.

171 Q 561.

172 *The public health responsibility deal*, DH (March 2011).

173 *Ibid*.

174 The organisations were**:** Alcohol Concern, British Association for the Study of the Liver, British Liver Trust, British Medical Association, Institute of Alcohol Studies, and the Royal College of Physicians.

there had been no commitment made on alternative actions if the pledges did not reduce levels of alcohol-related harm.[175]

5.22. Other witnesses echoed Professor Nathanson's view. Richard Wright, Director of Sensation, Perception and Behaviour at Unilever, told us that "the reality ... is that any business is in business to make money"[176] and that opportunities to influence behaviour will be taken if they are a means to selling more products.[177] Mr King said that decisions taken by Sainsbury's that might discourage consumption of unhealthy products, for example removing confectionery from their checkouts in some stores, were taken when they were what the customer wanted rather than on the basis of any judgement about improving the health of consumers.[178] Mr Letwin indicated a similar view when he said that working with businesses through voluntary agreements involved thinking about whether the agreement was "possibly in their commercial interest".[179]

Evaluation, timelines and regulation

5.23. A number of witnesses were concerned that mechanisms should be in place to ensure that voluntary agreements were subject to rigorous evaluation, with clear outcome measures and timelines. Dr Jebb said that "it is ... vital that public health bodies and institutions are charged with monitoring and evaluating the success or otherwise of ... delivery".[180] Professor Lindsay Davies, President of the Faculty of Public Health, said that voluntary agreements were an "experiment" and so should not be allowed to "drift on and on and on as a substitute for ... taking harder action, because the obesity epidemic can't wait",[181] a point also made by Professor Nathanson.[182] Other witnesses emphasised the importance of timelines, arguing that if agreements could not be reached or were not effective, then the Government had to be prepared to regulate. Professor Nathanson said, for example, that the Government should be prepared to say "if we don't get a sufficiently challenging-to-the-industry ... agreement, then we would be prepared to regulate on the areas that the voluntary agreement should cover, as well as the areas that will only happen through regulation".[183] Mr Letwin acknowledged this point when he said "we may need to regulate [businesses] and not merely do deals with them".[184]

5.24. Anne Milton MP, Parliamentary Under Secretary of State for Public Health, provided some reassurance in relation to these concerns:

> "... when we publish our response ... and set the outcomes down fairly clearly, we will need to give an indication as to when we would step in. That is quite important, setting clear outcomes, and some timeframes

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175 The press release by the organisations concerned can be found at http://www.rcplondon.ac.uk/press-releases/key-health-organisations-do-not-sign-responsibility-deal.

176 Q 516.

177 Q 226.

178 Q 462.

179 Q 738.

180 Q 558.

181 *Ibid.*

182 *Ibid.*

183 *Ibid.*

184 Q 738.

that we can be judged on as a Government. Also, it is an indication to industry as to where we will step in, if they do not help us get along to that point."[185]

As we note in Box 10 (page 39), some organisations do not feel that these measures were present in the published Public Health Responsibility Deal. The pledge about reducing obesity made by the food network of the Deal does not set outcomes relating to changes in behaviour and does not reflect the available evidence about how to tackle the problem of obesity (see paragraph 7.20 below).

5.25. **The involvement of other organisations to support the Government's behaviour change initiatives may provide valuable opportunities to improve the effectiveness of behaviour change interventions, in particular by allowing a range of messengers to be used to deliver them. We welcome the Government's intention to use such collaborations.**

5.26. **However, we have major doubts about the effectiveness of voluntary agreements with commercial organisations, in particular where there are potential conflicts of interest. Where voluntary agreements are made, we recommend that the following principles should be applied in order to ensure that they achieve their purpose:**

- **The Government should specify clearly what they want businesses to do based on the evidence about how to change behaviour, and what steps they will take to achieve the same result if voluntary agreements are not forthcoming, or prove ineffective.**
- **Voluntary agreements should be rigorously and independently evaluated against measurable and time-limited outcomes.**

5.27. **Given that these principles do not appear to have been applied consistently to the Public Health Responsibility Deal Network, we urge DH, in particular, to ensure that these principles are followed when negotiating further voluntary agreements. In relation to the current agreements, we recommend that DH should state for each pledge what outcomes are expected and when, and provide details of what steps they will take if the agreements are not effective at the end of the stated period.**

The role of local authorities

5.28. Mr Letwin told us that the Government "are very determined to ... decentralise power and to leave local communities and local governments as free as possible to make their own decisions about how they do things".[186] In our two case study policy areas, the role of local authorities in delivering behaviour change interventions has been emphasised in recently published white papers.[187]

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185 Q 710.

186 Q 739.

187 *Creating growth, cutting carbon* op. cit; *Healthy lives, healthy people* op. cit.

Benefits of decentralisation

5.29. Witnesses described two major benefits of a local approach to changing behaviour. First, different local areas have different local needs and so interventions should reflect these differences.[188] In relation to sustainable transport, much of our evidence agreed that local authorities were best placed to design behaviour change interventions because they were most qualified to assess the need for, and implement, interventions.[189] Similarly, witnesses were mostly positive about the proposed reforms to public health which would move Directors of Public Health into local authorities, suggesting that they would provide opportunities to coordinate behaviour change activity across a range of areas.[190] Professor Dame Sally Davies noted that this shift should mean that local authorities will start to "look at all the things they do—education, planning, cycling paths, transport … through a health lens as well as through the cost lens and the service lens".[191] Dr Frank Atherton, Chairman of the Association of Public Health Directors, told us that "Directors of Public Health [were] ... universally welcoming the move into local authorities, because that's where the levers of change actually exist".[192]

5.30. Secondly, some witnesses suggested that the devolution to local authorities of responsibility for designing and implementing interventions would provide an opportunity to help build the evidence-base for the effectiveness of population level interventions.[193] Mr Letwin said that, in principle, the decentralisation of power should provide a "rich field" for evidence generation—although he acknowledged that it would be important to ensure that mechanisms were in place to take advantage of it.[194]

Possible problems

5.31. Some witnesses expressed doubts about decentralisation however. They questioned whether there were the requisite levels of skill in designing and evaluating interventions at a local level, or adequate mechanisms in place for the dissemination of knowledge, to allow the Government to make the best use of what is learnt about the effectiveness of interventions. In relation to the use of evidence, Paul Sacher, Chief Research and Development Office for MEND Central, and Zoe Hellman, Company Dietician for Weight Watchers, said that commissioners of weight management programmes within Primary Care Trusts did not review evidence accurately and appeared not to understand the most important measures of effectiveness.[195] A similar view was reflected in the evidence we received in relation to our case study on reducing car use to limit carbon emissions (see paragraphs 7.42–43 below). In addition, witnesses suggested that local authorities may not have

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188 QQ 322, 407.

189 BC 116, BC 121, BC 127, BC 136, BC 141.

190 QQ 449, 573. It was also noted however that these reforms did carry risks. Professor Nathanson, for example, suggested that "the risk in the short term is of fragmentation and ... the ... loss of a really expert resource" (Q 573).

191 Q 377.

192 Q 449.

193 Q 630.

194 Q 739. Dr Atherton made a similar point about building the evidence-base at a local level for health interventions (Q 452).

195 Q 442.

the range of skills and resources necessary to interpret the available evidence.[196]

5.32. Witnesses also expressed concern that devolving responsibility for behaviour change interventions in some policy areas might have a detrimental effect on evaluation.[197] The National Obesity Observatory noted, for example, in relation to the commissioning of weight loss interventions, that:

> "Although quantitative data are lacking, indications are that very few interventions are evaluated to an adequate degree. Problems include: lack of skilled staff; confusion over appropriate evaluation methods; lack of validated measurement tools; insufficient emphasis in the commissioning process; insufficient budgets being allocated to the evaluation component of a programme ..."[198]

5.33. The Government acknowledged the importance of effective evaluation of local initiatives. Mr Letwin told us that the Government had discussed setting up some research apparatus at low cost to "investigate what had been done by one local government in one place, and enable it to be evaluated and transmitted to other local governments in other places".[199] Mr Dowie said the DfT recognised that it had "a responsibility through the ... sustainable transport fund to ensure there is a proper evaluation framework in place".[200] To that end, the department has "published impact evaluation guidance aimed at scheme promoters and evaluation practitioners to help them choose an evaluation approach which is best suited to their evidence needs and helps them design an evaluation which enables the observed impacts to be attributed to the scheme". They have also developed a framework "for evaluating schemes aimed at encouraging sustainable and active travel behaviours".[201]

5.34. In relation to sharing knowledge at a local level, witnesses who had designed and commissioned local interventions told us that there was no mechanism for the broader dissemination of the lessons learnt from their behaviour change programmes.[202] Robin Gargrave from Central YMCA said that while there was some informal knowledge exchange among local organisations, there were no "national data that shows the direction of travel, and also indicates what's working, what's not working and why". He added: "anything that the Government can do to help facilitate that would be most welcome".[203] The DfT stated in its Sustainable Transport white paper however that it would be "stepping back from monitoring" and that "the Local Government Association and local authorities themselves will be responsible for spreading best practice, sharing what works and developing a framework that improves capability across the local transport spectrum".[204]

5.35. Finally, a number of witnesses cautioned that localism should not detract from the important role central government still had to play. Lynn Sloman, Director

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196 BC 121, BC 127, BC 136.

197 BC 42, BC 121, BC 127, BC 131, BC 136, Q 452.

198 BC 42.

199 Q 739.

200 Q 663.

201 BC 138.

202 QQ 269, 395, 398, 400.

203 Q 400.

204 *Creating growth, cutting carbon, op. cit*, para 3.26.

of Transport for Quality of Life, said for example that the DfT should continue to foster experimentation and that it should "provide a consistent, long-term direction of travel so that the local authorities and everybody else knows where they are".[205] This was supported by other witnesses in relation to public health.[206]

5.36. **Although decentralising responsibility may provide a useful opportunity to tailor local behaviour change initiatives and to help build the evidence-base for applied behaviour change research at the population level, steps should be taken to ensure that interventions are evidence-based and properly evaluated. To this end, we recommend that the Government:**

- **produce guidance for local authorities on how to use evidence effectively to design, commission and evaluate interventions and on the need to involve experts in the design and evaluation process (see paragraphs 4.25 and 6.3), and provide advice on how to best use the tendering process to ensure value for money;**
- **take steps to ensure that evaluation of interventions, including data collection and reporting of behaviour change outcomes, across local areas is of sufficiently high quality to allow comparisons and analysis;**
- **take steps to ensure that what is learnt by a local government in one place can be readily transmitted to other local governments; and**
- **provide funding only for those schemes which are based on sound evidence. Demonstration of rigorous evaluation and contribution to the evidence-base should be a requirement for future funding for behaviour change interventions.**

[205] Q 631.

[206] QQ 446–7, 573.

CHAPTER 6: EVALUATION OF BEHAVIOUR CHANGE INTERVENTIONS

6.1. A common concern raised by witnesses was the need for greater consistency in the quality of evaluation of government behaviour change interventions, with many suggesting that this was a significant area of weakness.[207] Rigorous evaluation is necessary not only in order to establish whether policies are working, whether they can be improved and whether they represent value for money, but—in the context of behaviour change interventions—also whether they contribute to the development of a much needed evidence-base for the effectiveness of interventions at a population level (see paragraph 3.1 above).

Ensuring effective evaluation

6.2. Witnesses identified the following factors as necessary for effective evaluation:

- building evaluation into a policy design from the outset;
- good outcome measures;
- longitudinal data;
- the use of controls wherever possible;
- sufficient funding for evaluation;
- data on cost-effectiveness.

Building evaluation into policy design

6.3. Several witnesses called for evaluation to be built into policy design from the outset,[208] not least because, as Professor David Gunnell, Professor of Epidemiology at the University of Bristol, observed, it was often the case that "once the policy has been formulated and begun to be rolled out, it is too late to build in an effective evaluation".[209] It is unfortunate, therefore, that, according to Professor Ray Pawson, Professor of Social Research Methodology at the University of Leeds, many evaluations are put out to tender and organised in a way that "excludes the evaluation team from the programme design stage", meaning that they have no influence on fine-tuning an intervention, are unclear about whether results will demonstrate success or failure and often discover that the intervention is "half-baked".[210] Others also highlighted the need to bring in academics at the start of the policy development process to help ensure that evaluations are appropriately designed.[211]

6.4. The Treasury guidance on appraisal and evaluation (the Green Book) works on the basis of the ROAMEF (rational, objectives, appraisal, monitoring, evaluation and feedback) policy making cycle and so appears to provide for

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[207] BC 2, BC 31, BC 42, BC 47, BC 52, BC 76, BC 82, BC 83, BC 94, BC 105, BC 107, BC 108, BC 109, BC 110, BC 114, BC 138, BC 150.

[208] QQ 26, 188, 223–4, 314, BC 9, BC 90.

[209] Q 188.

[210] BC 148.

[211] BC 103.

evaluation after implementation.[212] We were encouraged to hear however from Siobhan Campbell, Head of Policy at DECC, that evaluation should not be considered only as the "E" in the ROAMEF but rather that "at the rationale, objective, appraisal stage, there is an expectation that you are using evaluation evidence to inform these decisions that you are making along the way",[213] and Dr McCloy, ESRC Research Fellow in GES, said that one of the key aims of her work with the behaviour change network was to get policy makers to build evaluation into the policy design process at an early stage.[214]

Long-term evaluation and outcome measures

6.5. Several witnesses identified the absence of longitudinal evaluation (that is, evaluation over a prolonged period) as a significant problem.[215] Dr Ian Campbell, Medical Director of Weight Concern, for example, suggested that attitudes in the public sector tended to be short term and that funding was not available to measure outcomes over the longer term.[216] Anne Milton MP, Parliamentary-Under Secretary of State for Public Health, appeared to confirm this observation when she suggested that measures which would show, for example, a reduction in alcohol-related liver disease would take a long time and that that could lead to the accusation that the department was doing something which "maybe will favour our successors in Government".[217] Phillip Darnton, Chair of Cycling England, and Professor Pawson said that another problem was that those conducting evaluations were sometimes asked to report prematurely.[218] John Dowie, Director of Regional and Local Transport at the DfT, agreed that this had been the case with the Sustainable Travel Towns programme (see Box 11, page 46).

BOX 11

Sustainable travel towns pilot

Professor Peter Bonsall, Professor of Transport Planning, University of Leeds, criticised the evaluation of the Sustainable Travel Towns pilots on the ground that "rather too many of these initiatives have been evaluated predominantly by self-reported behaviour, which is ... a recipe for disaster" and that a number were "evaluated by the same team who did the work".[219] Mr Dowie further noted that "because of the drive to get evaluation evidence out" the evaluation would not establish the longitudinal effects of the intervention,[220] meaning that any conclusions about the long-term effectiveness of the intervention and its cost-effectiveness could not be established. We note however that this was a pilot and used randomisation and control techniques effectively, therefore meeting some of the criteria for effective evaluation.

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212 http://www.hm-treasury.gov.uk/d/green_book_complete.pdf.

213 Q 185.

214 Q 26.

215 BC 6.

216 Q 349.

217 Q 737.

218 BC 148, Q 648.

219 Q 607.

220 Q 662.

6.6. It was suggested to us that a further weakness of the Government's current approach to evaluation is how outcome measures are framed.[221] Outcome measures should be specific, objective and consistent across trials. Appropriate outcome measures enable the success of policies to be monitored throughout their implementation and therefore allow an assessment of their effectiveness in the shorter term, even if the evaluation is intended to continue through to the long term. Several witnesses expressed concern about inappropriate use of outcome measures for behaviour change interventions. In particular, it was noted that attitudes and self-reported behaviours were often used as measures of a behaviour change intervention.[222] The Government acknowledged that sometimes "evaluation has been distorted by being focused on customer attitudes and programme outputs, rather than outcomes".[223] The Targeting Benefit Thieves Campaign provides an example of this confusion (see Box 12, page 47).

BOX 12

The Targeting Benefit Thieves campaign

The Targeting Benefit Thieves campaign began in 2002 and was designed to reduce fraud and error in the benefit system. The Government noted that "the campaign tracked people's attitudes and self-reported behaviour as a result of seeing the campaign. Tracking research indicated that the proportion of claimants who consider it 'very easy' and 'fairly easy' to get away with benefit fraud declined from 41% (Oct 2006) to 29% (March 2010). The proportion of claimants agreeing with the statement, 'the chances of getting caught abusing the benefits system are slim' has declined, falling from 39% (Oct 2006) to 21% (March 2010)".[224] No information was provided about evaluation of the primary interventions outcomes of reducing fraud and error in the benefit system.

6.7. We were particularly concerned by confusion between outcomes and outputs within DH. For example, in relation to the Great Swapathon, we were told that the outcome of the intervention was "to create a million swaps"—although, shortly afterwards, we were told that the outcome measure was, in fact, a decreased health burden in the long term.[225] Measuring the Great Swapathon according to the number of swaps exemplifies a point made by NICE that "evaluations of behaviour change interventions frequently fail to make a satisfactory link to health outcomes".[226]

Using sufficient controls and evaluating complex interventions

6.8. Some evaluations, including the Sure Start and the Health Trainers evaluations (see Boxes 13, page 48 and 15, page 49), have been criticised for not including any, or sufficient, controls. According to Dr Steven Skippon, Principal Scientist, Shell Global Solutions, insufficient controls and poor methodology would increase the chance "that confounding variables will confound the answer".[227]

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[221] BC 52, BC 73, BC 105, BC 110.

[222] BC 5, BC 110.

[223] BC 114.

[224] *Ibid*.

[225] QQ 356–8.

[226] BC 52.

[227] Q 593.

Choosing a method of evaluation is not straightforward. Several witnesses thought that randomised control trials (RCTs) were the "gold standard ... of evaluation".[228] Professor Pawson, on the other hand, challenged this view, arguing that, in some cases, demonstrating the effectiveness of a policy would sometimes require a "comprehensive" or a "multi-method evaluation"[229] rather than a simple "policy on, policy off" comparison.[230] Professor Pawson's argument was supported by other witnesses and we note that Defra's evaluation of their food waste policy uses a range of methods (see Box 14, page 48).

BOX 13

Sure Start

The evaluation of the Sure Start programme was criticised by Professor Gunnell because it could have been rolled out in a way that would have allowed "more robust, randomised evaluation ... it could have been done with better collaboration between researchers and policy makers".[231] Dr Halpern also said that Sure Start arguably did not build in sufficient controls.[232]

6.9. Where RCTs are not possible, some witnesses suggested a natural experiment design (where the evaluation is not by way of a randomised experiment but controlled using existing variation);[233] others suggested a "stepped-wedge" approach (where a policy intervention is rolled out to participants at different times). Small-scale pilots and demonstration projects could also ensure that controls were established—indeed, Professor Britton thought piloting was "crucial".[234] Pilot groups were used effectively for establishing and improving smoking cessation interventions (see Box 1, page 20) and the Sustainable Travel Towns programme made good use of demonstration projects (though in other areas its evaluation could have been improved) (see Box 11, page 46). Professor Kelly noted however that the pilots themselves need to be evaluated properly,[235] and Dr Chatterton cautioned that sometimes pilots would not show the extent of the effects of an intervention at a population level.[236]

BOX 14

Food Waste

Defra's food waste reduction programme, delivered in collaboration with Waste Resources and Action Programme (WRAP), was evaluated using a range of methods, both qualitative and quantitative. Self-reported behaviour, including assessments of awareness and understanding of the campaign, understandings of how to reduce food waste and commitment to reducing food waste. This was accompanied by data about the quantities of food in the waste stream and information from the retail environment about purchasing habits.[237]

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228 Q 188.
229 Q 203.
230 *Ibid*.
231 Q 196.
232 Q 30.
233 Q 219.
234 Q 168.
235 *Ibid*.
236 *Ibid*.
237 Q 284.

6.10. We have already concluded, on the basis of the evidence we have received, that using a range of interventions will often be more effective in changing behaviour at a population level than using a single intervention in isolation (see paragraph 5.13 above). But multi-faceted interventions can make evaluation more difficult because of the difficulty in discerning the relative effectiveness of the components of such interventions. Professor Bonsall, for example, said: "it is impossible ever to untangle the particular effects of different components. One can only talk about the packages and draw inferences from the effect of different packages".[238] Professor Britton argued that, while it would be practically possible, disaggregation would take too long. But this, he suggested, should not deter policy makers because, in his view, where there was a sufficient evidence to support trying an intervention, then it should be tried without prevarication.[239] Mr Letwin took a similarly practical approach: what mattered most for government was to be able to judge whether what they had done was working—"it is less important, immediately and practically, to know which bit of it is working".[240]

6.11. Dr Harper, Chief Social Scientist at Defra, however, appeared to be more cautious: there was, she said, more to be done across government "in establishing what works and what's worth investing in, in terms of specific components of packages".[241] She suggested that one approach would be to use more pilots.[242] Mr Baker agreed: "it is possible, even within a complex matrix of interventions, to work out which ones are having particular effects"[243] and Professor Michie drew our attention to the Medical Research Council (MRC) guidance on evaluating complex interventions.[244]

Funding

6.12. Rigorous evaluation, especially using long term objective outcome measures and population-representative samples, cannot be undertaken without adequate funding provision. The Health Trainers programme (see Box 15, page 49) provides an example where the absence of funding impacted adversely on evaluation.

BOX 15

Health Trainers

The Health Trainers programme was cited as a policy based on good evidence (see paragraphs 7.22–23 below) but several witnesses told us that the evaluation could have been better. The BPS health psychology team advised DH that the programme should be rolled out in stages in a 'stepped wedge' design but this was not possible because of insufficient funding.[245] As a result, the programme was evaluated by comparing data before and after the programme. Judy White from the Yorkshire and Humber Health Trainer Team told us that that the quality of the data collected was variable, making it difficult to conduct thorough analysis.[246] Ms White was

238 Q 612.

239 Q 170.

240 Q 717.

241 Q 60.

242 Q 75.

243 Q 722.

244 Q 88. See *Developing and evaluating complex interventions*, MRC (2008).

245 BC 43.

246 Q 404.

unable to provide any comprehensive data on the basis of the evaluation of the Health Trainers programme, particularly in relation to cost-effectiveness.[247] This was in stark contrast to Weight Watchers and MEND, which provided figures for the effectiveness and cost-effectiveness of their interventions (see Box 16).[248]

Cost-effectiveness

6.13. Publicly funded behaviour change interventions should provide value for money. That is self-evident. It was disappointing to find therefore that although private sector companies—such as the Weight Watchers and MEND programmes (see Box 16, page 50)—were able to provide detailed evaluation data (though we did not assess the methodology by which these data were established),[249] we had difficulty in sourcing such data for the Health Trainers programme.

BOX 16

MEND and Weight Watchers

MEND

Paul Sacher, Chief Research and Development Office for MEND Central, said that, since the first MEND programme was delivered in 2002, the programme has undergone "feasibility, pilot, efficacy and effectiveness studies to fully evaluate the outcomes". The programme has been evaluated against a range of outcome measures, including "reductions in body mass index, reductions in waist circumference … improvements in things like cardiovascular fitness, physical activity and sedentary activity levels and again some of the psychosocial measures, so things like self-esteem and body image". Mr Sacher told us that an independent study demonstrated that "the incremental, cost effectiveness ratio of the programme is £1,671 per QALY[250] gained".[251]

Weight Watchers

Zoe Hellman, Company Dietician for Weight Watchers, said that an independent report demonstrated that the cost-effectiveness of the Weight Watchers programme was £1000 per QALY. The results of a recent RCT "compared having access to Weight Watchers versus standard care within primary care" across the UK, Australia and Germany. The study demonstrated that after a year "people who had access to Weight Watchers lost significantly more weight ... and the retention rates were higher".[252]

Conclusions

6.14. **Effective evaluation requires that:**

- **evaluation should be considered at the beginning of the policy design process. External evaluation expertise should be sought, where necessary, from the policy's inception;**

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247 *Assessing the Value for Money of Health Trainer Services*, Lister (2010).

248 Q 432.

249 Though we note that QALY figures can only be used to demonstrate orders of magnitude and do not provide specific data and we have not investigated how these figures were formulated

250 Quality adjusted life year.

251 Q 432.

252 *Ibid*.

- **relevant outcome measures—as distinct from outputs—should be established at the beginning of the policy development process;**
- **the duration of the evaluation process should be sufficiently long-term to demonstrate that an intervention has resulted in maintained behaviour change;**
- **pilot studies, using population-representative samples, followed by controlled trials assessing objective outcomes should be used whenever practicable; and**
- **sufficient funds should be allocated for evaluation, recognising that establishing what works, and why, is likely to result in better value for money in the long-term.**

6.15. **We find however that, at present, evaluations of government behaviour change interventions often lack one or more of these necessary elements. While we welcome the Government's revision of the Magenta Book, the evaluation guidance for policy makers and analysts, we believe that it could be further improved. We recommend that the Government consult external evaluation experts on the creation of a concise document for policy makers, containing only the most important principles of evaluation. We further recommend that they make clear what steps they will take to ensure that the revised guidance leads to a change in evaluation culture across Whitehall.**

CHAPTER 7: CASE STUDIES

7.1. To assist us in our inquiry, we undertook two case studies. The first looked at government behaviour change interventions to reduce the prevalence of obesity and the second at interventions to reduce car use to limit CO_2 emissions. These policy areas were chosen because they both involve major challenges which require significant changes in behaviour. They differ in that the first policy area is principally concerned with benefiting the individual (though reducing burdens on the health service must also be a concern), the second involves preventing harm to society at large, now and in the future. Where findings from the case studies have been used in the preceding Chapters to inform our more general findings or recommendations, this has been noted in the text. In addition, we have made some more specific recommendations in relation to each case study.

Case Study 1: Tackling obesity

7.2. In 2009, almost a quarter of adults in England were classified as obese and three in 10 children aged between two and 15 were classified as either obese or overweight.[253] Obesity is a major public health problem. It is associated with a number of chronic diseases such as type 2 diabetes and high blood pressure, both major risk factors for cardiovascular disease.[254] A Foresight report ("the Foresight report") on tackling obesity, published in 2007, estimated that, without action, obesity-related diseases would cost society £49.9 billion per year by 2050.[255]

What do we know about how to influence behaviour to reduce obesity?

7.3. The Foresight report concluded that:

- The causes of obesity are complex, encompassing biology and behaviour, but set within a cultural, environmental and social framework.
- For an increasing number of people obesity is an inevitable—and largely involuntary—consequence of exposure to a modern lifestyle, which has included major changes to work patterns, transport, food production and food sales.
- Successfully tackling obesity is a long-term, large-scale commitment.
- The obesity epidemic cannot be prevented by individual action alone and requires a societal approach.
- Preventing obesity is a societal challenge, similar to climate change. It requires partnership between government, science, business and civil society.[256]

7.4. Witnesses who gave evidence to us agreed that the behaviours which lead to obesity are a consequence of a number of interacting influences working at various levels (the individual, family and organisation) and involving social

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253 *Statistics on obesity, physical activity and diet: England 2010*, NHS Health and Social Care Information Centre (2010).

254 *Ibid*.

255 *Tackling obesity: future choices*, Foresight and BIS (2007).

256 *Ibid*.

and environmental factors.[257] As in the Foresight report, some suggested that the environmental determinants of behaviour were particularly important and that, arguably, the current societal environment was one in which unhealthy choices were easier than healthy choices (sometimes described as the "obesogenic environment").[258] Professor Baldwin said, for example, that:

> "... the explanation for [the rise in obesity] is plainly not to be found in a collapse of personal responsibility over this period. Instead the explanation revolves around a toxic combination of readily available cheap high energy food and drink, fewer opportunities for manual labour, an increase in car ownership, changing social norms concerning cooking and eating, and other features of the 'obesogenic' environment ..."[259]

Because behaviour is influenced at many levels, several witnesses commented that a range of interventions would need to be applied simultaneously to be effective.[260]

7.5. The link between health inequalities and obesity was also highlighted by some witnesses,[261] a connection well-documented in the recent Marmot review.[262] Professor Michie argued that this suggested that interventions should be targeted at particular groups: "NICE's review of behaviour change ... has demonstrated, and been supported by lots of evidence since, that interventions that are tailored towards the targeted population tend to be more effective than those that aren't".[263] We note the commitment by DH to take steps to reduce health inequalities, particularly through early intervention and prevention, and look forward to seeing how this will be translated in their forthcoming obesity strategy.

Gaps in the evidence-base

7.6. According to the Association for the Study of Obesity and NICE, the evidence relating to effective behaviour change interventions and obesity at the level of the individual and small groups was clear (and reflected in NICE guidance).[264] But, as with other policy areas, there are significant gaps in the applied research base at the population level. Dr Melvyn Hillsdon, University of Exeter, for example, said:

> "All the theory tells us that there must be some combination of personal, normative and environmental intervention to change population prevalence ... the big question is about population prevalence change, not so much about individually delivered interventions."[265]

Are Government obesity policies evidence-based?

7.7. Bearing in mind what is known about behaviour change interventions and reducing obesity, we have considered the extent to which the Government's

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[257] BC 19, BC 30, BC 32, BC 33, BC 42, BC 48, BC 50, BC 52, BC 56, BC 64, BC 90, BC 99, BC 105.

[258] BC 19, BC 33, BC 53, BC 64, BC 105.

[259] BC 66.

[260] BC 44, BC 52, BC 94, BC 105.

[261] BC 90.

[262] *Fair Society, Healthy Lives*, the Marmot Review (2010).

[263] Q 103.

[264] BC 44, BC 52.

[265] Q 334.

obesity policies are evidence-based. We are aware that our assessment is in advance of the publication of the Government's obesity strategy, which is due shortly.

The "obesogenic environment"

7.8. Several witnesses acknowledged that, following the Foresight report, DH had made efforts to pursue an evidence-based approach to obesity,[266] but they were critical of DH on the ground that insufficient attention was being paid to tackling the wider environment in which decisions are made.[267] Dr Campbell, for example, commented that "confronting the real commercial and environmental stimuli of obesity has not yet been achieved".[268] The current Government have stated that, though they want to assist individuals in taking responsibility for their own health, their obesity strategy will involve changes to the wider environment to make it easier for people to adopt a healthier diet and increase their physical activity.[269]

Change4Life

7.9. Change4Life began in January 2009 and is currently described as the marketing component of the Government's response to the rise in obesity.[270] According to DH, the campaign aims to inspire a societal movement in which everyone who has an interest in preventing obesity, including government, business, healthcare professionals, charities, schools, families or individuals, can play their part (see Box 8, page 37).

7.10. Several witnesses commented positively about the extent to which the Change4Life programme was evidence-based.[271] The Sustainable Development Commission, for example, said that the programme made good use of messengers and provided a good example of how to integrate behavioural sciences into the design of an intervention.[272] Tim Duffy of M&C Saatchi referred to the precise segmentation work undertaken by DH in order to target interventions more accurately. DH itself described to us how piloting was used: the Change4Life convenience stores project was piloted in the North East, after which, given the results of the pilot, the intervention it was rolled out more widely.[273]

7.11. The Change4Life campaign—in particular the Great Swapathon initiative—has, however, not been without criticism. The Great Swapathon provided vouchers to families for discounted food products and activities. But far from encouraging healthy eating, some evidence suggested that providing discounted healthy products actually encouraged people to buy more unhealthy ones.[274] Furthermore, although Sian Jarvis, Director General of Communications at DH, said that there had been some analysis of the extent

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[266] BC 58.

[267] BC 1, BC 2.

[268] Q 342.

[269] BC 161.

[270] http://www.dh.gov.uk/en/Publichealth/Change4Life/index.htm.

[271] BC 83, QQ 227, 571.

[272] BC 83.

[273] BC 161.

[274] *The influence of taxes and subsidies of energy purchased in an experimental purchasing study*, Epstein et al, 2010.

to which the Change4Life programme has influenced purchasing behaviour (and that the results were positive)[275], much of the evaluation so far has taken the form of an assessment of brand recognition and claimed change[276]—a worrying example of the lack of outcome measures associated with a behaviour change intervention which we describe in paragraph 6.7 above.

7.12. **It appears that the Change4Life programme has, on the whole, been evidence-based and appropriately targeted. We note the Government's commitment to continue using the brand and urge DH to ensure that future evaluations are robust and establish whether or not the programme is likely to be successful in the longer term.**

Population wide interventions: advertising, marketing and food labelling

7.13. Restrictions on advertising during children's programmes of products high in fat, salt and sugar were introduced by Ofcom in 2007. In June 2010, a NICE report (on preventing cardiovascular disease) recommended that these regulations should be extended on the ground that programmes for older audiences also had a powerful influence on young people.[277] Several witnesses commented on the impact of food marketing and advertising on food purchasing and eating behaviour, particularly on children,[278] noting that tackling food advertising was particularly cost effective because of its low cost and broad reach. Evidence about the impact of wider marketing activities, such as in-store marketing and product promotions, appears to be limited, though Professor Marteau suggested that there is a growing body of evidence that product packaging has an impact on food choice. Furthermore, there is evidence to suggest that television advertising can have a long-term impact on eating behaviour beyond consumption of the product being advertised. [279] In January 2010, DH commissioned an independent review of the regulatory and non-regulatory framework for marketing and promotion of food and drink to children. We await its findings, expected to be published shortly, with interest.[280]

7.14. In relation to food labelling, Anne Milton MP, Parliamentary Under Secretary of State at the DH, said that there was "a huge amount of conflicting evidence".[281] We do not think this is a fair summary. Although some witnesses argued that the impact of food labelling on purchasing and eating behaviour had yet to be established[282], all witnesses who were asked, with the exception of those from DH, agreed that the evidence demonstrated that those labels which included traffic light colours were better understood by consumers than those without.[283] Professor Marteau said, for example: "the evidence shows that people certainly understand ... more clearly ... the nutritional content of the food when traffic light labels are used, compared to a more numerical system" (although, she went on, "what we don't know very

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275 Q 73.

276 BC 157.

277 *Prevention of cardiovascular disease at the population level*, NICE (2010).

278 BC 58, BC 108.

279 Q 335.

280 BC 151

281 Q 735.

282 QQ 335, 561.

283 QQ 335, 421–6, 561

well is the impact of that knowledge on ... purchasing and ... consumption".)[284] A 2009 study by the Food Standards Agency concluded that the labels which achieved the highest levels of comprehension among consumers were: first, a label combining text (the words high, medium and low) and traffic light colours (71%) and, second, a label combining text, traffic light colours and percentage of guideline daily amount (GDA) (70%).[285] According to NICE, front of packaging traffic light labelling helped consumers make more informed choices about food consumption and, as a result, they recommended strongly the introduction of a single, integrated traffic light colour-coded system of food labelling as the national standard.[286]

7.15. Some witnesses asserted that there was not only a connection between traffic light labelling and comprehension, but also between traffic light labelling and behaviour. Asda and Sainsbury's both said they used this labelling on their own-brand products and both provided evidence that the introduction of traffic light labelling led to a decrease in sales of those products with red on the label.[287] Mr King told us, for example, that:

> "... on the introduction of Multiple Traffic Light labelling, against a comparable 12 week period during which fresh ready meal sales grew 26.2%, sales of Be Good To Yourself Easy Steam Salmon and Tarragon (mostly green traffic lights) grew 46.1%, whereas sales of our Taste the Difference Moussaka (mostly reds) decreased by 24%".[288]

7.16. Despite this evidence, the Government have decided to pursue a system of labelling based on percentage GDA. Ms Milton justified this decision on the basis that they were trying to achieve a system that was "consistent" and "meaningful", and "relevant to all the groups" that they were "trying to target".[289] Officials from DH gave a similar account. They said that the decision was based on evidence that a consistent approach was most likely to be effective, and that they did "not believe that traffic lights would have been consistently adopted by the food industry".[290] This suggests to us that the Government's policy on food labelling was determined not by the evidence but by what could be achieved through voluntary agreement with the food industry.

7.17. **We invite the Government to explain why their policy on food labelling and marketing of unhealthy products to children is not in accordance with the available evidence about changing behaviour. Given the evidence, we recommend that the Government take steps to implement a traffic light system of nutritional labelling on all food packaging. We further recommend that the Government reconsider current regulation of advertising and marketing of food products to children, taking a more realistic view of the range of programmes that children watch.**

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284 Q 335.

285 *Independent report on front of pack nutritional labelling*, FSA (2009).

286 *Ibid*.

287 BC 157, QQ 464–6, 552.

288 BC 157.

289 Q 733.

290 Q 375.

Partnership working and voluntary agreements

7.18. The Foresight report favoured tackling obesity through a partnership between government, science, business and civil society. In Chapter 5 we suggested that Change4Life is a positive example of partnership working (see Box 8, page 37). DH is also pursuing voluntary agreements with businesses as part of their attempt to change the environment through the Public Health Responsibility Deal (see Box 10, page 39). The first agreements under the food network of the Deal were published in March 2011. The only pledge relating to obesity is:

> "We will provide calorie information for food and non-alcoholic drink for our customers in out of home settings from 1 September 2011 in accordance with the principles for calorie labelling agreed by the Responsibility Deal".[291]

The Government's principles for calorie labelling are that calorie information should be: displayed clearly and prominently at point of choice; provided for standardised food and drink items sold; provided per portion, item or meal; and, displayed in a way that is appropriate for the consumer.[292]

7.19. In Chapter 5, we noted that the pledges made by the alcohol network were criticised by a number of health organisations (see Box 10, page 39). The pledge made by the food network is more specific than those made by the alcohol network and gives a defined time period for its completion. DH has not, however, specified the outcome measures which it will use to establish whether or not this pledge has had an impact on purchasing and eating behaviour, and when and on what basis they will make a decision on whether it should pursue alternative action to change behaviour. Moreover, this pledge does not reflect the evidence about the need to make substantial changes to the environment in order to tackle obesity at a population level, or the evidence that traffic light labels are the most effective form of labelling (see paragraphs 7.14–7.17 above).

Conclusion

7.20. **We draw attention to our recommendation in paragraph 5.27 about the failures of all current pledges made by the Public Health Responsibility Deal. Moreover, obesity is a significant and urgent societal problem and the current Public Health Responsibility Deal pledge on obesity is not a proportionate response to the scale of the problem. If the Government intend to continue to use agreements with businesses as a way of changing the population's behaviour, we urge them to ensure that these are based on the best available evidence about the most effective measures to tackle obesity at a population level. In particular, they should consider the ways in which businesses themselves influence the behaviour of the population in unhealthy ways. If effective measures cannot be achieved through agreement, the Government must pursue them through other means.**

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[291] *The Public Health Responsibility Deal, op. cit.*

[292] *Ibid.*

Weight management interventions

7.21. Although there is evidence about how to change behaviour when interventions are targeted at individuals (for example through commercially provided weight loss programmes which encourage changes to diet and physical activity behaviour),[293] some witnesses suggested that, at present, many weight management interventions are poorly evaluated. As a result, there is a lack of understanding about how these interventions affect behaviour, particularly in the long term.[294]

7.22. The Health Trainers programme allows clients to select goals and the majority choose to pursue changes in eating and physical activity. The design of this intervention was informed by health psychologists from the BPS working within DH under the previous Government. Health Trainers' practice is based on the Health Trainer Handbook developed by health psychologists on the basis of evidence of effective techniques for changing behaviour, including motivational interviewing, specific goal setting, self-monitoring, feedback and goal review. These techniques are directed towards enhancement of individual motivation and self-efficacy for change. The importance of these principles is identified in 2007 NICE guidance on behaviour change based on a review of available evidence.

7.23. The programme is also designed to reduce health inequalities, by targeting those in lower socio-economic groups and ethnic minorities.[295] The Health Trainers intervention is an example of effective collaboration between policy makers and experts leading to the development of evidence-based policies. There have however been problems with evaluation of the programme, particularly because of a lack of adequate controls as a result of insufficient funding and the poor quality data collected in local areas (see Box 15, page 49).

7.24. Problems with the evaluation of the Health Trainers programme reflect wider concerns about a lack of evidence-based commissioning and proper evaluation of weight management interventions at the local level (see paragraph 5.32 above). The National Obesity Observatory has developed a Standard Evaluation Framework for weight management interventions in order to support high quality evaluation.[296] The extent to which this is used is however unclear.[297]

Conclusion

7.25. Given these concerns about evidence-based commissioning and evaluation, **we recommend that DH should commission a review of the provision of weight management services, including the Health Trainers programme, across the country. We recommend further that NICE should compile a list of approved weight management services which adhere to their best practice guidance. If the Health Trainers programme is included in this list, we recommend that the**

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[293] Q 332.

[294] BC 4.

[295] BC 43, Q 100.

[296] BC 42.

[297] BC 4, Q 452.

Government should continue the programme, particularly in the light of its focus on tackling health inequalities.

Case Study 2: reducing car use

7.26. Greenhouse gas emissions from transport represent 21% of the total United Kingdom domestic emissions. Emissions from private car use constitute 78% of that figure, representing 17% of total emissions or 91.5 million tonnes of CO_2 in 2008. Although technological measures are important in reducing emissions, it is argued they are unlikely to be sufficient to achieve the necessary reduction in carbon emissions in the short term.[298] A significant reduction in car use is also needed.

What does the evidence say about how to reduce car use?

7.27. An individual's choice of transport mode is influenced by a number of factors. Social norms, habitual and automatic behaviour and public transport infrastructure have been identified as particularly important. For many drivers, it appears that environmental awareness is not an important factor, although people can be motivated to change their driving habits because of the health benefits of walking and cycling.[299] Changing choice of transport mode is likely to require a range of interventions, including interventions to change individual behaviour or attitudes, interventions to change the environment, and regulatory and fiscal measures.[300] Dr David Metz, former CSA at the DfT, observed with regard to the latter that without such 'upstream' regulatory and fiscal disincentives, a reduction in car use by some will tend to be offset by others taking advantage of reduced congestion.[301]

7.28. Many witnesses observed that "mode choice" was not the only factor in reducing car use. Professor Goodwin noted, for example, that little over a quarter of the decline in car use over the past decade could be accounted for by individuals using different modes of transport, the remainder was as a result of shortening journey distances and fewer journeys being undertaken.[302] Other witnesses cited the increased use of telecommunications and changing commuting patterns as significant factors.[303]

Fiscal measures and disincentives to car use

7.29. Many witnesses argued that policies that provide a direct disincentive to car use were most effective, if accompanied by improvements to alternative transport services. Successful examples of this included parking controls and road user charges,[304] and vehicle ownership taxes and fuel duties. While the latter are likely to be an effective intervention, it was acknowledged that they might fall disproportionately on rural drivers.[305] Examples of effective non-fiscal disincentives included measures to reduce road capacity and to calm

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[298] Appendix 6.

[299] BC 123, BC 138, BC 139.

[300] BC 122, BC 126, BC 133, BC 135, BC 138, BC 141, QQ 566, 600.

[301] BC 122, BC 141.

[302] BC 133.

[303] BC 122, BC 125.

[304] BC 121, BC 123, BC 125, BC 134, BC 137, QQ 566, 576.

[305] BC 117, BC 121, BC 125.

traffic, and pedestrianisation of city centres.[306] There is substantial evidence about the impact of the latter from European cities.[307]

Infrastructure

7.30. Some witnesses argued that "urban form", where the physical environment is designed to suit lifestyles, has developed around roads and cars in the United Kingdom. This creates a strong lock-in to cars as the primary form of personal transport and the car is seen by many as more convenient than other modes of transport.[308] While infrastructural changes alone may not be sufficient to change behaviour,[309] they are an effective and often necessary component of a package of interventions. This view is supported by the results of the DfT Sustainable Travel Towns pilots (see Box 18, page 64) which showed that there was a correlation between increases in cycling and bus use and investment in infrastructure, and that marketing and promotion without changes to infrastructure had little effect.[310]

7.31. Changes to infrastructure have to be appropriately targeted to the people, places and journeys which are most susceptive to influence.[311] The Cycling Demonstration Town programme, for example, suggested that infrastructure improvement was best focused on main routes to important destinations such as schools, workplaces and shopping centres.[312]

Information provision

7.32. Whilst information provision in isolation may have limited effect,[313] evidence suggests that large-scale education campaigns, together with other measures such as fiscal interventions and improvements to infrastructure, can be effective in changing behaviour.[314] The DfT agreed that behaviour change usually requires a package of interventions of which the provision and presentation of information is one aspect.[315] The provision of information and personalised travel planning were features of the Sustainable Travel Towns pilots and, according to some witnesses, they had a high impact and were cost-effective.[316]

Strengths and weaknesses of the evidence-base

7.33. A number of witnesses suggested that there now exists an extensive and well-researched evidence-base in the area of mode choice, in contrast to other policy areas, and that lack of knowledge and experience are not the main barrier to successful initiatives to change behaviour.[317] The UKCRC Centre

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306 BC 121, BC 133.

307 BC 133.

308 BC 118, BC 123, BC 135.

309 BC 138, BC 139.

310 BC 127.

311 BC 131, BC 139.

312 BC 135.

313 BC 141, QQ 583, 602.

314 BC 123, BC 125.

315 BC 138.

316 BC 122, BC 129.

317 BC 121, BC 133, BC 139.

for Diet and Activity Research Centre suggested, however, that there is limited evidence from well-designed studies to indicate the most effective interventions to change travel mode share in the population. This reflects the point made above that there is a lack of applied research at a population level. This did not, they said, mean that there were no effective interventions but rather that approaches which showed promise should be developed further and more rigorously evaluated.[318]

7.34. Some witnesses identified, in particular, a lack of evidence about how to reduce car use for medium-length trips. This is an important gap in the evidence-base, as figures suggest that trips of less than 10 miles only contribute 36% of carbon emissions from cars, while trips of more than 10 miles account for 64%.[319] Transport for Quality of Life agreed that interventions intended to reduce carbon emissions should focus on medium and longer trips.[320] **We recommend that the DfT should prioritise funding to research the most effective behaviour change interventions to reduce car use for medium and longer-length journeys and undertake pilots of those interventions as soon as possible.**

Are the Government's policies based on the evidence?

7.35. The Government's approach to changing travel behaviour was outlined in the *Creating Growth, Cutting Carbon* white paper published in January 2011. Key elements are:

- promoting and enabling choice rather than restricting choice;
- integrated policy packages;
- promoting alternatives to travel (see paragraph 7.28); and
- the localism agenda (the Sustainable Transport Fund).

Promoting and enabling choice

7.36. The DfT focus on promoting and enabling choice is consistent with the Government's more general approach in favour of non-regulatory and non-fiscal measures (see paragraphs 5.2–5.15 above). As a result, the Government's sustainable transport policy is marked by an absence of significant fiscal and regulatory disincentives to change behaviour. But, as we have said (in paragraph 7.29), the evidence indicates that strong disincentives, many of which are likely to be financial, are a key element in changing travel-mode choices. **Bearing in mind our concern (see paragraph 5.14 above) that the Government's preference for non-regulatory interventions may lead officials to give insufficient consideration to regulatory and fiscal interventions, we urge the DfT to ensure that evidence for both non-regulatory and regulatory measures is taken into account when formulating policies to reduce car use.**

7.37. An emphasis on promoting and enabling choice also confirms the importance of having an infrastructure which provides a broader range of cheap and

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[318] BC 139.

[319] BC 126, BC 127, BC 140.

[320] BC 127.

efficient public transport services. We were told that European cities with low levels of car use have consistently spent far more per person on infrastructure. Cycling England said in relation to cycling, for example: "levels of expenditure on cycling in successful European towns and cities ... were at least £10 per head of population per year. By contrast, analysis of Local Transport Plan outturn expenditure data for English local authorities, carried out at our request by the Department for Transport, demonstrated that the average level of spend by English local authorities was less than £1 per head of population per year".[321] In our seminar on reducing car use, it was noted that spend per person in Copenhagen was around £40 per head of population per year.[322]

7.38. The Sustainable Transport Fund (see paragraphs 7.44–7.46) will provide for improvements to infrastructure in a local context, though, we were told, it would "not support major rail, passenger transport or road infrastructure enhancements, which would be more appropriately funded from other sources".[323] Ms Sloman of Transport for Quality of Life highlighted concerns that:

> "... at a time when Local Authorities are facing severe cutbacks, they will be in a position where they are cutting money for Sunday bus services, socially supported bus services, all sorts of other local transport services and yet getting funding to promote bus use. We certainly know from the Sustainable Travel Town evaluation that if you have a worsening service, promotion of it isn't going to get more people using it."[324]

But in response, Mr Dowie said that the DfT "still have ... a very substantial local capital programme".[325] **As the evidence suggests that good infrastructure is a prerequisite for, and greatly enhances, the effectiveness of other "smarter choices" measures, we strongly encourage the DfT to ensure that, wherever possible in a time of financial stringency, a sufficient proportion of funds is maintained to make effective improvements and changes to infrastructure.**

Integrated policy packages

7.39. The DfT has embraced the use of integrated policy packages as part of its promoting and enabling choice agenda. The Sustainable Travel Towns (STT) initiative (see Box 18, page 64) and the Cycling Cities and Towns programme (see Box 19, page 65) are evidence of the department's commitment to using a whole range of "smarter choices" (see Box 17, page 63) initiatives together with small-scale infrastructure change.

7.40. A number of witnesses welcomed this emphasis on encouraging "smarter choices" within a package of interventions that included other harder measures and the provision of infrastructure, noting that packages are more cost-effective. Ms Sloman said, for example, that "it is by combining the better infrastructure, the better services and the encouragement for people to use those that you get more bang for your buck. You achieve more change

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321 BC 163.

322 Appendix 5.

323 *Local sustainable transport fund—guidance on the application process*, DfT (January 2011).

324 Q 641.

325 Q 642.

for each pound you spend because you are not just improving the service, you are telling people about it".[326] Simon Houldsworth, Transport Policy Manager for Darlington, agreed that "without the package you will not get the benefits or the value for money that travel behaviour delivers".[327]

7.41. **Whilst we welcome the DfT's emphasis on the use of policy packages, we note they do not include regulatory and fiscal measures and so do not wholly reflect the evidence about how to change transport mode choice. This suggests that their effectiveness and, in turn, their cost-effectiveness could well be limited.**

BOX 17

"Smarter Choices"

The term "smarter choices" was used by most witnesses in relation to interventions to change travel behaviour. This term originated with the 2004 DfT report, *Smarter choices: changing the way we travel.*[328]

There was disparity across the evidence we received about what sorts of interventions should be classified as "smarter choices". Some witnesses told us that "smarter choices" interventions comprise both "soft" measures, such as personal travel planning and local transport marketing, and "hard" measures, such as improvements to infrastructure and pedestrianisation.[329] Others excluded "hard" measures from their descriptions, equating "smarter choices" only with "soft measures".[330] The 2004 report on smarter choices suggests the latter definition—"soft measures"—is more accurate. The 2004 report describes itself as exploring the impact of soft factor interventions and does not address improvements to infrastructure or pedestrianisation. The DfT appear to use this term to describe any intervention that does not make use of regulation or fiscal policy.

Dr Anable, Centre for Transport Research, University of Aberdeen, was clear that "smarter choices" should not be understood as synonymous with "nudges". She noted that "smarter choices" could include nudges but were also about changing social practices and a new approach to policy formulation.[331]

Localism and the sustainable transport fund

7.42. Several witnesses agreed that local authorities were well placed to implement effective interventions to change travel behaviour because they were responsible for local transport infrastructure.[332] Some, however, sounded a note of caution, on the ground that not all local authorities had the necessary range of professional skills and resources to research and interpret the evidence about how to change behaviour (see paragraph 5.31 above).[333] Transport for Quality of Life, for example, said that it was common for "smarter choices" or other behaviour change teams to be employed on short-

326 Q 647.

327 *Ibid.*

328 Professor Goodwin told us that the report was originally entitled "soft measures" (Q 588).

329 BC 125, BC 173.

330 BC 121.

331 Q 585.

332 BC 116, BC 121, BC 127, BC 136, BC 141.

333 BC 121, BC 127, BC 136.

term contracts in local authorities. This has prevented local authorities from building up the necessary expertise.[334]

7.43. A similar point was made in relation to a lack of skills within local authorities to evaluate interventions properly.[335] Mr Dowie told us that the DfT was not expecting local authorities to have these skills and that the department had a responsibility to ensure that an evaluation framework was in place. To that end they have published evaluation guidance for sustainable transport interventions (see paragraph 5.33 above).[336] We note however that the Sustainable Transport white paper states that local authorities themselves will be responsible for sharing what works and developing a framework to improve capability at the local level (see paragraph 5.34 above).

BOX 18

The Sustainable Travel Towns initiative

The STT initiative ran between 2004 and 2009 in Darlington, Peterborough and Worcester. The pilots were designed to explore the effectiveness of "smarter choices" measures, therefore excluding fiscal or regulatory measures. Each of the towns employed multi-faceted packages of interventions incorporating a range of non-regulatory and non-fiscal measures, such as:

- The provision of infrastructure: on a modest scale and with a focus on cycling and pedestrians.
- The provision of new services, such as car sharing schemes, car clubs and community transport services.
- The provision of education and propaganda.
- Emphasis on community involvement.
- The engagement of individuals through consultation exercises, competitions, newsletters and feedback.[337]

This package of measures achieved a reduction in the number of car driver trips by 9% and car driver distance by 5–7%,[338] though witnesses raised some concerns about its evaluation (see paragraph 6.5 above).

7.44. The local sustainable transport fund is the successor to the STT pilots (see Box 18, page 64). The fund will make £560 million available over four years for "smarter choices" local sustainable travel interventions. The DfT describes the purpose of the fund as giving "local transport authorities the opportunity, working in partnership with their communities, to identify the right solutions that meet the particular challenges faced in their areas and deliver the greatest benefits for their communities".[339]

7.45. The department has developed an Enabling Behaviour Change Information Pack for bidders to the Sustainable Transport Fund. The Pack sets out the

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[334] BC 127.

[335] BC 121, BC 127, BC 136.

[336] QQ 663, 666.

[337] BC 125, BC 141.

[338] BC 138.

[339] *Ibid*.

evidence about effective interventions from Cycling Cities and Towns and the STT pilots. It is intended to help those who bid for funding to base their bids on the available evidence about what works.[340] Whilst we acknowledge that this is a useful development, we note that the guidance simply lists the interventions and does not provide analysis of their effectiveness or contain very much about the use of fiscal measures and other disincentives to car use. Though we recognise that some disincentives to reduce car use would need to be implemented centrally (such as changes to fuel pricing policy), there are still others that are available to local authorities (such as increased parking charges, pedestrianisation and road user charges) and it will be particularly important that central government provides direction in relation to such disincentives in the light of the suggestion from some witnesses that local authorities are reluctant to implement these measures for fear of competition from other cities and lost revenue.[341]

BOX 19

Cycling Cities and Towns

The Cycling Cities and Towns programme has built on the first six cycling demonstration towns. The demonstration towns used multi-faceted packages of interventions to increase cycling, including "new cycle infrastructure; Bikeability cycle training; intensive programmes targeted at schools and workplaces; initiatives to remove barriers to cycling by providing equipment, building skills and increasing confidence; and awareness-raising campaigns under strong brands".[342] These towns saw an average increase in cycling of 27%. The Cycling Cities and Towns programme is based on the evidence of effectiveness of interventions in the demonstration towns.

7.46. **Although we welcome the principle of DfT's Local Sustainable Transport Fund, the initiative is based on a pilot project which was incompletely evaluated and so did not provide evidence about the long-term effectiveness of interventions. Furthermore, as we have noted in paragraph 7.41, the Sustainable Travel Towns pilot did not wholly reflect the evidence about how to change transport mode choice.**

7.47. **We commend DfT's recognition that, if responsibility for interventions is to be devolved to local agents, guidance to commissioners on the evidence and an evaluation framework are necessary. We note, however, that current guidance does not take into account the evidence about the need for strong disincentives to car use needed to achieve significant changes in behaviour and fails to provide any analysis of the evidence associated with effective interventions.**

7.48. We are not clear about the extent to which Government intend to reduce carbon emissions by reducing car use but, if they hope to achieve a significant reduction, the evidence suggests that regulatory and fiscal disincentives to car use will be required. **We recommend that the**

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340 http://www.DepartmentforTransport.gov.uk/adobepdf/165252/enablingbehaviourchangeinfopack.pdf.

341 BC 125, BC 135.

342 BC 131.

Government (a) establish and publish targets for a reduction in carbon emissions as a result of a reduction in car use; (b) publish an estimate of the percentage reduction in emissions which will be achieved through reducing car use and the timescale for its achievement; and (c) set out details of the steps they will take if this percentage reduction is not achieved by this time.

CHAPTER 8: CONCLUSIONS AND RECOMMENDATIONS

Definitions, categorisation and the ethics of behaviour change interventions (Chapter 2)

Interventions and ethical acceptability

8.1. The idea of the Government intervening to change people's behaviour will often be controversial, and so it is important that ministers are always able to explain the evidence-base of any proposed behaviour change intervention, and why it is a necessary and proportionate means of addressing a well-defined problem (paragraph 2.20).

Understanding what influences behaviour (Chapter 3)

Applied research at a population level

8.2. There is a lack of applied research at a population level to support specific interventions to change the behaviour of large groups of people (including a lack of evidence on cost-effectiveness and long-term impact). This is a barrier to the formulation of evidence-based policies to change behaviour. To address this problem, the Government will need both to evaluate their own behaviour change interventions rigorously and establish new evidence by commissioning and funding more applied behavioural research on this scale (paragraph 3.10).

Evidence-based policy (Chapter 4)

Are Government policies evidence-based?

8.3. We acknowledge that there will be occasions when it is legitimate for a government not to implement behaviour change interventions for which there is good evidence of effectiveness. In these circumstances, however, we believe that ministers have a responsibility to explain why they have decided not to do so (paragraph 4.7).

8.4. We agree with the principle, stated in the Government's *Principles of Scientific Advice*, that ministers should explain publicly their reasons for policy decisions, particularly when a decision is not consistent with scientific advice and, in doing so, should accurately represent the evidence. This places a responsibility on scientists and social scientists within government to ensure that ministers are provided with accurate and up-to-date advice on the available evidence about how to change behaviour so that they can identify where and why they are not basing a policy on the evidence (paragraph 4.8).

Addressing the barriers to evidence-based policy

8.5. We urge ministers to consult their departmental Chief Scientific Advisers about whether the amount of money spent on applied behaviour change research at a population level is sufficient to meet their policy needs (paragraph 4.16).

Translation of research

Role of Government scientists

8.6. We recommend that, at the earliest opportunity, the Government appoint a Chief Social Scientist who reports to the Government Chief Scientific Adviser and is an independent expert in social science research to ensure the provision of robust and independent social scientific advice (paragraph 4.23).

8.7. We further recommend that the Government consider whether existing mechanisms for the provision of social scientific advice, in particular advice on behavioural science, are fit for purpose. This should include consideration of how departmental Chief Scientific Advisers and social scientists within departments can best work together to provide up to date social scientific advice to support evidence-based behaviour change interventions (paragraph 4.24).

Better links between the academic and policy making communities

8.8. Departmental Chief Scientific Advisers, whether or not they have experience of the sciences of human behaviour, should be responsible for establishing and maintaining contacts with leading behavioural scientists with expertise relevant to their policy areas and for consulting them as necessary (paragraph 4.30).

Behavioural insights for policy makers

8.9. We recommend that the Cabinet Secretary, in consultation with the Government Chief Scientific Adviser and Chief Social Scientist, once appointed, should take steps to ensure that civil servants with responsibility for policy making have the necessary understanding of the importance of changing behaviour and can identify the most appropriate people to consult in their own departments about the development of behaviour change interventions (paragraph 4.32).

Guidance to policy makers

8.10. We recommend that the Cabinet Office, in consultation with the Chief Social Scientist, once appointed, consider how to consolidate the available guidance in a form which is evidence-based and accessible to policy makers (paragraph 4.35).

8.11. We further recommend that the National Institute for Clinical Excellence updates its 2007 Behaviour Change Guidance and considers whether accessible, multi-disciplinary guidance could be provided in relation to health-related behaviour change policies, particularly to offer more explicit advice on how behaviour change techniques could be applied to reduce obesity, alcohol abuse and smoking (paragraph 4.36).

Sharing knowledge across Government

8.12. We recommend that the Cabinet Office, together with the Government Chief Scientific Adviser and Chief Social Scientist, once appointed, review the current mechanisms for sharing knowledge about behaviour change among government departments with a view to introducing a more streamlined structure (paragraph 4.41).

8.13. We recommend further that this revised structure should involve the continuation of work begun on the "inventory of behaviours" in order to establish an archive of behaviour change interventions. This archive should provide accounts of the evaluation of the interventions and include unsuccessful as well as successful interventions (paragraph 4.42).

The Government approach to changing behaviour (Chapter 5)

The need for a range of interventions

8.14. In general, the evidence supports the conclusion that non-regulatory or regulatory measures used in isolation are often not likely to be effective and that usually the most effective means of changing behaviour at a population level is to use a range of policy tools, both regulatory and non-regulatory. Given that many factors may influence behaviour, this conclusion is perhaps unsurprising (paragraph 5.13).

8.15. We welcome efforts by the Government to raise awareness within departments of the importance of understanding behaviour, and the potential this has for the development of more effective and efficient policies. We are concerned, however, that emphasising non-regulatory interventions will lead to policy decisions where the evidence for the effectiveness of other interventions in changing behaviour has not been considered. This would jeopardise the development of evidence-based, effective and cost-effective policies (paragraph 5.14).

8.16. We therefore urge ministers to ensure that policy makers are made aware of the evidence that non-regulatory measures are often not likely to be effective if used in isolation and that evidence regarding the whole range of policy interventions should be considered before they commit to using non-regulatory measures alone (paragraph 5.15).

Partnership working and voluntary agreements

8.17. The involvement of other organisations to support the Government's behaviour change initiatives may provide valuable opportunities to improve the effectiveness of behaviour change interventions, in particular by allowing a range of messengers to be used to deliver them. We welcome the Government's intention to use such collaborations (paragraph 5.25).

8.18. However, we have major doubts about the effectiveness of voluntary agreements with commercial organisations, in particular where there are potential conflicts of interest. Where voluntary agreements are made, we recommend that the following principles should be applied in order to ensure that they achieve their purpose:

- The Government should specify clearly what they want businesses to do based on the evidence about how to change behaviour, and what steps they will take to achieve the same result if voluntary agreements are not forthcoming, or prove ineffective.
- Voluntary agreements should be rigorously and independently evaluated against measurable and time-limited outcomes (paragraph 5.26).

8.19. Given that these principles do not appear to have been applied consistently to the Public Health Responsibility Deal Network, we urge the Department of Health, in particular, to ensure that these principles are followed when

negotiating further voluntary agreements. In relation to the current agreements, we recommend that the Department of Health should state for each pledge what outcomes are expected and when, and provide details of what steps they will take if the agreements are not effective at the end of the stated period (paragraph 5.27).

The role of local authorities

8.20. Although decentralising responsibility may provide a useful opportunity to tailor local behaviour change initiatives and to help build the evidence-base for applied behaviour change research at the population level, steps should be taken to ensure that interventions are evidence-based and properly evaluated. To this end, we recommend that the Government:

- produce guidance for local authorities on how to use evidence effectively to design, commission and evaluate interventions and on the need to involve experts in the design and evaluation process, and provide advice on how to best use the tendering process to ensure value for money;
- take steps to ensure that evaluation of interventions, including data collection and reporting of behaviour change outcomes, across local areas is of sufficiently high quality to allow comparisons and analysis;
- takes steps to ensure that what is learnt by a local government in one place can be readily transmitted to other local governments; and
- provide funding only for those schemes which are based on sound evidence. Demonstration of rigorous evaluation and contribution to the evidence-base should be a requirement for future funding for behaviour change interventions (paragraph 5.30).

Evaluation of behaviour change interventions (Chapter 6)

Ensuring effective evaluation

8.21. Effective evaluation requires that:

- evaluation should be considered at the beginning of the policy design process. External evaluation expertise should be sought, where necessary, from the policy's inception;
- relevant outcome measures—as distinct from outputs—should be established at the beginning of the policy development process;
- the duration of the evaluation process should be sufficiently long-term to demonstrate that an intervention has resulted in maintained behaviour change;
- pilot studies, using population-representative samples, followed by controlled trials assessing objective outcomes should be used whenever practicable; and
- sufficient funds should be allocated for evaluation, recognising that establishing what works, and why, is likely to result in better value for money in the long-term (paragraph 6.14).

8.22. We find however that, at present, evaluations of Government behaviour change interventions often lack one or more of these necessary elements. While we welcome the Government's revision of the Magenta Book, the

evaluation guidance for policy makers and analysts, we believe that it could be further improved. We recommend that the Government consult external evaluation experts on the creation of a concise document for policy makers, containing only the most important principles of evaluation. We further recommend that they make clear what steps they will take to ensure that the revised guidance leads to a change in evaluation culture across Whitehall (paragraph 6.15).

Case studies (Chapter 7)

Case study 1: tackling obesity

Change4Life

8.23. It appears that the Change4Life programme has, on the whole, been evidence-based and appropriately targeted. We note the Government's commitment to continue using the brand and urge the Department of Health to ensure that future evaluations are robust and establish whether or not the programme is likely to be successful in the longer term (paragraph 7.12).

Population wide interventions: advertising, marketing and food labelling

8.24. We invite the Government to explain why their policy on food labelling and marketing of unhealthy products to children is not in accordance with the available evidence about changing behaviour. Given the evidence, we recommend that the Government take steps to implement a traffic light system of nutritional labelling on all food packaging. We further recommend that the Government reconsider current regulation of advertising and marketing of food products to children, taking a more realistic view of the range of programmes that children watch (paragraph 7.17).

Voluntary agreements

8.25. We draw attention to our recommendation about the failures of all current pledges made by the Public Health Responsibility Deal (see paragraph 8.19). Moreover, obesity is a significant and urgent societal problem and the current Public Health Responsibility Deal pledge on obesity is not a proportionate response to the scale of the problem. If the Government intend to continue to use agreements with businesses as a way of changing the population's behaviour, we urge them to ensure that these are based on the best available evidence about the most effective measures to tackle obesity at a population level. In particular, they should consider the ways in which businesses themselves influence the behaviour of the population in unhealthy ways. If effective measures cannot be achieved through agreement, the Government must pursue them through other means (paragraph 7.20).

Weight management interventions

8.26. We recommend that the Department of Health should commission a review of the provision of weight management services, including the Health Trainers programme, across the country. We recommend further that the National Institute for Clinical Excellence should compile a list of approved weight management services which adhere to their best practice guidance. If the Health Trainers programme is included in this list, we recommend that the Government should continue the programme, particularly in the light of its focus on tackling health inequalities (paragraph 7.25).

Case study 2: reducing car use

Weaknesses of the evidence-base

8.27. We recommend that the Department for Transport should prioritise funding to research the most effective behaviour change interventions to reduce car use for medium and longer-length journeys and undertake pilots of those interventions as soon as possible (paragraph 7.34).

Promoting and enabling choice: the role of regulation and infrastructure

8.28. Bearing in mind our concern that the Government's preference for non-regulatory interventions may lead officials to give insufficient consideration to regulatory and fiscal interventions (see paragraph 8.15), we urge the Department for Transport to ensure that evidence for both non-regulatory and regulatory measures is taken into account when formulating policies to reduce car use (paragraph 7.36).

8.29. As the evidence suggests that good infrastructure is a prerequisite for, and greatly enhances, the effectiveness of other "smarter choices" measures, we strongly encourage the Department for Transport to ensure that, wherever possible in a time of financial stringency, a sufficient proportion of funds is maintained to make effective improvements and changes to infrastructure (paragraph 7.38).

Integrated policy packages

8.30. Whilst we welcome the Department for Transport's emphasis on the use of policy packages, we note they do not include regulatory and fiscal measures and so do not wholly reflect the evidence about how to change transport mode choice. This suggests that their effectiveness and, in turn, their cost-effectiveness could well be limited (paragraph 7.41).

Localism and the Sustainable Transport Fund

8.31. Although we welcome the principle of the Department for Transport's Local Sustainable Transport Fund, the initiative is based on a pilot project which was incompletely evaluated and so did not provide evidence about the long-term effectiveness of interventions. Furthermore, (see paragraph 8.30), the Sustainable Travel Towns pilot did not wholly reflect the evidence about how to change transport mode choice (paragraph 7.46).

8.32. We commend the Department for Transport's recognition that, if responsibility for interventions is to be devolved to local agents, guidance to commissioners on the evidence and an evaluation framework are necessary. We note, however, that current guidance does not take into account the evidence about the need for strong disincentives to car use needed to achieve significant changes in behaviour and fails to provide any analysis of the evidence associated with effective interventions (paragraph 7.47).

8.33. We recommend that the Government (a) establish and publish targets for a reduction in carbon emissions as a result of a reduction in car use; (b) publish an estimate of the percentage reduction in emissions which will be achieved through reducing car use and the timescale for its achievement; and (c) details of the steps they will take if this percentage reduction is not achieved by this time (paragraph 7.48).

APPENDIX 1: MEMBERS AND DECLARATIONS OF INTEREST

Members:

† Lord Alderdice
Lord Crickhowell
Baroness Hilton of Eggardon
Lord Krebs
† Lord May of Oxford
Baroness Neuberger (Chairman)
† Baroness O'Neill of Bengarve
Lord Patel
Baroness Perry of Southwark
Earl of Selborne
† Lord Sutherland of Houndwood
Lord Warner

† Co-opted Members

Specialist Adviser:

Professor Charles Abraham, Professor of Behaviour Change, Peninsula College of Medicine and Dentistry, Universities of Exeter and Plymouth

Declared Interests

Lord Alderdice
Retired consultant psychiatrist
President of ARTIS (Europe) Ltd

Lord Crickhowell
Daughter, Sophie Edwards and her company Interaction CTHT Ltd have submitted written evidence

Baroness Hilton of Eggardon
None

Lord Krebs
Principal, Jesus College Oxford
Chairman, Oxford Risk Ltd
President, Campden BRI
Trustee, Nuffield Foundation
Chairman, Nuffield Council on Bioethics enquiry into the Ethics of Public Health (2007)
Chairman, Royal Society Science Policy Advisory Group
Member, Committee on Climate Change, Chairman of Adaptation sub Committee

Lord May of Oxford
Member of Climate Change Committee
Adviser to Tesco "Sustainable Consumption Institute" at Manchester University

Baroness Neuberger
Chair, Responsible Gambling Strategy Board
Chair, the Responsible Gambling Fund

Baroness O'Neill of Bengarve

Member of Advisory Board, Centre for Health Incentives
Trustee, Sense About Science
Member Council, Foundation for Science & Technology
Chair of the Nuffield Foundation
Societal Issue Panel EPSRC (member)
Fellow, Academy of Medical Science

Lord Patel
None

Baroness Perry of Southwark
Chair, Research Governance Committee, Addenbrooke's NHS Trust/Cambridge University Clinical School

Earl of Selborne
Chair of the Partners Board of the Living With Environmental Change Programme

Lord Sutherland of Houndwood
None

Lord Warner
None

A full list of Members' interests can be found in the Register of Lords Interests: http://www.parliament.uk/mps-lords-and-offices/standards-and-interests/register-of-lords-interests

Professor Charles Abraham
Honorary professorial positions University of Sussex, University of Nottingham and University of Maastricht
Health Professionals Council Certified Health Psychologist
Member of the Programme Development Group which developed the 2007 National Institute of Clinical and Public Health Excellence Guidance on "Behaviour change at population, community and individual levels"
Previous part-time Research Consultant, Division of Public Health, Department of Health
Previous research consultant for Unilever
Fellow of the British Psychological Society
Fellow of the European Health Psychology Society
Fellow of the International Association of Applied Psychology
Member of the International Society of Behavioral Nutrition and Physical Activity
Previous recipient of research funding from Shell
In receipt of research funding from the UK Medical Research Council

APPENDIX 2: LIST OF WITNESSES

Evidence

Evidence is published online at www.parliament.uk/hlsciencesub1 and available for inspection at the Parliamentary Archives (020 7219 5314).

Evidence received by the Committee is listed below in order of receipt and in alphabetic order. Witnesses without a * gave written evidence only. Witnesses marked with a * gave both oral and written evidence. Witnesses marked with ** gave oral evidence and did not submit any written evidence.

Oral evidence in chronological order

*	(QQ 1–50)	Dr David Halpern, Head of the Behavioural Insights Team, Cabinet Office, and the Government Economic and Social Research Team
*	(QQ 51–85)	Dr Sunjai Gupta, Head of Public Health Strategy and Social Marketing, Department of Health, Ms Sian Jarvis, Director-General of Communications, Department of Health, Dr Gemma Harper, Chief Social Scientist, Department for Environment, Food and Rural Affairs and Central Office of Information
*	(QQ 86–138)	Professor Susan Michie, Professor of Health Psychology, University College London, Professor Elizabeth Shove, Professor of Sociology, Lancaster University, Professor Imran Rasul, Professor of Economics, University College London, Dr Wendy Ewart, Director of Strategy, Medical Research Council (MRC), and Dr Dawn Woodgate, Economic and Social Research Council
*	(QQ 139–184)	Professor Mike Kelly, National Institute for Clinical Excellence, Professor John Britton, University of Nottingham and Director of the UK Centre for Tobacco Control Studies, and Dr Tim Chatterton, University of the West of England
*	(QQ 185–225)	Professor Lyndal Bond, Leader of the MRC programme "Evaluating the Health Effects of Social Interventions", Professor Ray Pawson, Professor of Social Research Methodology, University of Leeds, Professor David Gunnell, Professor of Epidemiology in the School of Social and Community Medicine, University of Bristol, Dr Siobhan Campbell, Head of Policy Evaluation, Department of Energy and Climate Change, and Mr Mike Daly, Department for Work and Pensions
*	(QQ 226–261)	Institute of Practitioners in Advertising, M&C Saatchi, and Unilever
*	(QQ 262–282)	Drinkaware, Groundwork, and Swanswell
**	(QQ 283–329)	Department of Energy and Climate Change, Department for Environment, Food and Rural Affairs, and Growing Against Gangs Foundation

*	(QQ 330–349)	Dr Melvyn Hillsdon, University of Exeter, Dr Ian Campbell, Medical Director of Weight Concern, and Professor Theresa Marteau, King's College London and University of Cambridge
*	(QQ 350–386)	Department of Health and Professor Erik Millstone, Professor of Science Policy, University of Sussex
*	(QQ 387–430)	Living Well West Midlands, Great Yarmouth Community Trust, Yorkshire and Humber Health Trainer Team and Central YMCA
*	(QQ 431–455)	Ms Katherine Kerswell, Group Managing Director of Kent County Council, and former president of the Society of Local Authority Chief Executives (SOLACE), Association of Public Health Directors, Weight Watchers, and MEND Central
*	(QQ 456–475)	Sainsbury's
*	(QQ 476–502)	Diageo
*	(QQ 503–554)	Asda, and the Fitness Industry Association
*	(QQ 555–574)	UK Faculty of Public Health, British Medical Association, and Dr Susan Jebb, Head of Nutrition and Research, MRC, and Chair, Cross-Government Expert Advisory Group on Obesity and the Responsibility Deal Food Network
*	(QQ 575–594)	Dr Stephen Skippon, Principal Scientist, Shell Global Solutions, Dr Jillian Anable, Centre for Transport Research, University of Aberdeen, and Professor Phillip Goodwin, Centre for Transport and Society, University of the West of England
*	(QQ 595–628)	Dr Lorraine Whitmarsh, Environmental Psychologist, Cardiff University, Professor Peter Bonsall, Professor of Transport Planning, University of Leeds, Sustainable Development Commission, and Professor David Banister, Director, Transport Studies Unit, University of Oxford
*	(QQ 629–675)	Department for Transport, Darlington Council, Worcestershire Council, and Transport for Quality of Life
*	(QQ 676–701)	Sustrans, RAC Foundation, Cycling England, and Stagecoach UK Bus
*	(QQ 702–740)	Mr Oliver Letwin MP, Minister of State, Cabinet Office, Ms Anne Milton MP, Parliamentary Under Secretary of State for Public Health, and Mr Norman Baker MP, Parliamentary Under Secretary of State for Transport

Written evidence in order of receipt

*	(BC 1)	Sustrans

	(BC 2)	Professor Gregory Maio, Professor Geoff Haddock, Cardiff University and Dr Katy Tapper, Swansea University
	(BC 3)	Joan Costa-Font, London School of Economics
	(BC 4)	Health and Well-Being Alliance
	(BC 5)	National Social Marketing Centre
*	(BC 6)	Professor Ray Pawson, University of Leeds
	(BC 7)	Max-Planck Institute for Evolutionary Biology
	(BC 8)	Professor Peter John, University of Manchester
	(BC 9)	Dr Diane Dixon and Professor Marie Johnston, Chartered Health Psychologists
	(BC 10)	Carolyn Lester, Public Health Wales
	(BC 11)	Dr Karen Lucas, Transport Studies Unit, University of Oxford
	(BC 12)	Gateway Family Services
	(BC 13)	Professor Robert Cialdini, Arizona State University and Steve Martin, Influence at Work
	(BC 14)	Dr Peter Mathews, Pedagogic Consultant
	(BC 15)	Foteini Papdopoulou, PhD Candidate, University of Loughborough
	(BC 16)	Food Standards Agency (FSA)
*	(BC 17)	UK Centre for Tobacco Control Studies
	(BC 18)	Do Something Different Behaviour Change Programme
	(BC 19)	Professor Martin Caraher, City University London
	(BC 20)	Lifestyle service, South Staffordshire PCT
	(BC 21)	Workplace Cycle Challenge
	(BC 22)	British Association for Applied Nutrition and Nutritional Therapy (BANT)
	(BC 23)	Professor Erik Bichard, University of Salford
*	(BC 24)	Government Economics Service (GES) and the Government Social Research Service (GSR)
*	(BC 25)	Yorkshire and Humber Health Trainer Team
	(BC 26)	Halton and St Helens—NHS Health Improvement Team
	(BC 27)	NHS Stop-Smoking Services and the NHS Centre for Smoking Cessation and Training (NCSCT)
*	(BC 28)	Professor Erik Millstone, SPRU, University of Sussex
*	(BC 29)	Dr Alison Bish and Professor Susan Michie, University College London
*	(BC 30)	Weight Watchers UK

	(BC 31)	Dr Adam Corner, Dr Lorraine Whitmarsh, Professor Nick Pidgeon and Professor Greg Maio, Cardiff University
*	(BC 32)	Great Yarmouth Community Trust
	(BC 33)	Slimming World
	(BC 34)	Professor Frances Griffiths, University of Warwick
	(BC 35)	Mr Robert Langford, Telford and Wrekin Community Health Services
	(BC 36)	UK Society for Behavioural Medicine (UKSBM)
	(BC 37)	Professor Mary Rudolf, Leeds General Infirmary
	(BC 38)	Wellcome Trust
	(BC 39)	Countryside and Community Research Institute (CCRI)
	(BC 40)	Interaction
	(BC 41)	Plunkett Foundation
	(BC 42)	National Obesity Observatory (NOO)
*	(BC 43)	Dr Benjamin Gardner, Professor Susan Michie, University College London and Professor Nichola Rumsey, University of the West of England
	(BC 44)	Camden Weight Loss Research Team (CAMWEL)
*	(BC 45)	Professor Elizabeth Shove, Lancaster University
*	(BC 46)	ESRC Centre for Business Relationships, Accountability, Sustainability and Society (BRASS)
	(BC 47)	British Retail Consortium (BRC)
	(BC 48)	British Heart Foundation
	(BC 49)	Cambridge Weight Plan
	(BC 50)	LighterLife
	(BC 51)	Global Action Plan
*	(BC 52)	National Institute for Health and Clinical Excellence (NICE)
*	(BC 53)	British Medical Association (BMA)
	(BC 54)	University of Bath, Faculties of Humanities and Social Sciences
	(BC 55)	Mr Kelvin Chan, University of Cambridge
	(BC 56)	Dr Bennett Foddy and Dr Eric Mandelbaum, Oxford University
	(BC 57)	West Midlands NHS Maternal and Early Years Services
	(BC 58)	Association for the Study of Obesity (ASO)
	(BC 59)	Brighton and Hove Food Partnership
	(BC 60)	Claradan and ClaradanMetrics

	(BC 61)	Harpreet Sohal, Health Trainer Services Manager, Solihull
	(BC 62)	Health, Exercise, Nutrition for the Really Young (HENRY)
	(BC 63)	Development Education Association (DEA)
*	(BC 64)	Living Well West Midlands
	(BC 65)	Dr Rhys Jones, Dr Jessica Pykett and Dr Mark Whitehead, Aberystwyth University
	(BC 66)	Professor Thomas Baldwin, University of York
	(BC 67)	University of Aberdeen, Institute of Applied Sciences
	(BC 68)	Dr Benjamin Gardner and Dr Phillippa Lally, University College London
	(BC 69)	Sandy Evans, ProHealthClinical
	(BC 70)	Keep Britain Tidy
	(BC 71)	Switchover Help Scheme
*	(BC 72)	Professor Robert West and Professor Susan Michie, University College London
	(BC 73)	Food and Drink Federation (FDF)
	(BC 74)	Rights to Warmth
	(BC 75)	Nuffield Council on Bioethics
*	(BC 76)	Central Office of Information (COI)
	(BC 77)	British Trust for Conservation Volunteers (BTCV)
	(BC 78)	British Academy
	(BC 79)	Leeds Metropolitan University, Centre for Food Nutrition and Health
	(BC 80)	West Midlands NHS Maternal and Early Years Project
	(BC 81)	Wine and Spirit Trade Association
	(BC 82)	Action on Smoking and Health
*	(BC 83)	Sustainable Development Commission (SDC)
	(BC 84)	National Trust and we will if you will
*	(BC 85)	Central YMCA
	(BC 86)	Mr Andrew Darnton, AD Research & Analysis Ltd
	(BC 87)	Health and Safety Laboratory (HSL)
	(BC 88)	WRAP (the Waste & Resources Action Programme)
	(BC 89)	The Campaign Company (TCC)
	(BC 90)	NHS Leeds
	(BC 91)	International Association for the Study of Obesity (IASO)
	(BC 92)	Astarte Programme
	(BC 93)	Dr John Coggon LLB, PhD, University of Manchester

*	(BC 94)	MEND Central
	(BC 95)	Matrix Evidence
*	(BC 96)	Professor Imran Rasul and Myra Mohnen, University College London
	(BC 97)	Harald Schmidt, London School of Economics
*	(BC 98)	Drinkaware
	(BC 99)	Ajinomoto
	(BC 100)	Institute for Government
*	(BC 101)	Institute for Practitioners in Advertising (IPA)
	(BC 102)	Advertising Association
	(BC 103)	Professor Paul Dolan, Dr Dominic King, Dr Robert Metcalfe, Dr Ivo Vlaev, Imperial College London
	(BC 104)	HERD Consulting, Mark Earls and Dr Alex Bentley, Durham University
	(BC 105)	British Psychological Society
	(BC 106)	Mark Watson, Bikesh Dongol, Mathew Calcasola, Sally Simpson, Oscar Nolan, Hany Hashesh, 4th Year Medical Students, University of Leicester
	(BC 107)	The Green Alliance
*	(BC 108)	Research Councils UK (RCUK)
	(BC 109)	Professor Alan Maynard, University of York
*	(BC 110)	Professor Theresa Marteau and Laura Haynes, King's College London
*	(BC 111)	Swanswell
	(BC 112)	Andrew Dapaah, Tinashe Chirenje, Ann Paraiso, Vivienne Richards, Lucy Reynolds and Kazira von Selmont, Leicester University Medical Students
	(BC 113)	Dr Mike Esbester, Oxford Brookes University
*	(BC 114)	Government (joint departmental submission)
*	(BC 115)	Diageo
*	(BC 116)	Stagecoach Group plc
	(BC 117)	Professor John Urry, Lancaster University
*	(BC 118)	National Institute for Health and Clinical Excellence (NICE) (supplementary)
*	(BC 119)	Professor David Banister, University of Oxford
	(BC 120)	Mr Donald Bowler
*	(BC 121)	RAC Foundation
	(BC 122)	Dr David Metz, visiting professor, Centre for Transport Studies, University College London, formerly Chief Scientist, Department for Transport

	(BC 123)	Professor Colin Pooley, Dr David Horton, Dr Griet Scheldeman, Lancaster University
	(BC 124)	Professor Roger Mackett, University College London
*	(BC 125)	Professor Peter Bonsall, University of Leeds
	(BC 126)	Dr Alan Lewis MA, PhD: Director, Transport & Travel Research Ltd and Mr John Porter MSc: Director, Interactions Ltd
*	(BC 127)	Transport for Quality of Life
	(BC 128)	Living Streets
	(BC 129)	Greener Journeys'
	(BC 130)	Cyclists' Touring Club (CTC)
*	(BC 131)	Cycling England
*	(BC 132)	Research Councils UK (RCUK) (supplementary)
*	(BC 133)	Professor Phil Goodwin, University of the West of England
	(BC 134)	British Academy (supplementary)
*	(BC 135)	ESRC Centre for Business Relationships, Accountability, Sustainability and Society (BRASS) and the School of City and Regional Planning, Cardiff University (supplementary)
	(BC 136)	Tavistock Institute of Human Relations
	(BC 137)	Centro
*	(BC 138)	Department for Transport (DfT)
	(BC 139)	UKCRC Centre for Diet and Activity Research (CEDAR) and the Behaviour and Health Research Unit (BHRU), Institute of Public Health, University of Cambridge
	(BC 140)	Professor Kevin Anderson, Mr Dan Calverley and Dr Alice Bows, University of Manchester
*	(BC 141)	Sustrans (supplementary)
	(BC 142)	Mr Eric Britton, New Mobility Agenda and World Streets
	(BC 143)	Cycle to Work Alliance
	(BC 144)	Home Office
	(BC 145)	Friends of the Earth and Campaign for Better Transport
	(BC 146)	Royal Academy of Engineering
*	(BC 147)	Professor Robert West and Professor Susan Michie, University College London (supplementary)
*	(BC 148)	Professor Ray Pawson, University of Leeds (supplementary)
*	(BC 149)	UK Centre for Tobacco Control Studies (supplementary)

*	(BC 150)	Professor Lyndal Bond, Programme Leader of the MRC Programme: "Evaluating the Health Effects of Social Interventions" (supplementary)
*	(BC 151)	Department of Health (DH) (supplementary)
	(BC 152)	Peterborough City Council
*	(BC 153)	Professor Elizabeth Shove, Lancaster University (supplementary)
*	(BC 154)	Drinkaware (supplementary)
*	(BC 155)	Professor Peter Bonsall, University of Leeds (supplementary)
*	(BC 156)	Institute for Practitioners in Advertising (IPA) (supplementary)
*	(BC 157)	Mr Justin King, Group Chief Executive, Sainsbury's (supplementary)
*	(BC 158)	Mr Paul Kelly, External Affairs and Corporate responsibility Director, Asda (supplementary)
*	(BC 159)	Fitness Industry Association (supplementary)
*	(BC 160)	Transport for Quality of Life (supplementary)
*	(BC 161)	Department of Health (further supplementary)
*	(BC 162)	Oliver Letwin MP, Minister of State, Cabinet Office (supplementary)
*	(BC 163)	Cycling England (supplementary)
*	(BC 164)	Dr Steve Skippon, Shell Global Solutions (supplementary)

Alphabetical Order

Action on Smoking and Health (BC 82)

Advertising Association (BC 102)

Ajinomoto (BC 99)

** Dr Jillian Anabel, University of Aberdeen

Professor Kevin Anderson, Mr Dan Calverley and Dr Alice Bows, University of Manchester (BC 140)

Association for the Study of Obesity (ASO) (BC 58)

Astarte Programme (BC 92)

** Dr Frank Atherton, President of the Association of Public Health Directors

Professor Thomas Baldwin, University of York (BC 66)

* Professor David Banister, University of Oxford (BC 119)

Professor Erik Bichard, University of Salford (BC 23)

Dr Alison Bish and Professor Susan Michie, University College London (BC 29)

** Dr Peter Blake, Head of Integrated Transport, Worcestershire Council

* Professor Lyndal Bond, Programme Leader of the MRC Programme: "Evaluating the Health Effects of Social Interventions" (BC 150)

* Professor Peter Bonsall, University of Leeds (BC 125, 155)

Mr Donald Bowler (BC 120)

* ESRC Centre for Business Relationships, Accountability, Sustainability and Society (BRASS) (BC 46)

* ESRC Centre for Business Relationships, Accountability, Sustainability and Society (BRASS) and the School of City and Regional Planning, Cardiff University (BC 135)

Brighton and Hove Food Partnership (BC 59)

British Academy (BC 78, 134)

British Association for Applied Nutrition and Nutritional Therapy (BANT) (BC 22)

British Heart Foundation (BC 48)

* British Medical Association (BMA) (BC 53)

British Retail Consortium (BRC) (BC 47)

British Psychological Society (BC 105)

British Trust for Conservation Volunteers (BTCV) (BC 77)

Mr Eric Britton, New Mobility Agenda and World Streets (BC 142)

Cambridge Weight Plan (BC 49)

Camden Weight Loss Research Team (CAMWEL) (BC 44)

The Campaign Company (TCC) (BC 89)

** Dr Ian Campbell, Medical Director, Weight Concern

Professor Martin Caraher, City University London (BC 19)

* Central Office of Information (COI) (BC 76)

* Central YMCA (BC 85)

UKCRC Centre for Diet and Activity Research (CEDAR) and the Behaviour and Health Research Unit (BHRU), Institute of Public Health, University of Cambridge (BC 139)

Centro (BC 137)

Mr Kelvin Chan, University of Cambridge (BC 55)

** Dr Tim Chatterton, University of the West of England, Bristol

Professor Robert Cialdini, Arizona State University and Steve Martin, Influence at Work (BC 13)

Claradan and ClaradanMetrics (BC 60)

Dr John Coggon LLB, PhD, University of Manchester (BC 93)

Dr Adam Corner, Dr Lorraine Whitmarsh, Professor Nick Pidgeon and Professor Greg Maio, Cardiff University (BC 31)

Joan Costa-Font, London School of Economics (BC 3)

Countryside and Community Research Institute (CCRI) (BC 39)

Cyclists' Touring Club (CTC) (BC 130)

Cycle to Work Alliance (BC 143)

* Cycling England (BC 131, 163)

Andrew Dapaah, Tinashe Chirenje, Ann Paraiso, Vivienne Richards, Lucy Reynolds and Kazira von Selmont, Leicester University Medical Students (BC 112)

Andrew Darnton, AD Research & Analysis Ltd (BC 86)

** Professor Lindsey Davies, President, UK Faculty of Public Health

* Department of Health (BC 151, 161)

* Department for Transport (BC 138)

Development Education Association (DEA) (BC 63)

* Diageo (BC 115)

Dr Diane Dixon and Professor Marie Johnston (BC 9)

Professor Paul Dolan, Dr Dominic King, Dr Robert Metcalfe, Dr Ivo Vlaev (BC 103)

Do Something Different Behaviour Change Programme (BC 18)

* Drinkaware (BC 98, 154)

** Mr Tim Duffy, Chief Executive, M&C Saatchi

Dr Mike Esbester, Oxford Brookes University (BC 113)

Sandy Evans, ProHealthClinical (BC 69)

** Dr Wendy Ewart, Director of Strategy, Medical Research Council

* Fitness Industry Association (BC 159)

Dr Bennett Foddy and Dr Eric Mandelbaum, Oxford University (BC 56)

Food and Drink Federation (FDF) (BC 73)

Food Standards Agency (FSA) (BC 16)

Friends of the Earth and Campaign for Better Transport (BC 145)

Dr Benjamin Gardner and Dr Phillippa Lally, University College London (BC 68)

* Dr Benjamin Gardner, Professor Susan Michie, University College London and Professor Nichola Rumsey, University of the West of England (BC 43)

Gateway Family Services (BC 12)

Global Action Plan (BC 51)

* Professor Phil Goodwin, University of the West of England (BC 133)

* Government Economics Service (GES) and the Government Social Research Service (GSR) (BC 24)

* Government (BC 114) (joint departmental submission)

* Great Yarmouth Community Trust (BC 32)

The Green Alliance (BC 107)

Greener Journeys' (BC 129)

Professor Frances Griffiths, University of Warwick (BC 34)

** Professor David Gunnell, University of Bristol

Halton and St Helens—NHS Health Improvement Team (BC 26)

** Mr Tony Hawkhead, Chief Executive, Groundwork

Health and Safety Laboratory (HSL) (BC 87)

Health and Well-Being Alliance (BC 4)

Health, Exercise, Nutrition for the Really Young (HENRY) (BC 62)

HERD Consulting, Mark Earls and Dr Alex Bentley, Durham University (BC 104)

** Dr Melvyn Hillsdon, University of Exeter

Home Office (BC 144)

** Mr Simon Houldsworth, Transport Policy Manager, Darlington Council

Institute for Government (BC 100)

* Institute for Practitioners in Advertising (IPA) (BC 101, 156)

Interaction (BC 40)

International Association for the Study of Obesity (IASO) (BC 91)

** Dr Susan Jebb, Head of Nutrition and Research, Medical Research Council, and Chair, Cross-Government Expert Advisory Group on Obesity and the Responsibility Deal Food Network

Professor Peter John, University of Manchester (BC 8)

Dr Rhys Jones, Dr Jessica Pykett and Dr Mark Whitehead, Aberystwyth University (BC 65)

Keep Britain Tidy (BC 70)

* Mr Paul Kelly, External Affairs and Corporate responsibility Director, Asda (BC 158)

** Ms Katherine Kerswell, Group Managing Director of Kent County Council, and former president of the Society of Local Authority Chief Executives (SOLACE)

* Mr Justin King, Group Chief Executive, Sainsbury's (BC 157)

Mr Robert Langford, Telford and Wrekin Community Health Services (BC 35)

Leeds Metropolitan University, Centre for Food Nutrition and Health (BC 79)

Carolyn Lester, Public Health Wales (BC 10)

* Oliver Letwin MP, Minister of State, Cabinet Office (BC 162)

Dr Alan Lewis MA, PhD: Director, Transport & Travel Research Ltd and Mr John Porter MSc: Director, Interactions Ltd (BC 126)

Lifestyle service, South Staffordshire PCT (BC 20)

LighterLife (BC 50)

Living Streets (BC 128)

* Living Well West Midlands (BC 64)

Dr Karen Lucas, Transport Studies Unit, University of Oxford (BC 11)

Professor Roger Mackett, University College London (BC 124)

Professor Gregory Maio, Professor Geoff Haddock, Cardiff University and Dr Katy Tapper, Swansea University (BC 2)

* Professor Theresa Marteau and Laura Haynes, King's College London (BC 110)

** Mr Nick Mason, Chair of the Growing Against Gangs Foundation

Matrix Evidence (BC 95)

Dr Peter Mathews, Pedagogic Consultant (BC 14)

Max-Planck Institute for Evolutionary Biology (BC 7)

Professor Alan Maynard, University of York (BC 109)

* MEND Central (BC 94)

Dr David Metz, visiting professor, Centre for Transport Studies, University College London, formerly Chief Scientist, Department for Transport (BC 122)

* Professor Erik Millstone, SPRU, University of Sussex (BC 28)

* National Institute for Health and Clinical Excellence (NICE) (BC 52, 118)

National Obesity Observatory (NOO) (BC 42)

National Social Marketing Centre (BC 5)

National Trust and we will if you will (BC 84)

NHS Leeds (BC 90)

NHS Stop-Smoking Services and the NHS Centre for Smoking Cessation and Training (NCSCT) (BC 27)

Nuffield Council on Bioethics (BC 75)

Foteini Papdopoulou, PhD Candidate, University of Loughborough (BC 15)

* Professor Ray Pawson, University of Leeds (BC 6, 148)

Peterborough City Council (BC 152)

Plunkett Foundation (BC 41)

Professor Colin Pooley, Dr David Horton, Dr Griet Scheldeman, Lancaster University (BC 123)

* RAC Foundation (BC 121)

* Professor Imran Rasul and Myra Mohnen, University College London (BC 96)

* Research Councils UK (RCUK) (BC 108, 132)

Rights to Warmth (BC 74)

Royal Academy of Engineering (BC 146)

Professor Mary Rudolf, Leeds General Infirmary (BC 37)

Harald Schmidt, London School of Economics (BC 97)

* Professor Elizabeth Shove, Lancaster University (BC 45, 153)

* Dr Steve Skippon, Shell Global Solutions (BC 164)

Slimming World (BC 33)

Harpreet Sohal, Health Trainer Services Manager, Solihull (BC 61)

* Stagecoach Group plc (BC 116)

* Sustainable Development Commission (SDC) (BC 83)

* Sustrans (BC 1, 141)

* Swanswell (BC 111)

Switchover Help Scheme (BC 71)

Tavistock Institute of Human Relations (BC 136)

* Transport for Quality of Life (BC 127, 160)

* UK Centre for Tobacco Control Studies (BC 17, 149)

UK Society for Behavioural Medicine (UKSBM) (BC 36)

University of Aberdeen, Institute of Applied Sciences (BC 67)

University of Bath, Faculties of Humanities and Social Sciences (BC 54)

Professor John Urry, Lancaster University (BC 117)

Mark Watson, Bikesh Dongol, Mathew Calcasola, Sally Simpson, Oscar Nolan, Hany Hashesh, 4th Year Medical Students, University of Leicester (BC 106)

* Weight Watchers UK (BC 30)

Wellcome Trust (BC 38)

West Midlands NHS Maternal and Early Years Project (BC 80)

West Midlands NHS Maternal and Early Years Services (BC 57)

* Professor Robert West and Professor Susan Michie, University College London (BC 72, 147)

Wine and Spirit Trade Association (BC 81)

Workplace Cycle Challenge (BC 21)

WRAP (the Waste & Resources Action Programme) (BC 88)

** Dr Richard Wright, Director of Sensation, Perception and Behaviour, Unilever

* Yorkshire and Humber Health Trainer Team (BC 25)

APPENDIX 3: CALLS FOR EVIDENCE

The House of Lords Science and Technology Select Committee has appointed a sub-committee, chaired by Baroness Neuberger, to investigate the use of behaviour change interventions to achieve policy goals.

Introduction

To meet many of the societal challenges we are currently facing—such as achieving an 80% reduction in carbon emissions by 2050 or reducing the burden on the health service as a result of smoking, drinking or the rise in obesity—individual and collective behaviour will need to change significantly. Governments, therefore, are becoming increasingly interested in understanding how they can influence the way we behave using a range of different types of behaviour change policy interventions that rely on measures other than prohibition or the elimination of choice. Recent reports, such as the Cabinet Office issue paper *Personal Responsibility and Behaviour Change* (2003), the Government Social Research Unit's *Behaviour Change Knowledge Review* (2008) and the Cabinet Office and Institute for Government report *MINDSPACE: Influencing behaviour through public policy* (2010), are indicative of this growing interest.

The subject is complex. Choosing a behaviour change intervention or a mix of interventions to achieve particular policy goals in particular contexts draws on understanding developed in a large variety of research disciplines, including health psychology, social psychology, behavioural economics, neuroscience and sociology. The insights provided by the development and application of social marketing techniques also make a valuable contribution.

Some behaviour change interventions are recognised as having been very successful. A recent review of more than 1,000 evaluations of health behaviour change interventions has shown that theory- and evidence-based behaviour change interventions can be effective across a range of behaviour change domains. In relation to smoking, for example, the simultaneous application of a number of different types of interventions, including a ban on smoking in public, marketing campaigns to highlight the dangers of smoking and improved and better advertised smoking cessation services within the National health Service is said to have led to a significant reduction in the number of smokers over the last few years. Other interventions, such as efforts to reduce alcohol misuse, have been less successful. We shall be examining, amongst other things, what appears to make one intervention more effective than another.

Scope of the inquiry

The inquiry will examine our current state of knowledge about what interventions can effectively influence behaviour, how behaviour change interventions which have been designed on the basis of that knowledge can be used to achieve policy goals, and what factors should be taken into account by government in determining whether a particular behaviour change intervention is appropriate. It will look at the evidence-base that supports current behaviour change interventions and at the effectiveness of those interventions.

In particular, the inquiry seeks to examine:

- the policy implications of recent developments in research on behaviour change;

- whether current government behaviour change interventions are evidence-based, whether such interventions are appropriately evaluated, and if lessons have been learnt from the process and then applied to further interventions;
- whether there is sufficient expertise within public services (for example, local authorities and the NHS) to ensure that interventions are evidence-based, and implemented and evaluated effectively;
- the extent to which behaviour change interventions require a mixture of different tools to succeed;
- how behaviour change interventions and activities are coordinated across government and beyond;
- the extent to which, and ways in which, government should be accountable to, or engage with, the wider public about the use of behaviour change policy interventions;
- the role of industry and the voluntary sector in shaping behaviour patterns;
- the relationship between government, industry and the voluntary sector in promoting behaviour change to achieve policy goals; finally,
- the social and ethical issues surrounding the use of behaviour change interventions by government.

Case study 1: Tackling obesity

The Committee will conduct two case studies as part of the wider inquiry. The first case study will look at the use of behaviour change policy interventions to tackle obesity. Obesity remains a major challenge for society. In 2008, almost a quarter of adults in England were classified as obese; and 16.8% of boys aged 2 to 15 and 15.2% of girls were also classified as obese, an increase from 11.1% and 12.2% respectively in 1995.[343]

A 2007 Foresight report on obesity, *Tackling Obesities: Future Choices*, called for a systems approach to behaviour change interventions to tackle obesity and, in 2008, the Government launched *Healthy weight: healthy lives*, a cross-government strategy for England which introduced a number of interventions. Nonetheless, prevalence rates amongst some childhood and adolescent groups and adults continue to rise. These trends predict worsening public health, increased pressure on the health service and a very large cost to the national economy.

Questions

Research and Development

1. What is known about how behaviour can be influenced? What special considerations apply to addictive behaviour?

2. What are the policy implications of recent developments in research on behaviour change?

[343] *Statistics on obesity, physical activity and diet: England 2010*, The Information Centre for Health and Social Care, NHS.

3. Is there adequate research capability within the United Kingdom to support the current pace of developments in behaviour change policy interventions? Is there sufficient funding for the evaluation of behaviour change interventions?

Translation

4. Are there adequate structures and expertise across government and the public services more generally to support the translation of research developments in behaviour change into policy interventions?

Policy design and evaluation

General

5. What should be classified as a behaviour change intervention?

6. How should different levels of intervention (individual, organisational, community and national) and different types of intervention (legislative, fiscal, educative) interact in order to achieve policy goals more effectively?

7. Should behaviour change interventions be used in isolation or in combination with other policy interventions?

Practical application

8. Have publicly funded behaviour change interventions been both evidence-based and subject to effective evaluation? How successful have such interventions been?

9. Within government, how are the lessons learnt from the success or lack of success of behaviour change interventions fed back into the design of future interventions? Are lessons learned from industry and voluntary sector behaviour change activities also taken into account?

10. What mechanisms exist, at national and local government level, to provide advice and support during the design, piloting, implementation and evaluation of behaviour change interventions in order to ensure that they achieve intended policy goals and also cultural changes within government and public services more generally?

Cross-government coordination

11. What mechanisms exist within government to coordinate and implement cross-departmental behaviour change policy interventions?

12. What mechanisms exist within government to cascade learning and best practice on behaviour change policy interventions?

Ethical considerations

13. When is it appropriate for the state to intervene to influence the behaviour of members of the public and how does this differ from when it is appropriate for the commercial or voluntary sector to intervene? In particular, when should this be done by outright prohibition and when by measures to encourage behaviour change? Are some methods of producing behaviour change unacceptable? Which and why?

14. Should the public be involved in the design and implementation of behaviour change policy interventions and, if so, how? Should proposed measures for

securing behaviour change be subject to public engagement exercises or consultation? Should they be piloted? Do considerations differ in the case of interventions aimed at changing addictive behaviour?

International comparisons

15. What lessons can be learnt from previous successful or unsuccessful behaviour change interventions in other countries? Which countries provide the most helpful examples of best practice? Are behavioural change interventions generally transferable between different societies?

Tackling Obesity

16. The Committee would particularly welcome submissions on behaviour change interventions, whether in the public sector, the private sector or by voluntary organisations, designed to tackle obesity, in the United Kingdom or internationally, in order to examine:

(a) the latest developments in the evidence-base in relation to changing eating and physical activity behaviour;

(b) who are the most effective agents for the delivery of behaviour interventions to tackle obesity;

(c) how current behaviour change interventions tackle obesity and what use is made of available scientific evidence;

(d) whether such interventions are appropriately designed and evaluated; and

(e) what lessons have been learnt and applied as a result of the evaluation process.

The Committee would also be interested to hear about any other issues not already covered by this call for evidence that are relevant to the scope of the inquiry.

Case study 2: Travel-Mode choice interventions to reduce car use in towns and cities

Greenhouse gas emissions from transport represent 21% of the total United Kingdom domestic emissions. Emissions from private car use constitute 78% of that figure, representing 17% of total emissions or 91.5 million tonnes of CO_2 in 2008. Although technological measures are important in reducing emissions and may be effective in the long-term they are not sufficient to achieve the necessary reduction in carbon emissions in the short-term. Getting individuals to reduce the amount that they use their cars is necessary if the UK's carbon reduction targets are to be met successfully.

Behaviour change interventions to encourage people to travel more sustainably have become an integral part of transport policies in recent years, featuring in the previous Government's *Low Carbon Transport Strategy* of 2009. To date, however, such interventions do not appear to have led to a major change in transport mode choice, or a significant reduction in CO_2 emissions from transport.

The Committee invites evidence on the following questions

Questions

17. The Committee would welcome submissions on behaviour change interventions, whether in the public sector, the private sector or by voluntary organisations, designed to change travel-mode choice in order to reduce car use in towns and cities, in the United Kingdom or internationally, in order to examine:

(a) what are the most influential drivers of behaviour affecting an individual's choice of mode of travel;

(b) what is the role of infrastructure in encouraging and facilitating changes in travel-mode choice;

(c) what are the latest developments in the evidence-base in relation to changing travel-mode choice and the implications of those developments for policy;

(d) what are the most appropriate type and level of interventions to change travel-mode choice;

(e) who are the most effective agents for the delivery of behaviour interventions to change travel-mode choice;

(f) how do current behaviour change interventions seek to change travel-mode choice and what use is made of available scientific evidence;

(g) are current policy interventions addressing both psychological and environmental barriers to change;

(h) are policy interventions appropriately designed and evaluated;

(i) what lessons have been learnt and applied as a result of the evaluation of policy; and

(j) what lessons can be learnt from interventions employed in other countries.

The Committee would also be interested to receive evidence on the broader scope and questions outlined in the first call for evidence, where it is of relevance to this case study.

APPENDIX 4: SEMINAR ON BEHAVIOUR CHANGE INTERVENTIONS TO PREVENT AND TACKLE OBESITY HELD AT THE HOUSE OF LORDS

19 October 2010

Members of the Sub-Committee present were Lord Alderdice, Lord Crickhowell, Baroness Hilton of Eggardon, Lord Krebs, Baroness Neuberger (Chairman), Baroness O'Neill of Bengarve, Lord Patel, Baroness Perry of Southwark, the Earl of Selborne and Lord Warner. In attendance were Daisy Ricketts (Clerk) and Rachel Newton (Policy analyst).

The speakers were: Richard Cienciala (Obesity Team, Department of Health); Professor Ken Fox (Centre for Exercise, Nutrition and Health Sciences, University of Bristol); Dr Susan Jebb (Chair of the Cross Government Expert Advisory Group on Obesity and Head of Population Nutrition and Health, Medical Research Council Human Nutrition Research); Professor Mike Kelly (Director, Public Health Excellence Centre, National Institute for Clinical Excellence); Professor Susan Michie (Professor of Health Psychology, University College London).

Other participants were: Dr Mike Rayner (Director of the University of Oxford's Public Health and Primary Health Care Division); Dr Julie Waumsley (Chair of the Obesity Working Group, British Psychological Society).

An introduction to the causes of obesity and the role of behaviour change interventions to prevent and tackle obesity (Dr Susan Jebb)

Dr Jebb outlined the changes in the prevalence of obesity among children and adults since 1993; the rate of obesity had continued to increase in adults but had slowed and arguably begun to plateau in children. A number of serious health risks had been shown to arise from obesity.

The factors which cause obesity were numerous and interlinking; some related to the individual directly, and some arose from the environment. Physical activity and levels of food consumption were argued to be the two most important factors in causing obesity but were in part determined by biological factors and also impacted by an individual's psychology and environmental factors.

Evidence about treating obesity through individual level behaviour change interventions had been shown to be strong. Effective treatment options for obesity included bariatric surgery, pharmacotherapy, or diet and exercise interventions. Key elements of successful interventions included awareness and motivation to change, realistic goal-setting, confidence to succeed, improved dietary habits, increased physical activity and self-monitoring of behaviours. The major challenge however was to move beyond individual level interventions and drive behaviour change on a public health scale.

In relation to preventing obesity, there had been few examples of controlled interventions with detailed evaluation, and few were successful in attenuating weight gain. There was greater evidence about how to influence positively diet and activity behaviours but little data on the sustainability or cost-effectiveness of these interventions. Better evaluation of public health interventions was identified as a key area for improvement.

The theoretical base for obesity prevention suggested that changing dietary behaviour required initiatives to make products and the environment healthier alongside initiatives to change people's attitudes and motivation.

The Nuffield Ladder set out the range of public health interventions in increasing order of intrusiveness.[344] Specific evidence about effectiveness was lacking in relation to incentives and disincentives, including marketing practices.

An introduction to the National Institute for Clinical Excellence guidance on behaviour change and obesity (Professor Mike Kelly)

Professor Kelly summarised the key difficulties faced in creating the National Institute for health and Clinical Excellence's (NICE) obesity and behaviour change guidance. Causal relations between interventions and their outcome were distal, and trying to show cause and effect from complex interventions in complex settings was difficult. Data about interventions was compromised as a result of poor planning of the interventions and the lack of specificity about intended outcomes. Behavioural models were selectively applied without reference to the evidence, and causal links between interventions and outcomes were often not articulated. There was confusion about the level at which interventions and outcomes operated, and an absence of systematic evaluation of interventions.

The guidance noted that an intervention plan should be developed on knowledge of the target audience and take account of the socioeconomic and cultural context. The plan should be as specific as possible about the content of the behaviour to be changed and clarify which underlying theories made explicit the causal links between actions and outcomes.

Training should focus on generic competencies, such as critical evaluation of the evidence and the use of clear outcome measures. At an individual level people should be helped to develop accurate knowledge about the health consequences of their behaviour in order promote positive feelings toward the outcome of behaviour change. Interventions should enhance people's belief in their ability to change, help them to form plans and goals for changing behaviour over time, and enable them to develop skills to cope with difficult situations and conflicting goals. Social approval was an important element of successful interventions. Population level interventions should be consistent with those delivered to individuals and communities.

Better evaluation was an important part of the guidance. Where possible, the effectiveness, acceptability, feasibility, equity and safety of interventions should be evaluated using appropriate outcome measures. Funding applications and project plans for new interventions should include specific provision for their evaluation and monitoring.

Changing behaviour in relation to obesity: eating and physical activity (Professor Susan Michie)

Professor Michie outlined the factors which needed to be understood before behaviour could be successfully changed: the context, the nature of the behaviour, the range of interventions available, evidence-based techniques, and the identity of those who need to take action.

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[344] *Public health: ethical issues*, Nuffield Council on Bioethics (2007)

Behaviour change had been shown to require simultaneous and consistent intervention at the individual, community and population level. Behaviour resulted from interactions between a person's psychological and physical capability, motivation, and physical and social opportunities. Interventions should address all three of these factors: capability, motivation and opportunity. Motivation encompassed the reflective (deliberative, systematic decision-making) and the automatic (emotion and habit-based) systems.

Arguably current Government proposals emphasised personal responsibility and choice over state regulation of commercial interests. This was based on the premise that behaviours that led to obesity were the result of the reflective rather than the automatic system, and underplayed the role of context, stimulus and emotion in driving people's behaviour. It was argued that this approach did not acknowledge the role of industry in influencing the automatic drivers of food consumption by a variety of subtle persuasive techniques. It was argued that, given the serious harm caused by obesity, the Government had a responsibility to counteract the methods of behavioural control employed by industry.

Evidence from systematic reviews and randomised controlled trials from a range of population groups, showed that weight loss was consistently associated with behaviour change techniques of self-monitoring, goal-setting and review, action planning, information provision, barrier identification and relapse prevention. The NHS Health Trainers Programme was identified as an example of an effective intervention which was based on good evidence. The programme was delivered by trained behaviour change specialists

Discussion

The role of the food industry in causing obesity, and the extent to which they would help tackle the problem, was discussed. The reduction in salt levels in food was given as an example of a successful voluntary change by industry. It was argued that encouraging industry to get their profits from healthy products would be a big challenge but that collaboration with industry would be necessary to achieve population level changes in dietary habits.

The need to improve evaluation was then discussed. Those who funded research should not provide money to projects unless evaluation was built in from the beginning. Involving people in evaluation was viewed as key; the Health Trainers programme was a good example of where this had been done well. It was proposed that extrapolating from other fields would make a broader range of evidence available; more studies should be done into the effectiveness of interventions rather than the aetiology of obesity, and there should be a greater focus on using logic to extrapolate conclusions rather than straightforward empiricism. Lessons learnt from unintended consequences of interventions should not be ignored.

It was noted that it could be difficult to learn lessons from interventions in other countries. For example, the government of Finland had done much to change eating and activity behaviour. The population of Finland however was small and homogenous; findings could therefore not easily be transferred to large culturally and individualistic populations, such as the United Kingdom's.

The question of whether genetic factors may have led to a plateau in prevalence of obesity was discussed. Against this conclusion was the fact that there were different levels of plateau in high and low-income groups, and in United Kingdom and the United States. Furthermore, studies have shown that if adults were

exposed to an environment in which they overate, they all gained weight; no individuals were resistant to weight gain.

The extent to which change achieved by programmes at an individual level could be seen to impact the behaviour of a population, in comparison to that achieved by changes to the macro context, was questioned. Road safety was identified as an area in which the changes to the macro environment successfully changed behaviour. Coronary heart diseases were reduced by individual and population level interventions. Interventions at both levels should be used and could be complementary.

Finally, the relationship between reflective cognitive and automatic processes was discussed. Cognition should be seen as important in treating obesity because the decision to eat less must be a conscious one to overcome the biological drive to eat to meet energy needs. It was argued that cognitive processes were less important in preventing obesity; many interventions at an associative non-cognitive, or automatic, level were effective in changing behaviour. The Government should seek to change behaviour at both a cognitive and an automatic level. It was argued that the Government has particular responsibility for the environment in which people make choices; there would be no point motivating somebody to exercise more if there was no safe space for them to do so.

Applications of behaviour change theory to physical activity interventions (Professor Ken Fox)

Professor Fox outlined the background and purpose of exercise psychology. Physical behaviour was closely related to an individual's self-esteem and self-perception; understanding the meaning and value of a behaviour to an individual enabled an understanding of their motivation. Self-perception and self-determination theories provided useful frameworks for strategies for physical activity interventions. The theories should be tailored for different target groups using pre-intervention qualitative research and social marketing principles.

The challenges in applying behaviour change theory to physical activity interventions included developing a menu of strategies derived from several theories; no one theory covered everything. Randomised controlled trials could be difficult to establish and did not always identify which parts of an intervention produce change. In many interventions robust measurement of outcomes was not achieved. A key element of physical activity interventions was the quality of the leader and good training of leaders was essential.

Examples of successfully delivered, evidence-based interventions included a randomised controlled trial to evaluate physical activity as a treatment for depression by the Universities of Bristol and Exeter, and a project to increase physical activity in older people.

Changes to the environment had been very difficult to get funded and had taken a long time to complete. This should however be viewed as a very important element in making it easier for people to increase their levels of physical activity.

An introduction to obesity policy for England (Mr Richard Cienciala)

Mr Cienciala noted that the new public health white paper would be published later in the year (December 2010),[345] and would provide more information on the

[345] *Healthy Lives, Healthy People*, DH (November 2010)

Government's approach; he outlined what was already known about that approach. It would be proposed that a new Public Health Service would be created, which would protect public health spending through ring-fenced budgets and weight allocations toward the most disadvantaged areas. It would be proposed that much action on public health would shift to a local level.

Business would have a key role to play alongside communities and local Government, as they could have a huge influence on people's diets and activity levels. The Government would create a new public health responsibility deal with businesses. A number of networks had already been set up on topics including food, physical activity, alcohol and behaviour change, through which businesses could develop and deliver a set of commitments.

The role of central government would be to lead on initiatives which were best done once and at a national level, such as national campaigns. Central government would also lead cross-Government effort and collaborations with businesses. They would ensure a strong focus on data and evaluation; the Government would continue to draw on expert analysis, NICE guidance and other academic literature, including considering the cost-effectiveness of existing interventions and initiatives. On obesity specifically, thinking in these areas was supported by an Expert Group which considered the strengths and weaknesses of the evidence-base, and emerging evidence for policy implications. The National Obesity Observatory had published a standard evaluation framework to support high quality, consistent evaluation of weight management interventions to increase the evidence-base.

Approaches to obesity were summarised as being likely to reflect four key areas: informing, educating and 'norming' behaviour; creating an enabling environment; supporting the provisions of effective services; and facilitating the sharing of best practice, data and evidence. There would be a strong interest on exploring how the latest in behavioural science could be applied and building on lessons learnt from current initiatives, such as Change4Life, the National Child Measurement Programme, the Convenience Stores Programme and Walk Once a Week.

Discussion

The relationship between public health and public goods was discussed. Reducing obesity should be seen as a public good but was argued to be a matter of health promotion rather than health protection.

The role of businesses was further discussed and scepticism was expressed about the willingness of the food industry to self regulate. The Government had been clear that the responsibility deal networks were an opportunity for businesses to collaborate with Government and make voluntary changes, but if they do not take this opportunity other means of achieving the same end would be considered. It was noted that the Government should be very specific about the changes that they would like industry to make.

The role of the environment in causing obesity was then discussed. Obesity could be considered the logical consequence of the environment; individuals have to make an effort not to be obese. This demonstrated the importance of infrastructure to support healthy behaviours, particularly in relation to physical activity. This was related to the fact that individuals tended to be more motivated to take the easy option; changing the environment could make healthy choices less difficult.

The connection between social norms and self-esteem was noted. An individual's understanding of their self should be understood partly as a reflection of society; where obesity was normal, people would be less motivated to lose weight. People should therefore be educated about the damaging effects of obesity.

The evidence for "nudges" was discussed. Scepticism was expressed about the evidence for "nudges" and the extent to which the concept was promoted for ideological reasons, rather than its practical usefulness. It was noted that piloting and evaluation of nudge techniques was very important to the Government. Nudges were not the only tool available to Government but should be seen as complementary to other approaches.

APPENDIX 5: SEMINAR ON BEHAVIOUR CHANGE AND TRAVEL BEHAVIOUR HELD AT THE HOUSE OF LORDS

26 January 2011

Members of the Sub-Committee present were Baroness Hilton of Eggardon, Lord Krebs, Lord May of Oxford, Baroness Neuberger (Chairman), Baroness O'Neill of Bengarve, Baroness Perry of Southwark and the Earl of Selborne. In attendance were Daisy Ricketts (Clerk) and Rachel Newton (Policy analyst).

The speakers were: Dr Jillian Anable, University of Aberdeen, Centre for Transport Research); Dr Sally Cairns (University College London and Senior Research Fellow of the Transport Research Laboratory); John Dowie (Director of the Regional and Local Transport Directorate, Department for Transport); Dr David Ogilvie (Medical Research Council Epidemiology Unit and UKCRC Centre for Diet and Activity Research, Cambridge); Dr Steve Skippon (Principle Scientist, Shell Global Solutions).

Other participants were: Professor Philip Goodwin (University of the West of England); Ms Carey Newson (Behaviour Change Specialist, Transport for Quality of Life).

An overview of current policies to change travel behaviours to reduce car use (Mr John Dowie)

Mr Dowie noted that available measures for changing travel behaviour included creating modal choices through improvements to public transport services and infrastructure, fiscal and regulatory measures, information provision and marketing. Historically, transport policy had been focused on infrastructure but there had been an increasing recognition that alternative persuasive techniques to change behaviour were also required. He noted that changes to infrastructure were not as effective in isolation as when combined with these sorts of techniques.

Past initiatives with the Department for Transport (DfT) had included small scale demonstration projects but the future policy direction was towards large scale, integrated policy packages. The Sustainable Travel Towns programme was introduced to test the potential of an integrated approach. It ran between 2004 and 2009 and was funded by £10 million of DfT funding together with £5 million of local funding. The towns of Darlington, Peterborough and Worcester were chosen after a competition; the three towns had varying socioeconomic contexts. The towns employed a range of measures, including personal travel planning, public transport information and marketing, travel awareness campaigns, cycling and walking promotions and car clubs. The results across all three towns showed a 9% reduction in car trips; a 10 to 22% increase in bus trips; a 26 to 30% increase in cycle trips; and a 10 to 13% increase in walking trips. The Cycle Demonstration Towns programme was conducted on the same basis; results demonstrated a 27% increase in cycling levels across the participating towns.

The Local Transport White Paper, *Creating Growth, Cutting Carbon*, published in January 2011,[346] placed localism at the heart of the transport agenda. The Paper recognised the need for behavioural change and used the Nuffield Ladder of Interventions to argue that the starting point should not be to restrict choice but to enable and encourage more healthy and sustainable choices. The Local

[346] *Public health: ethical issues*, *op. cit.*

Sustainable Travel Fund would provide £560 million to local authorities over four years to build on the previous successful Sustainable Travel Towns and Cycling Towns programmes.

The DfT was also developing policies on alternatives to travel to help reduce car use. These included promoting information and communications technology to reduce the need for travel and working across the public sector to promote alternatives to travel. Eco driving was also an area of policy interest.

Embedding learning from behavioural science within Government was an important concern. An in-house toolkit had been developed for policy makers in the DfT and knowledge about behaviour change was being shared with local authorities.

Discussion

The results from the Sustainable Travel Towns were discussed further. The percentage increase in cycling was from a low base. The evaluation was completed at a time when the programmes were still running and it was not yet clear whether the improvements would persist. For an investment of only £10 million however it was considered by some to be a successful programme and to have provided good value for money.

The meaning of the word "nudge", in the context of "nudging not nannying", was discussed. It was suggested that "nudge" ought to be interpreted narrowly to include only soft or light touch measures. It was suggested that ministers faced a dilemma because there was a broadly held view that harder measures were necessary in transport to lock in traffic reduction. Nudges would not be sufficient alone but needed to form part of a package of interventions. It was argued that the Sustainable Travel Towns demonstration showed that light touch interventions targeted to individuals were complementary to infrastructure changes.

The discrepancies between the levels of car use in the United Kingdom and in Continental Europe were discussed. Different levels of investment in interventions were identified as a key reason for this.

The role of behaviour change in delivering emissions reductions (Dr Steve Skippon)

Dr Skippon argued that the effects of carbon emissions were cumulative and that even modest delays in reducing emissions would result in a much higher likelihood of a global temperature rise. The projected trend across Europe was continued growth in light duty (cars, vans and motorbikes) kilometres travelled. Shell's transport emissions modelling suggested that, for the EU light duty sector, the best achievable reduction in carbon emissions as a result of technology alone could mean that by 2050 annual emissions would be reduced by 80%. However such reductions would not happen quickly enough to limit the accumulation of carbon in the atmosphere and so global temperature rises. Changes to travel behaviour would therefore be necessary in addition to technology change because they could be implemented early and so have an impact on cumulative emissions.

A number of ways in which to change behaviour to reduce emissions from car use were identified, including a reduction in journeys undertaken, travel mode choice, downsizing of vehicles, and adoption of fuel-efficient driving styles. Modelling showed that the changes in behaviour that could be achieved through voluntary measures, such as public awareness and information campaigns and travel planning, would have some impact on cumulative emissions, but not enough. Changes could also be brought about by strong measures, including measures to

encourage modal shift like parking restrictions, and higher taxes on larger vehicles. Modelling suggested that these strong measures would be more effective in limiting cumulative emissions than the voluntary measures. Behaviour change would not be sufficient in isolation however. The full range of technological options would also be required if transport's contribution to global targets was to be approached.

Dr Skippon provided examples of the potential impact of behaviour change interventions in the road transport sector in the United States. He stressed that it was hard to translate conclusions from interventions in the United States, as the opportunities for behaviour change were very different there. For example, many more people drove large cars and so vehicle downsizing could have more of an impact than in Europe.

An introduction to the factors that influence travel behaviours and the possible mechanisms and interventions to affect those behaviours (Dr Jillian Anable)

Dr Anable noted that the separation of behaviour and technology was not a useful polarisation. Travel behaviour was not just about mode choice but encompassed the sort of cars that were purchased, how they were driven and how much they were used. Carbon pathways analysis conducted by the DfT showed that distance of trips was an important consideration. Short trips (under 5 miles) accounted for 20% of carbon emission. The Sustainable Travel Towns project demonstrated that the largest proportion of total reduction in car use (in terms of distance driven) came from small changes to the longest trips, although the most significant changes in behaviour as a result of the programme was seen in short trips.

Recent studies suggested that car use had peaked and that the downward trend in the uptake of sustainable travel modes was starting to reverse. There was also a drop in the number of people who held a driving licence. The reasons for these patterns were not known, although it was noted that a recent survey by the RAC identified changing attitudes toward travel.

Behaviour change was identified as a two way process, which was more flexible and volatile than was usually understood: some people gave up driving and started to use public transport, and others stopped using transport and started to drive on a continuous basis. Each decision-making process needed to be targeted differently to achieve net movement in a sustainable direction.

There had been examples of successful behaviour change, including the Sustainable Travel Towns project, the London congestion charge, pedestrianisation and public transport investment. Behaviour change was shown to result from a combination of many different determinants, encompassing factors subjective and objective to the individual, and subjective and objective to the collective.

Interventions had traditionally been classified either as structural, or collective and motivational. Examples of structural interventions included fiscal measures, provisions of alternative modes of transport, regulatory interventions and land use planning. Examples of collective and motivational interventions included information provision and social marketing. All of these interventions should be considered to be behavioural.

Dr Anable explained the language of "smarter choices" which was used often in relation to travel interventions. It was commonly understood to include psychological techniques to influence behaviour through engaging with individuals, rather than infrastructure. Some of the policy lessons that had been

learnt through the use of smarter choices, including in the Sustainable Travel Towns programme, were: behaviour change was greater where service improvements were combined with marketing and promotion; marketing and information was rarely sufficient on its own; medium length and commuter trips offered the best opportunity in terms of car mileage savings; local context and partnerships were important; behaviour change needed to be locked-in to prevent rebound; and individual behaviour changes would be diluted by a lack of regional and national policy consistency.

The strengths of the evidence-base were identified as case studies, behavioural and psychological studies and econometric studies. The weaknesses were longitudinal studies, controlled design, action research, and understanding social practices and interpersonal influences.

Optimism about technology and pessimism about behaviour amongst policy makers was not based on good evidence. Policymakers were not using the evidence when they focused on the individual and the rational and when they emphasised the evaluation of the impacts of separate policy instruments.

Discussion

The availability of systematic reviews of the evidence about how to reduce car use was discussed. It was suggested that there was a large volume of material but few high quality methodological studies, such as randomised controlled trials. The necessity of randomised controlled trials was discussed. Some suggested that, while it is not always possible to use them, wherever possible controlled trials or other high quality methodologies should be employed. It was noted that it was not always appropriate to attempt to evaluate the different components of packages of interventions separately, since a range of measures was often necessary in order for any change in behaviour to be achieved.

The financial cost of car use was discussed. Perceived cost was considered to be more important than actual cost, and initiatives to shift the cost of car use so that it was less fixed and more directly correlated to distance travelled were discussed. It was noted that such initiatives would be difficult to introduce and that the losses to certain groups would be large.

The potential proportion of achievable change was discussed. Some suggested that change could only be sought on the margins, in around 5% of the population. Others disagreed, arguing that there was potential to change the behaviour of 30% of the population over a period of two to five years.

The impact of age on travel behaviour was discussed. It was noted that there was a real decline in car use amongst the elderly and young adults. Amongst the elderly, responses to stopping using cars varied widely depending on their expectations and capabilities. Young urban professionals were identified as a group who tended not to use cars, and this was considered to be a new trend. There was a high proportion of cycling among this group, particularly in London. Bicycle brands were becoming more expensive, which suggested that some people saw a bike as a status symbol in the same way that many people saw cars. It was not clear however how the behaviour of young urban professionals would change as they grew older.

An overview of the challenges of conducting effective evaluations for interventions designed to change travel behaviours (Dr Sally Cairns)

Dr Cairns outlined the key questions for an evaluation to consider: what has happened to travel behaviour; why have the changes occurred and to what extent

can they be attributed to the interventions; and, what are the wider implications of those changes. The example of the Sustainable Travel Towns programme was used to illustrate this.

Evaluating what happened in the Sustainable Travel Towns was achieved by comparing data from the towns with national trends. Town data included household travel surveys, surveys in schools and workplaces, and counts of vehicles, cyclists, pedestrians and bus passengers. National data used included the National Travel Survey (specific data for medium sized urban areas) and the National Road Estimates (urban roads data). The value of triangulation of data sources was emphasized.

The evaluation of why changes occurred in the Sustainable Travel Towns was informed by in-depth interviews with those delivering initiatives, local authority officials, bus companies, those responsible for data collection and other relevant organisations. Contextual data was also gathered on the towns, such as population changes and levels of employment in order to understand what else might have caused change. Some of this information in relation to bus use in Worcester was demonstrated in graphical form; the graph showed the changes in bus patronage relative to the implementation of different initiatives. It was noted that change had been achieved through a combination of improvements in services, discounted fares and promotional campaigns, and it was not possible to assess the effect that any one of those measures would have had in isolation. It was noted that no long term follow-up was being conducted in the Sustainable Travel Towns following the initial evaluation, but that this could be insightful.

The key lessons identified for future evaluation were that good practice usually included controls or benchmarking; triangulation of data sources; and understanding not only what had happened but the context in which it had happened. Full evaluation could give invaluable results but was likely to be complex, time consuming, expensive and not a precise science.

Travel behaviour interventions from a public health perspective (Dr David Ogilvie)

Dr Ogilvie provided an overview of the evidence for travel behaviour interventions from a public health perspective. It was often unrealistic to expect to be able to test the whole causal chain, from intervention to ultimate health improvement, within a single study. The benefits of physical activity for health were clearly established; the greater current challenge was evaluating the impact of interventions to change travel behaviour on overall levels of physical activity.

Outcome measures for travel behaviour and physical activity were not synonymous. Questionnaires were widely used for estimating physical activity and energy expenditure from the time or distance travelled, but the precision of these estimates could be improved by measuring behaviour more objectively using devices such as accelerometers, heart-rate monitors and Global Positioning System receivers.

It was suggested that randomised controlled trials could be applied to some interventions but not all. They were underused in travel interventions; personalised travel planning provided a good opportunity for controlled trials but they had not been used. Sometimes a ‘natural experiment’ approach was more appropriate, particularly for interventions such as charging schemes and infrastructure changes. The Medical Research Council was developing guidance on the evaluation of natural experimental studies.

The 2009 report from the House of Commons Health Committee on health inequalities was cited as providing a list of desirable qualities of a robust evaluation.[347] Among the most important of these was adjustment for the counterfactual; even if there were no external control group, other methods were available for estimating what might have happened without the intervention. Social distribution of effects was also identified as an important measure. Behaviours and their impacts were socially patterned and evaluations should seek to identify which groups in the population had experienced the benefits and harms of a given intervention.

Discussion

The impact of investment in infrastructure was discussed. It was noted that the Sustainable Travel Towns programme cost £10 per person per year. In Copenhagen £40 per person per year was invested in infrastructure and they had far lower rates of car use. It was suggested that investment was related to impact. Following the evaluation of the Sustainable Travel Towns, one estimate suggested an investment of £20 per person per year in "smarter choice" measures was needed. It was noted that road user charging does not cost money but rather creates revenue, though this is only one form of intervention, which may not be effective in isolation.

It was noted that not only do other European countries spend more but that they have been spending more consistently for longer. That had not happened in the United Kingdom; when something had been shown to work, it had often been stopped. It was suggested that there was a danger in comparing the United Kingdom to Europe, as levels of car use in Europe would not be matched quickly. There was considered to be large potential for change in the United Kingdom but change would take time.

[347] Health Committee, 3rd report (2008–09): *Health Inequalities* (HC Paper 286)

APPENDIX 6: ETHICS AND BEHAVIOUR CHANGE SEMINAR HELD AT THE HOUSE OF LORDS

10 February 2011

Members of the Sub-Committee present were Baroness Neuberger (Chairman), Baroness O'Neill of Bengarve, Lord Patel and the Earl of Selborne. In attendance were Daisy Ricketts (Clerk) and Rachel Newton (Policy analyst).

The speakers were: Professor Thomas Baldwin (Department of Philosophy, University of York); Professor Luc Bovens (Department of Philosophy, Logic and Scientific Method, London School of Economics); Professor Theresa Marteau (Professor of Health Psychology, Kings College London).

Other participants were: Professor Richard Ashcroft (School of Law, Queen Mary, University of London); Dr Bennett Foddy (Institute for Science and Ethics, University of Oxford); Dr Jessica Pykett (Institute of Geography and Earth Sciences Aberystwyth University).

An introduction to ethics in policy making (Professor Thomas Baldwin)

Professor Baldwin argued that it was a core value of liberal societies that citizens should be treated as rational agents, capable of taking responsibility for constructing their own lives. He outlined JS Mill's 'harm principle': the only reason that governments can exercise power against the will of an individual is to prevent harm to others. This principle would however limit the role of Government in public health to health protection and health promotion through the provision of advice (except where others might be harmed, as by smoking or failing to take steps to prevent the transmission of infectious or contagious diseases).

Professor Baldwin suggested that the example of obesity demonstrated that the 'harm principle' would not provide an adequate approach for Government intervention. He noted that obesity was not an infectious disease and that, although there had been much advice about healthy eating and exercise, rates of obesity continued to rise. He argued that the rise in obesity had not been caused by a collapse in personal responsibility but rather by changes in physical and social environment (as claimed in the Foresight report).[348] Tackling obesity was nevertheless a matter for Government because of its implications for the health of the population and the financial burden on public funds. Professor Baldwin suggested therefore that Government had a broad responsibility for the welfare of citizens that went beyond protecting them from harm from others. He further noted that the example of obesity highlighted the significance of equality; child obesity was correlated very closely with social deprivation.

The example of obesity linked three core aims for public policy: protecting personal responsibility, dealing with major challenges to public welfare, and promoting equality (at least equality of opportunity for health). The stewardship model proposed by the Nuffield Council on Bioethics (NCOB) illustrated how these values could work together: the Government's role was to act as 'steward' of the public environment in which individuals can exercise responsibility for their own choices. The NCOB proposed, in the light of this, that public policies should be seen as rungs of a ladder, with the bottom rungs representing minimal and less

348 *Tackling obesity: future choices*, *op. cit.*

controversial interventions, and higher rungs representing more intrusive intervention that require stronger justification.[349]

The NCOB recommended that governments should start at the bottom of the ladder and only move to policies higher up the ladder when a lower rung policy was not working; there was reason to think that a higher rung policy would be more effective; and when the goal of the policy was important enough to warrant more intrusive intervention. Professor Baldwin noted that the NCOB ladder had found its way into current Government policy, including the Public Health White Paper *Healthy Lives, Healthy People*.[350] It was used in this White Paper to justify avoiding the regulation of businesses, although the Nuffield Ladder was only intended to apply to policies directed at individuals.[351]

Intervening to change behaviour: factors influencing acceptability to members of the public (Professor Theresa Marteau)

As a psychologist, Professor Marteau outlined how what was known about human behaviour and evidence for the effectiveness of interventions, might bear on the judgments about the ethical acceptability of behaviour change.

Professor Marteau said that behaviour could be explained by dual process models of human behaviour, which distinguished between the reflective system and the impulsive system. The model represented the reflective system as driven by conscious decisions, taking into account considerations of the future and requiring a high cognitive capacity. It represented the impulsive system as driven by immediate perceptual input, giving no consideration to the future, operating quickly and requiring little or no conscious cognitive capacity. Professor Marteau said it was widely agreed that much behaviour was driven primarily by the automatic system, and was therefore closely linked to our environment, both physical and social. Professor Marteau outlined some experiments which demonstrated the impact of the physical environment on behaviour.

Professor Marteau argued that those who thought that behaviour was as driven primarily by the reflective system often took a negative attitude towards changing the physical environment to produce behaviour change. Conversely, those who thought that behaviour was primarily driven by the automatic system took a positive attitude towards intervening to change the environment, sometimes claiming that such interventions enabled individuals to behave as they really want to behave. Professor Marteau noted that most people mistakenly thought that the reflective system was most influential in causing behaviour. Psychologists referred to this misunderstanding as the 'fundamental misattribution error'.

Professor Marteau then discussed how evidence of effectiveness of interventions could affect public acceptability. She used the example of financial incentives for stopping smoking to demonstrate that though an intervention might initially be conceived negatively, public levels of acceptability might improve with evidence of effectiveness. Professor Marteau offered two examples of current policies to demonstrate that government's trade off the effectiveness of an intervention against other considerations. First, it was estimated that the current Government policy of placing a very low cost price minimum on alcohol would save 27 lives per year, whereas imposing a minimum cost of 40p per unit was estimated to save

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[349] *Public health: ethical issues*, *op. cit.*

[350] *Healthy Lives, Healthy People*, *op. cit.*

[351] *Public health: ethical issues*, *op. cit.*

almost ten times as many lives. Secondly, a voluntary agreement on salt reduction in the United Kingdom achieved a reduction in average daily intake of 1g, saving 6000 lives per year by reducing cardio-vascular diseases, whereas regulation that reduced the average daily intake by 4g would, it was estimated, save 20000 lives per annum. Professor Marteau noted that these examples raised ethical question about the other factors which governments might consider more important than effectiveness, and the extent to which this affected the acceptability of an intervention.

Discussion: when, and how, is it appropriate for the Government to intervene to change people's behaviour?

The discussion began with consideration of whether governments could only restrict choice to prevent harm to others, or whether they could justifiably also intervene to prevent individuals harming themselves. It was noted that it was considered appropriate for government to intervene to restrict children's choices because they weren't considered to have full ability to make rational choices.

The implications of knowledge about the automatic and reflective system of behaviour for measures to restrict choice were discussed. First, it was noted that understanding behaviour demonstrated that people sometimes behave in ways which they do not really want (for example, 77% of smokers wanted to stop smoking and 70% of people who were obese wanted to lose weight). It was suggested that this might explain why some policies which were at first unpopular and considered unacceptably restrictive of choice, became accepted, indeed welcomed when effective. This could justify implementing unpopular policies; though a policy might initially restrict choice, it might then allow individuals to behave in the way they want to behave. Others noted that if governments assumed that they knew what people 'really' wanted better than the individuals themselves, this might be the start of a slippery slope and could be used to justify interventions which were not acceptable.

Secondly, some policies which restricted choice for some enabled choice for others. For example, restricting alcohol consumption through fiscal measures could restrict choice for some by making it more expensive to drink, but might enable choice for others who could walk home safely at night (assuming a reduction in crime and anti-social behaviour as a result of reduced alcohol consumption). Certain restrictions on individual choice limit population harm and could be justified on Millian and many other grounds. Alcohol, smoking and obesity also harm the population by their cost to the NHS and, in the case of alcohol, increased rates of crime. It could therefore be argued that tackling these problems did prevent harm to others, so fell within the meaning of the 'harm principle'.

The role of social norms was then discussed. It was suggested that understanding the impact of social norms entailed understanding automatic and reflective processes which determined behaviour. Science had not been able to explain how and why social norms were produced but they reflected views of what was acceptable. For example, socials norms of alcohol consumption made interventions in this policy area difficult. If it was understood how to create a culture in which nobody would boast of having been "legless" this would support, or provide an alternative to, health promotion measures restricting access to alcohol.

Discussion: what makes a policy intervention coercive and how is this related to the restriction of choice?

A problem found during the course of the inquiry was outlined: those opposed to the use of legislation and fiscal policies to change behaviour had often defended their position by arguing that such measures were coercive. They had moreover cited the Nuffield Ladder in support of this claim. It was noted that in the text of the Nuffield report there was no claim that the top of the ladder represented forms of coercion, only that it represented more powerful or intrusive interventions. They were however characterised as coercive in a box within the report.[352]

It was argued that a distinction should be drawn between policies which were coercive and those which required coercive backing. Even interventions at the bottom of the Nuffield Ladder might require coercive backing if introduced as a matter of public policy, for example if businesses were legally required to provide certain information on food packaging. It was noted that coercion was felt by many to be intrinsically bad but that legislation was not in and of itself coercive. If legislation was seen as coercive, then the rule of law was itself a form of coercion. The link between coercion and financial incentives to change health behaviour was also discussed. It was noted that though the media sometimes described incentives as a form of coercion or bribery, it was very difficult to "pin the coercive tail to the incentive donkey".

The Ladder was intended as a mechanism for thinking about issues of acceptability in the first instance; it was not meant to be the last word on policy justification. It was suggested that the Ladder was being asked to do more than it was capable of doing by policy makers, particularly in the Public Health White Paper *Healthy People, Healthy Lives*.[353] Though the Ladder was useful, it only had one dimension, and so did not reflect the complexity of policy interventions. For example, providing information was at the bottom of the Ladder but the provision of information could be legally required, and the requirement would have the same coercive backing as other legislation.

Freedom of choice was discussed. It was suggested that the Nuffield Ladder had been used by policy makers because it fitted in with a politically "popular choice agenda". It was noted that there was a wide range of understandings about what sorts of choice should be protected. These included: freedom to make equal choices, freedom to choose as we like, equal freedom to choose as we like, or freedom as non-domination by others. There were problems with all of these understandings of freedom, but the conception of freedom as non-domination by others should be given particular consideration.

Ethics and "Nudge" (Professor Luc Bovens)

Professor Bovens first defined the concept of nudging, citing four criteria that made an intervention a nudge: the intervention must not restrict choice; it must be in the interests of the person being nudged; it should involve a change in the architecture or environment of the choice; it should exploit a mechanism of less than fully deliberative choice. These were relevant to judging what make a nudge permissible.

Professor Bovens noted that most people's immediate reaction to nudging was to think that they were being manipulated. He discussed the differences between

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[352] *Ibid.*

[353] *Healthy Lives, Healthy People, op. cit.*

subliminal advertising and nudging. He noted that there were two sorts of transparency; transparency could mean that people were told about an intervention or it could mean that people were able to discern for themselves that an intervention had been implemented. In the case of subliminal messaging, the first sort of transparency makes no difference to whether the messaging is manipulative. Similarly, for some interventions, such as placing health food first in a cafeteria, the first sort of transparency might prevent it from working as well. The second sort of transparency, that a perceptive person should be able to discern the intervention, was considered the most important sort.

Professor Bovens highlighted four other facts which should be considered when thinking about the ethics of nudging: the urgency of the problem to be solved; the cost of the intervention for responsible agents (not only financial cost but the cost, for example, of restriction of choice or intrusiveness); the extent to which the nudge is in the interests of the person being nudged; the identity of the organisation doing the nudging.

Discussion: are nudges ethically acceptable?

The extent to which businesses nudge people was considered. It was noted that experiments showed that food adverts influenced people's behaviour in ways that they were not aware of. Adverts exploited the same mechanisms but advertising was not generally considered unethical, unless it was deceptive or inappropriately targeted, for example, at children.

The justifiability of governments intervening to change social norms was discussed. It was suggested that many people would not be happy for government to seek to change the culture of society. Others argued that it was legitimate for the government to look at social norms which were already changing, as in the case of binge drinking.

In conclusion, it was agreed that thinking about choice was very difficult and there was a tendency to fall back on the 'harm principle'. The problem however was that governments would not be able to protect all choices and so they must decide which were most important. Thinking about choice was complicated by different conceptions of autonomy, particularly given the distinction between automatic and reflective choices. The extent to which autonomy should include both automatic and reflective choices was considered. How autonomy was conceived would have a direct impact on the acceptability of nudging, which sought to influence automatic choices. The concepts of informed and fully informed choices were then discussed. It was argued that there was often hypocrisy in public policy, particularly medical ethics, about whether only informed choices should be protected. It was agreed that governments should think very carefully about what they what they meant if they said that an intervention would restrict choice.

APPENDIX 7: ACRONYMS

BIT	Behavioural Insights Team (Cabinet Office)
BPS	British Psychological Society
CSA	Chief Scientific Adviser (within a Government department)
CSS	Chief Social Scientist
DECC	Department of Energy and Climate Change
Defra	Department for the Environment, Food and Rural Affairs
DH	Department of Health
DfT	Department for Transport
ESRC	Economic and Social Research Council
GCSA	Government Chief Scientific Adviser
CSS	Chief Social Scientist
GDA	Guideline Daily Amount
GES	Government Economic Service
GSR	Government Social Research service
HoA	Heads of Analysis group
HMRC	Her Majesty's Revenue and Customs
MRC	Medical Research Council
NCSCT	NHS Centre for Smoking Cessation and Training
NGO	Non-Governmental Organisation
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPRI	National Prevention Research Initiative
OECD	Organisation for Economic Co-operation and Development
QALY	Quality Adjusted Life Year
RCT	Randomised Controlled Trial
RCUK	Research Councils UK
STT	Sustainable Travel Towns programme

APPENDIX 8: RECENT REPORTS FROM THE HOUSE OF LORDS SCIENCE AND TECHNOLOGY COMMITTEE

Session 2006–07

1st Report Ageing: Scientific Aspects—Second Follow-up
2nd Report Water Management: Follow-up
3rd Report Annual Report for 2006
4th Report Radioactive Waste Management: an Update
5th Report Personal Internet Security
6th Report Allergy
7th Report Science Teaching in Schools: Follow-up
8th Report Science and Heritage: an Update

Session 2007–08

1st Report Air Travel and Health: an Update
2nd Report Radioactive Waste Management Update: Government Response
3rd Report Air Travel and Health Update: Government Response
4th Report Personal Internet Security: Follow-up
5th Report Systematics and Taxonomy: Follow-up
6th Report Waste Reduction
7th Report Waste Reduction: Government Response

Session 2008–09

1st Report Systematics and Taxonomy Follow-up: Government Response
2nd Report Genomic Medicine
3rd Report Pandemic Influenza: Follow-up

Session 2009–10

1st Report Nanotechnologies and Food
2nd Report Radioactive Waste Management: a further update
3rd Report Setting priorities for publicly funded research

Session 2010–12

1st Report Public procurement as a tool to stimulate innovation

HM Government

Healthy Lives, Healthy People:

Our strategy for public health in England



Healthy Lives, Healthy People: Our strategy for public health in England

Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
30 November 2010

CM7985

£19.75

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This publication is also available on http://www.official-documents.gov.uk/

ISBN: 9780101798525

Printed in the UK for The Stationery Office Limited on behalf of the Controller of Her Majesty's Stationery Office

ID 2402519 11/10

Printed on paper containing 75% recycled fibre content minimum.

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Foreword

This White Paper outlines a radical shift in the way we tackle public health challenges. We have to be bold because so many of the lifestyle-driven health problems we see today are already at alarming levels.

Britain is now the most obese nation in Europe. We have among the worst rates of sexually transmitted infections recorded, a relatively large population of problem drug users and rising levels of harm from alcohol. Smoking alone claims over 80,000 lives every year. Experts estimate that tackling poor mental health could reduce our overall disease burden by nearly a quarter. Health inequalities between rich and poor have been getting progressively worse. We still live in a country where the wealthy can expect to live longer than the poor.

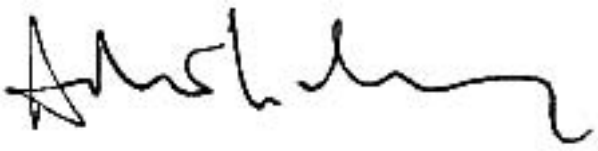
The dilemma for government is this: it is simply not possible to promote healthier lifestyles through Whitehall diktat and nannying about the way people should live. Recent years have proved that one-size-fits-all solutions are no good when public health challenges vary from one neighbourhood to the next. But we cannot sit back while, in spite of all this, so many people are suffering such severe lifestyle-driven ill health and such acute health inequalities.

We need a new approach that empowers individuals to make healthy choices and gives communities the tools to address their own, particular needs. The plans set out in this White Paper put local communities at the heart of public health. We will end central control and give local government the freedom, responsibility and funding to innovate and develop their own ways of improving public health in their area. There will be real financial incentives to reward their progress on improving health and reducing health inequalities, and greater transparency so people can see the results they achieve.

We are simplifying the way we organise things nationally, too, with a dedicated new public health service – Public Health England – taking the place of the complex structures that exist today. The new dedicated service will support local innovation, help provide disease control and protection and spread information on the latest innovations from around the world.

All this will be supported by work with industry and other partners to promote healthy living. New practices and technologies are already revolutionising efforts to prevent sickness and improve health and well-being – from partnerships between the voluntary sector and employers to incentivise people to be more active, to new phone apps that help people lose weight. If we can direct the collective power of this diverse innovation towards a single national purpose, we believe we can make real progress.

The result of all this will be a much more innovative, integrated and dynamic approach to improving public health. Under our plans local innovation will replace central control. People and communities will drive directly the change we need to build a stronger, healthier Britain.



Secretary of State for Health

Executive Summary: Our strategy for public health in England

1. This is a new era for public health, with a higher priority and dedicated resources. This White Paper outlines our commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest.

2. It responds to Professor Sir Michael Marmot's *Fair Society, Healthy Lives*[1] report and adopts its life course framework for tackling the wider social determinants of health. The new approach will aim to build people's self-esteem, confidence and resilience right from infancy – with stronger support for early years. It complements *A Vision for Adult Social Care: Capable Communities and Active Citizens*[2] in emphasising more personalised, preventive services that are focused on delivering the best outcomes for citizens and that help to build the Big Society.

3. The goal is a public health service that achieves excellent results, unleashing innovation and liberating professional leadership. This White Paper builds on *Equity and Excellence: Liberating the NHS*[3] to set out the overall principles and framework for making this happen.

4. Subject to Parliament, local government and local communities will be at the heart of improving health and wellbeing for their populations and tackling inequalities. A new integrated public health service – Public Health England – will be created to ensure excellence, expertise and responsiveness, particularly on health protection, where a national response is vital.

5. During 2011, the Department of Health will publish documents that build on this new approach, including on mental health, tobacco control, obesity, sexual health, pandemic flu preparedness, health protection and emergency preparedness, together with documents from other government departments addressing many of the wider determinants of health.

6. The proposals in this White Paper apply to England, but we will work closely with the Devolved Administrations on areas of shared interest.

Seizing opportunities for better health

7. Public health has formidable achievements to its name: clean air and water, enhanced nutrition and mass immunisation have consigned many killer diseases to the history books. There are huge opportunities to go further and faster in tackling today's causes of premature death and illness. People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; and of childhood emotional and behavioural problems. Although infectious diseases now account for only 1 in 50 deaths, rates of tuberculosis and sexually transmitted infections (STIs) are rising and pandemic flu is still a threat.

8. A fuller story on the health of England is set out in *Our Health and Wellbeing Today*, published to accompany this White Paper. The opportunity – and the challenge – is stark, for example:

   a. By improving maternal health, we could give our children a better start in life, reduce infant mortality and the numbers of low birth-weight babies.

   b. Taking better care of our children's health and development could improve educational attainment and reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions due to tooth decay.

   c. Being in work leads to better physical and mental health, and we could save the UK up to £100 billion a year by reducing working-age ill health.[4]

   d. Changing adults' behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases; saving the NHS the £2.7 billion cost of alcohol abuse; and saving society the £13.9 billion a year spent on tackling drug-fuelled crime.

   e. We could prevent many of the yearly excess winter deaths – 35,000 in 2008/09 – through warmer housing, and prevent further deaths through full take-up of seasonal flu vaccinations.

A radical new approach

9. The current approach and system is not up to the task of seizing these huge opportunities for better health and reduced inequalities in health. This White Paper sets out a radical new approach that will empower local communities, enable professional freedoms and unleash new ideas based on the evidence of what works, while ensuring that the country remains resilient to and mitigates against current and future health threats. It sets out how our approach will:

    a. protect the population from health threats – led by central government, with a strong system to the frontline;

    b. empower local leadership and encourage wide responsibility across society to improve everyone's health and wellbeing, and tackle the wider factors that influence it;

    c. focus on key outcomes, doing what works to deliver them, with transparency of outcomes to enable accountability through a proposed new public health outcomes framework;

    d. reflect the Government's core values of freedom, fairness and responsibility by strengthening self-esteem, confidence and personal responsibility; positively promoting healthy behaviours and lifestyles; and adapting the environment to make healthy choices easier; and

    e. balance the freedoms of individuals and organisations with the need to avoid harm to others, use a 'ladder' of interventions to determine the least intrusive approach necessary to achieve the desired effect and aim to make voluntary approaches work before resorting to regulation.

10. This approach will: **reach across and reach out** – addressing the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support – and be:

    - **responsive** – owned by communities and shaped by their needs;
    - **resourced** – with ring-fenced funding and incentives to improve;
    - **rigorous** – professionally-led, focused on evidence, efficient and effective; and
    - **resilient** – strengthening protection against current and future threats to health.

Health and wellbeing throughout life

11. The Government is radically shifting power to local communities, enabling them to improve health throughout people's lives, reduce inequalities and focus on the needs of the local population. This White Paper highlights local innovation and outlines the cross-government framework that will enable local communities to reduce inequalities and improve health at key stages in people's lives, including:

    a. empowering local government and communities, which will have new resources, rights and powers to shape their environments and tackle local problems;

    b. taking a coherent approach to different stages of life and key transitions instead of tackling individual risk factors in isolation. Mental health will be a key element, and we will shortly publish a new mental health strategy;

    c. giving every child in every community the best start in life. We will do this through our continued commitment to reduce child poverty, by investing to increase health visitor numbers, doubling by 2015 the number of families reached through the Family Nurse Partnership programme, and refocusing Sure Start Children's Centres for those who need them most. An Olympic and Paralympic-style sports competition will be offered to all schools from 2012;

    d. making it pay to work through our comprehensive welfare reforms, creating new jobs through local growth and working with employers to unleash their potential as champions of public health;

    e. designing communities for active ageing and sustainability. We will make active ageing the norm rather than the exception, for example by building more Lifetime Homes, protecting green spaces and launching physical activity initiatives, including a £135 million Lottery investment in a Mass Participation and Community Sport legacy programme. We will protect and promote community ownership of green spaces and improve access to land so that people can grow their own food; and

    f. working collaboratively with business and the voluntary sector through the Public Health Responsibility Deal with five networks on food, alcohol, physical activity, health at work and behaviour change. We plan to launch the Deal in early 2011 and expect to be able to announce agreements on further reformulation of food to reduce salt; better information for consumers about food; and promotion of more socially responsible retailing and consumption of alcohol. It will also develop the Change4Life campaign, for example through the 'Great Swapathon', £250 million of partner-funded vouchers to make healthy lifestyle choices easier.

A new public health system with strong local and national leadership

12. To support this new approach and avoid the problems of the past, we need to reform the public health system. Localism will be at the heart of this system, with responsibilities, freedoms and funding devolved wherever possible; enhanced central powers will be taken where absolutely necessary, for example in areas such as emergency preparedness and health protection. Within this system:

    a. Directors of Public Health will be the strategic leaders for public health and health inequalities in local communities, working in partnership with the local NHS and across the public, private and voluntary sectors. The Government will shortly publish a response to the recent consultation on proposed new local statutory health and wellbeing boards to support collaboration across the NHS and local authorities in order to meet communities' needs as effectively as possible.

    b. A new, dedicated, professional public health service – Public Health England – will be set up as part of the Department of Health, which will strengthen the national response on emergency preparedness and health protection.

    c. There will be ring-fenced public health funding from within the overall NHS budget to ensure that it is not squeezed by other pressures, for example NHS finances, although this will still be subject to the running-cost reductions and efficiency gains that will be required across the system. Early estimates suggest that current spend on areas that are likely to be the responsibility of Public Health England could be over £4 billion.

    d. There will be ring-fenced budgets for upper-tier and unitary local authorities and a new health premium to reward them for progress made against elements of the proposed public health outcomes framework, taking into account health inequalities.

    e. The core elements of the new system will be set out in the forthcoming Health and Social Care Bill and will therefore be subject to Parliament's approval.

    f. The best evidence and evaluation will be used, supporting innovative approaches to behaviour change – with a new National Institute for Health Research (NIHR) School for Public Health Research and a Policy Research Unit on Behaviour and Health. There will be greater transparency, with data on health outcomes published nationally and locally.

    g. The Chief Medical Officer will have a central role in providing independent advice to the Secretary of State for Health and the Government on the population's health. He or she will be the leading advocate for public health within, across and beyond government, and will lead a professional network for all those responsible for commissioning or providing public health.

h. Public health will be part of the NHS Commissioning Board's (NHSCB) mandate, with public health support for NHS commissioning nationally and locally. There will be stronger incentives for GPs so that they play an active role in public health.

Making it happen

13. We are implementing our strategy to make early and substantial progress, so that we make a real difference to health from the earliest opportunity. Subject to the passage of the Health and Social Care Bill, the Government plans to:

    a. enable the creation of Public Health England, which will take on full responsibilities from 2012, including the formal transfer of functions and powers from the Health Protection Agency (HPA) and the National Treatment Agency for Substance Misuse (NTA);

    b. transfer local health improvement functions to local government, with ring-fenced funding allocated to local government from April 2013; and

    c. give local government new functions to increase local accountability and support integration and partnership working across social care, the NHS and public health.

14. The transition to Public Health England will be developed in alignment with changes to Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs), and the creation of the NHSCB. The detailed arrangements will be set out in a series of planning letters throughout the course of 2011.

15. To get the details of the new system right and ensure that it delivers significant improvements to the health of the population, we will be consulting on some elements. A number of consultation questions are set out in Chapter 4 and summarised in Chapter 5 of this White Paper, and we would welcome your views. The consultation on these questions closes on 8 March 2011.

16. The Department of Health has published a review of the regulation of public health professionals by Dr Gabriel Scally. A consultation question about this is in Chapter 4 of this White Paper. We would welcome views on this report.

17. Forthcoming consultation documents will set out the proposed public health outcomes framework, and funding and commissioning arrangements for public health.

1. Seizing opportunities for better health

Summary

Public health has formidable achievements to its name: clean air and water, enhanced nutrition and mass immunisation have consigned many killer diseases to the history books. There are huge opportunities to go further and faster in tackling today's causes of premature death and illness. People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; and of childhood emotional and behavioural problems. Although infectious diseases now account for only 1 in 50 deaths, rates of tuberculosis and sexually transmitted infections (STIs) are rising and pandemic flu is still a threat.

A fuller story on the health of England is set out in *Our Health and Wellbeing Today*, published to accompany this White Paper. The opportunity – and the challenge – is stark, for example:

- **By improving maternal health, we could give our children a better start in life, reduce infant mortality and the numbers of low birth-weight babies.**
- **Taking better care of our children's health and development could improve educational attainment and reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions due to tooth decay.**
- **Being in work leads to better physical and mental health, and we could save the UK up to £100 billion a year by reducing working-age ill health.[5]**
- **Changing adults' behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases; saving the NHS the £2.7 billion cost of alcohol abuse; and saving £13.9 billion a year, the societal cost related to drug-fuelled crime.**
- **We could prevent many of the yearly excess winter deaths – 35,000 in 2008/09 – through warmer housing, and prevent further deaths through full take-up of seasonal flu vaccinations.**

Our health and wellbeing today

1.1 Today, people in England are healthier and are living longer than ever before, and have levels of wellbeing that are as good as those in other European countries. Most of the major advances in life expectancy over the last two centuries came from public health rather than healthcare. Public health innovations have included the establishment of clean water and sewage systems that radically reduced infectious diseases; clean air acts that curbed the pollution that killed thousands into the early 1950s; enhanced nutrition that has largely eliminated many birth defects and once common conditions such as rickets; and mass immunisation programmes that have consigned to the history books the infectious diseases that once dominated death certificates.

What is public health?

The Faculty of Public Health defines public health as: The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society.

There are three domains of public health: health improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health), health protection (including infectious diseases, environmental hazards and emergency preparedness) and health services (including service planning, efficiency, audit and evaluation).[6]

1.2 Infectious diseases now account for only 1 in 50 deaths.[7] However, tuberculosis and STIs are rising, and pandemic flu remains a threat. We expect more people to have long-standing illnesses in future, and common mental health disorders are on the rise. Our causes of premature death are dominated by 'diseases of lifestyle', where smoking, unhealthy diet, excess alcohol consumption and sedentary lifestyles are contributory factors.

1.3 Health inequalities in life expectancy and disability-free life expectancy are large. We know that a wide range of factors affect people's health throughout their life and drive inequalities such as early years care, housing and social isolation. Despite this, our health efforts focus much more on treatment than on the causes of poor health. The NHS spends over £2.7 billion a year on treating smoking-related illness,[8] but less than £150 million on smoking cessation.[9] The Government

will work to re-balance the focus on the causes of ill health and ensure that public health funding is prioritised and not squeezed by other pressures, for example NHS finances, though it will still be subject to the running-cost reductions and efficiency gains that will be required across the system.

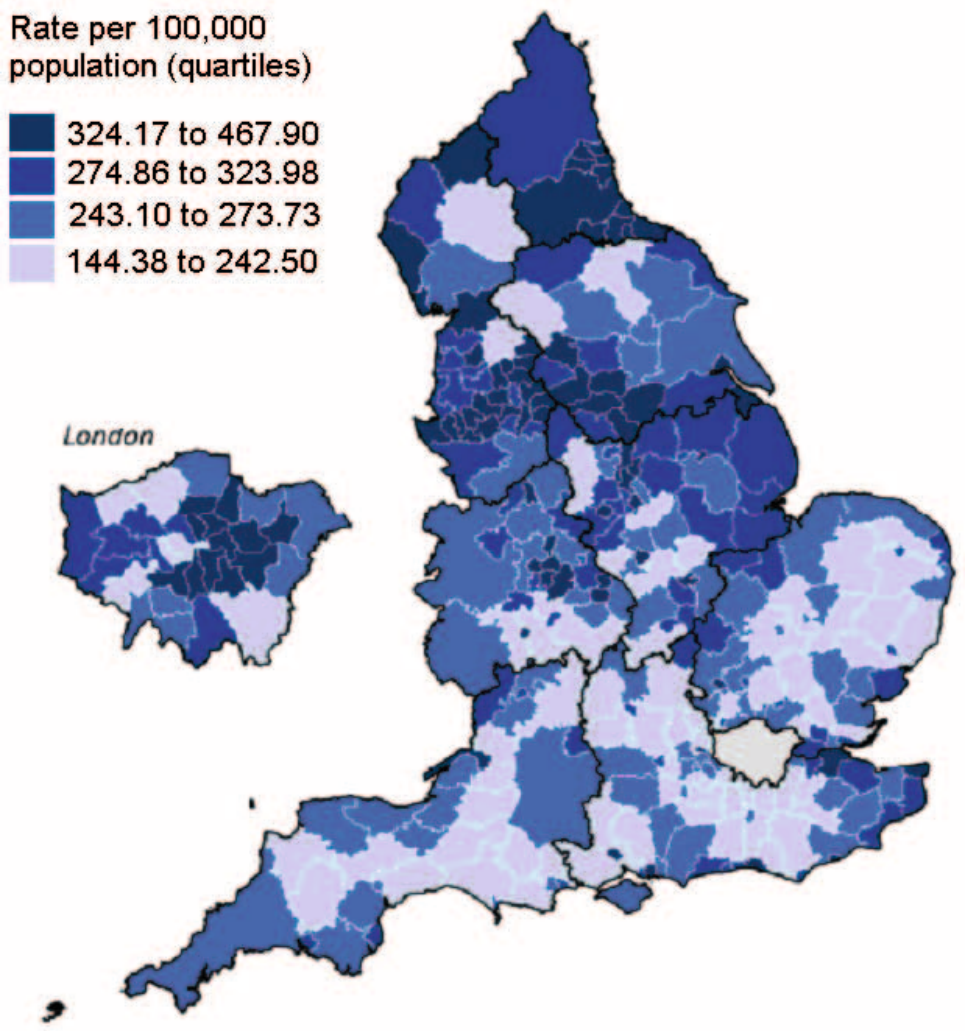
1.4 The contrast between what we know about the causes of premature death and illness in our society and the domination of our attention and spending on secondary care represents a profound challenge to our policy and our society as a whole. At a population level, it is not better treatment, but prevention – both primary and secondary, including tackling the wider social factors that influence health – which is likely to deliver greater overall increases in healthy life expectancy.

1.5 In order to meet this challenge, we need to think in more integrated and innovative ways about how we can empower people and communities to make healthier choices in their lives. We need to focus efforts across society on these big opportunities. This is potentially one of the great challenges of our generation – how we can create a public health service, not just a national sickness service.

How healthy and well are we overall?

1.6 People in England are healthier and are living longer than ever. Overall, we enjoy safe air and water, and are well protected from environmental hazards. We also have systems in place to prepare for and respond to new threats such as pandemic flu. However, there are substantial inequalities in health across the country – as there are in other wealthy countries. Figure 1.1 illustrates the variation in mortality of people under 75 in England; further analysis of public health data shows that different areas face different challenges (for instance, the patterns in smoking-related deaths are not the same as those in alcohol-related deaths, which are again different from those in excess winter deaths).[10]

Figure 1.1: Mortality from all causes, persons aged under 75, 2006–08, by local authority
(directly age-standardised mortality)



Source: National Centre for Health Outcomes Development, Compendium of Clinical and Health Indicators.

1.7 Today, English men can expect to live until 78 – longer than in most other comparable nations; however, still not as long as English women, who can expect to live to 82.[11] Life expectancy is expected to continue to rise for both men and women, rising to 81 and 85 years of age respectively by 2020.[12]

1.8 However, many people are still dying at a relatively young age, with more than 1 in 6 deaths occurring before age 65 in 2007.[13] The leading causes of death across all ages are circulatory diseases, cancers and respiratory diseases, which together accounted for 75% of deaths in 2007.[14]

1.9 We know that people suffer a substantial burden of ill health from living with conditions that give them pain, affect their mental health, or prevent them from doing their usual activities, making them dependent on the care of others. The good news is that although we are living longer, there is no strong evidence that the burden of health conditions has increased. Overall, reporting of longstanding illnesses has been stable for 30 years at around 30% of the population[15] and there is evidence that severity has actually lessened. Musculoskeletal conditions, circulatory diseases and mental health disorders account for over 70% of the burden of longstanding ill health.[16]

1.10 Some 15.4 million people in England have a longstanding illness,[17] and this is set to rise. Many of the diseases we now suffer from are linked to lifestyle and ageing. The numbers of people smoking, taking illicit drugs and drinking harmful levels of alcohol have all declined in recent years, but many of us still lead harmful lifestyles.

1.11 Wellbeing – a positive physical, social and mental state – is an important part of our health. Good wellbeing does not just mean the absence of mental illness – it brings a wide range of benefits, including reduced health risk behaviour (such as smoking), reduced mortality, improved educational outcomes and increased productivity at work. The data we have on wellbeing suggests that the UK is broadly on a par with France and Germany,[18] but there are likely to be wide variations within this across the country.

Wider factors influencing health, wellbeing and health inequalities

1.12 Our health and wellbeing is influenced by a wide range of factors – social, cultural, economic, psychological and environmental – across our lives. These change as we progress through the key transition points in life – from infancy and childhood, through our teenage years, to adulthood, working life, retirement and the end of life. Even before conception and through pregnancy, social, biological and genetic factors accumulate to influence the health of the baby.

Health inequalities – the evidence

Fair Society, Healthy Lives (2010),[19] the independent review of health inequalities in England commissioned by government and undertaken by Professor Sir Michael Marmot of University College London, sets out the implications of health inequalities. It makes it clear that material circumstance, social environment, psychosocial factors, behaviours and biological factors are all important influences on health. In practice, this means that in order to tackle health inequalities, we need to consider the much broader context of our lives. For instance, helping people into work can be very good for health. It provides not only income, but also – importantly – a stake in society. Early child development and educational attainment are also crucial for future health and wellbeing, as well as improving job opportunities and providing a route out of poverty.

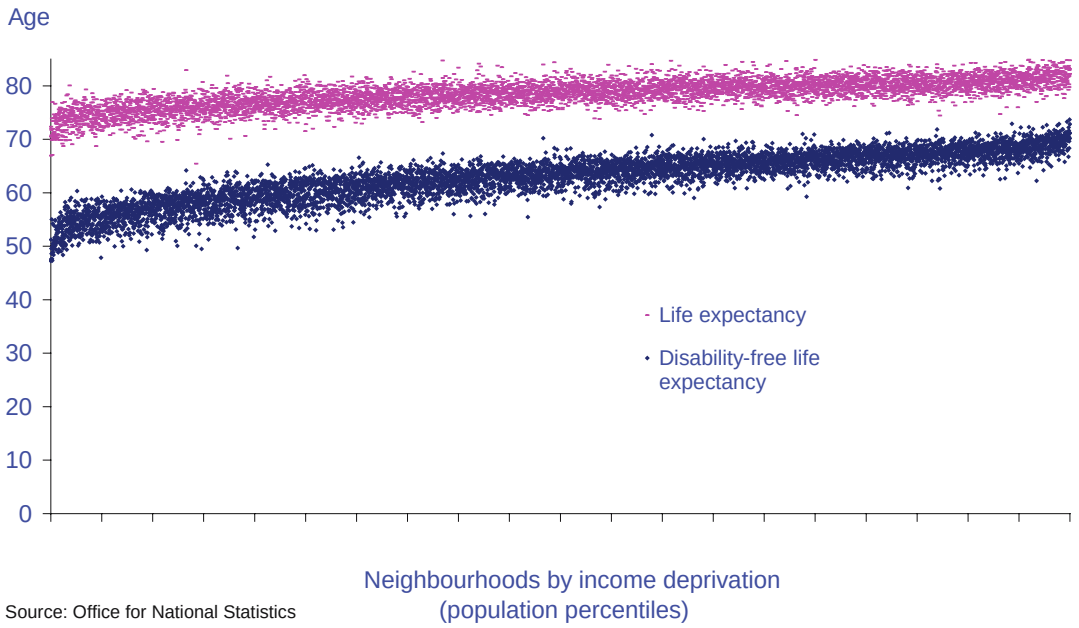
While on the whole we are living longer than ever before, people's health and wellbeing varies significantly across England. And there is a social gradient of health – the lower a person's social position, the worse his or her health. People in disadvantaged areas are more likely to have shorter life expectancy and experience a greater burden of ill health – and there are differences in life expectancy and expectancy of life in good health across the socioeconomic spectrum. This inequality is driven by the underlying social factors that affect people's health and wellbeing – 'the causes of the causes'.

The Marmot Review states there are gaps of up to 7 years in life expectancy between the richest and poorest neighbourhoods, and up to 17 years in disability-free life expectancy (see Figure 1.2). It also highlights wide variation within areas; for instance in London, in one ward in Kensington and Chelsea, a man now has a life expectancy of 88 years, compared with 71 years in Tottenham Green, one of the capital's poorer wards. Low income and deprivation are particularly associated with higher levels of obesity, smoking, mental illness and harms arising from drug and alcohol misuse.

Protected equality characteristics can also have an impact on health. Evidence shows that inequalities based on race, disability, age, religion or belief, gender, sexual orientation and gender identity can interact in complex ways with socioeconomic position in shaping people's health. Some vulnerable groups and communities, for example people with learning disabilities or travellers, have significantly poorer life expectancy than would be expected based on their socioeconomic status alone.[20, 21]

1.13 We are all strongly influenced by the people around us, our families, the communities we live in and social norms. Our social and cognitive development, self-esteem, confidence, personal resilience and wellbeing are affected by a wide range of influences throughout life, such as the environment we live in, the place in which we work and our local community. This impacts on our health and our life chances.

Figure 1.2: Life expectancy and disability-free life expectancy at birth, by neighbourhood income level, England, 1999–2003

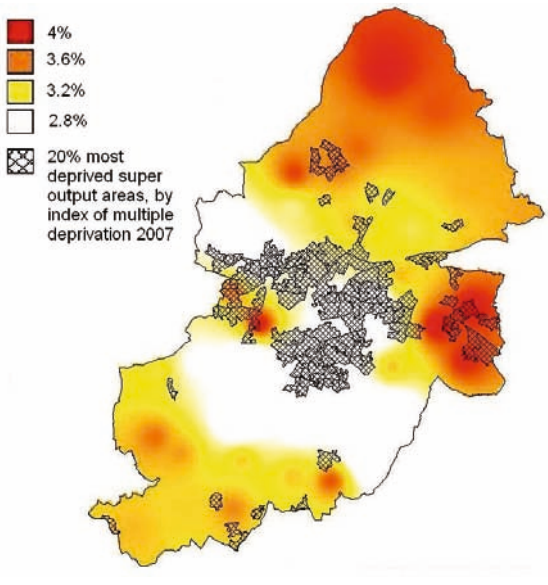


Source: Office for National Statistics

Healthcare services have been estimated to contribute only a third of the improvements we could make in life expectancy – changing people's lifestyles and removing health inequalities contribute the remaining two thirds. Many of the biggest future threats to health, such as diabetes and obesity, are related to public health.[22]

1.14 Figure 1.3 shows how location, take-up of healthcare services (in this case primary care) and deprivation play a role in outcomes for coronary heart disease sufferers in Birmingham – where there is a relationship between mortality and failure to register with a GP and thus receive treatment.

Figure 1.3: Variation in Birmingham – showing stark differences between the location of coronary heart disease patients registered with GPs (a), and the locations where coronary heart disease mortality rates are highest (b)



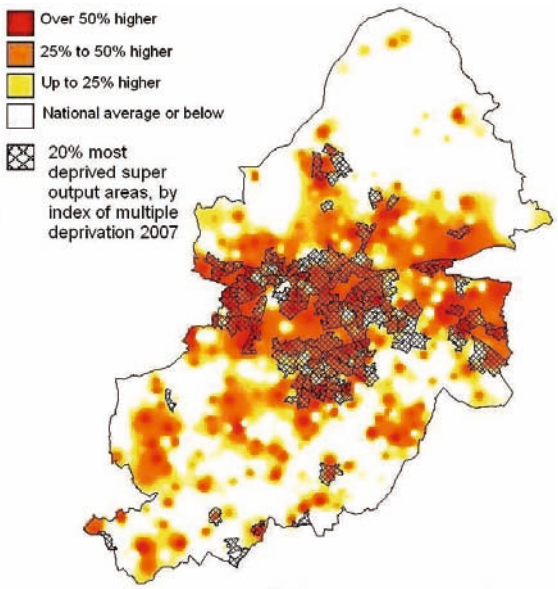


Figure 1.3a: Prevalence of coronary heart disease in Birmingham in 2008/09, according to GP Quality and Outcomes Framework data. Deprivation is also shown.

Figure 1.3b: Mortality from coronary heart disease in Birmingham in 2007-2009, according to data from the Office for National Statistics. Deprivation is also shown.

1.15 Recent research has shown that social networks exert a powerful influence on individual behaviour, affecting our weight, smoking habits and happiness.[23] Even people we do not know directly can affect our health and wellbeing.[24]

1.16 The quality of the environment around us also affects any community. Pollution, air quality, noise, the availability of green and open spaces, transport, housing, access to good-quality food and social isolation all influence the health and wellbeing of the local population. Climate change represents a challenge in terms of long-term health services planning and emergency preparedness.

Health and wellbeing challenges through life

Starting well

1.17 The health and wellbeing of women before, during and after pregnancy is a critical factor in giving children a healthy start in life and laying the groundwork for good health and wellbeing in later life.

1.18 Improving maternal mental health could lead to better outcomes in childhood. Maternal depression and anxiety in pregnancy and during a child's early life affects about 10–15% of pregnant women.[25] Rates are nearly twice as high among mothers living in poverty and three times as high for teenage mothers, and are associated with low birth weight, emotional or conduct disorders and children's later intellectual development.[26]

In one study, the children of women who were depressed at 3 months after giving birth had significantly lower IQ scores at 11 years. They also had problems with attention, had difficulties in mathematical reasoning, and were more likely than other children to have special educational needs.[27]

1.19 There has been substantial progress in reducing infant deaths. In 2008, the infant mortality rate was the lowest ever recorded in England, with fewer than 5 deaths per 1,000 live births in England compared with 18 deaths per 1,000 live births in 1970.[28] However, these rates are higher than in comparable European countries and infant mortality is a key indicator of wider health inequalities. There is a 70% gap in infant mortality between the richest and poorest groups, and rates for some ethnic groups are almost twice the national average.[29]

1.20 There are opportunities to reduce infant mortality further by tackling maternal obesity (around 1 in 5 mothers could be overweight or obese);[30] increasing breastfeeding rates (England has one of the lowest rates in Europe and the current prevalence of breastfeeding at 6-8 weeks is 46.2%[31]) and decreasing smoking in pregnancy (more than 1 in 6 mothers smoke during pregnancy[32]). Smoking rates during pregnancy are much higher among lower socioeconomic groups[33] and teenage mothers.[34]

1.21 A total of 1 in 14 babies in the UK have a low birth weight (which is associated with immediate and longer-term health consequences for babies), a higher rate than the average for EU15 and EU27 countries.[35] This could also be improved by reducing smoking during pregnancy.[36]

1.22 Children's development is crucial for their future health and wellbeing and better early years support could make a big difference. Good parent–child relationships help build children's self-esteem and confidence and reduce the risk of children adopting unhealthy lifestyles. A total of 1 in 10 children are estimated to have emotional or behavioural problems,[37] which increase the risk of poor health and wellbeing both in childhood and later life.[38]

At birth, babies have around a quarter of the brain neurons of an adult. By the age of 3, the young child has around twice the number of neurons of an adult – making the early years critical for the development of the brain, language, social, emotional and motor skills.

Developing well

1.23 There are opportunities to reduce road accidents – the leading cause of accidental death and injury of children in the UK, resulting in almost 21,000 injuries in 2009.[39] There are strong social and regional variations, so this lends itself to a tailored local approach.

1.24 Progress is being made in tackling childhood obesity – the rise among 2–10-year-olds from 1 in 10 children in 1995 to almost 1 in 7 in 2008 appears to be levelling off.[40] However, more than 1 in 5 children are still overweight or obese by age 3.[41] Rates are higher among some black and minority ethnic (BME) communities and in lower socioeconomic groups.[42]

Through social networks, obesity can actually be 'spread' by person-to-person interaction. Social norms affect other health areas too: if more than half of a student's social network smoke, then that student's risk of smoking doubles.[43]

1.25 Teenagers and young people are among the biggest lifestyle risk-takers. About 1 in 5 young adults say they have recently used drugs, mostly cannabis.[44] Rates of STIs such as chlamydia are increasing, with 15–24-year-olds the most affected group. Around 1 in 10 of the people who get an STI will become re-infected within a year.[45] Teenage conceptions are at a 20-year low (40 cases per 1,000 under 18s), but are still high compared with Western Europe.[46]

1.26 Teenage years are a crucial time for health and wellbeing in later life. Half of lifetime mental illness (excluding dementia) starts by the age of 14.[47] More than 8 out of 10 adults who have ever smoked regularly started smoking before 19,[48] and one study found that 8 in 10 obese teenagers went on to be obese as adults.[49]

1.27 Around 1 in 3 young adults drink to the point of drunkenness, the highest rates among any age group.[50] Accidents due to alcohol (including drink-driving accidents) are the leading cause of death among 16–24 year-olds.[51]

Living well

1.28 Many premature deaths and illnesses could be avoided by improving lifestyles. It is estimated that a substantial proportion of cancers[52] and over 30% of deaths from circulatory disease[53] could be avoided, mainly through a combination of stopping smoking, improving diet and increasing physical activity.

1.29 Reducing smoking rates represents a huge opportunity for public health – smoking is the single biggest preventable cause of early death and illness. There are 2 million fewer smokers now than a decade ago, but 1 in 5 adults still smoke.[54] Smoking is estimated to cost the NHS at least £2.7 billion a year in England.[55]

1.30 2 out of 3 adults are overweight or obese.[56] The estimated cost to the NHS of obesity-related conditions is £4.2 billion each year, and diabetes is rising sharply.[57] Around 7 in 10 people consume more salt than is recommended[58] (leading to an estimated 1 in 3 people with high blood pressure[59]); only 3 in 10 adults eat the recommended 5 portions of fruit and vegetables a day;[60] and only 3 or 4 in 10 adults say they do the recommended levels of physical activity every week.[61]

1.31 The majority of the population either do not drink alcohol at all or, if they do drink, they do so within the Government's lower-risk limits.[62] However, regular heavy drinking is leading to a rapid rise in liver disease, which is now the fifth biggest cause of death in England. Drunkenness is associated with almost half of assaults and more than a quarter of domestic violence incidents.[63]

1.32 We have the lowest levels of illicit drug use since the British Crime Survey began measuring it in 1996. However, we have some of the highest levels of illicit drug use in Europe. More than 1 in 12 adults used an illicit drug in the last year.[64] As well as being exposed to health risks, drug users are more likely to be involved in crime (such as theft and prostitution), to be unemployed and to lose contact with friends and family.

1.33 Diagnoses of STIs are increasing. STIs can have serious consequences for health,[65] including infertility. More than 1 in 4 people with HIV are unaware that they are infected and around 1 in 2 new cases are diagnosed too late.[66]

1.34 Preventing mental ill health represents a huge opportunity: estimates of the burden of mental ill health range from 9%[67] to 23%[68] of the total health burden in the UK. The health and economic cost in England was estimated as £77.4 billion in 2003.[69] There is evidence that mental ill health disproportionately impacts on people from black and ethnic minority communities, the homeless and other socially excluded groups.[70]

1.35 People with mental ill health are much more likely to smoke and die younger, and a large number of people with mental health problems also have alcohol or drug problems. Over 1 in 3 people with a mental disorder smoke.[71]

One study found the life expectancy of people with schizophrenia was 15–20 years lower than that of the general population.[72]

1.36 A total of 1 in 10 people are carers, and analysis of census data shows that 1 in 5 carers providing over 50 hours of care a week say they are in poor health, compared with 1 in 9 non-carers.[73]

1.37 Improving the environment in which people live can make healthy lifestyles easier. When the immediate environment is unattractive, it is difficult to make physical activity and contact with nature part of everyday life. Unsafe or hostile urban areas that lack green spaces and are dominated by traffic can discourage activity. Lower socioeconomic groups and those living in the more deprived areas experience the greatest environmental burdens.

Working well

1.38 The health and wellbeing of people of working age is critical to supporting the economy and society. Being in work is in general good for health, while being out of work can lead to poorer physical and mental health.[74]

1.39 Reducing working-age ill health has the potential to save the UK up to £100 billion a year, around the size of the entire annual NHS budget.[75] Around 172 million working days were lost to sickness absence in 2007, at a cost to the economy of over £13 billion.[76]

Some 17% of people claiming incapacity benefit have a musculoskeletal condition, many of which are preventable.[77]

1.40 Taking a preventive approach to mental health presents a significant opportunity for reducing absence from work: 9.8 million working days were lost in Britain in 2009/10 due to work-related stress, depression or anxiety alone.[78]

Ageing well

1.41 Our population is ageing rapidly, but we are living longer and staying fitter for longer – today's 65-year-olds are more active and well than ever before.[79] Maintaining social networks, being part of a community and staying active all benefit health and wellbeing in later life. By 2024, an estimated 50% of the population will be over the age of 50, due to a combination of increased life expectancy and low birth rates. This is particularly significant in rural areas: the average age of rural residents is nearly six years older than people living in urban areas.[80]

1.42 Dementia affects around 750,000 people in the UK and numbers are expected to double by 2030.[81] The annual costs of dementia in the UK amount to £17 billion.[82] Half of dementias have a vascular component; by improving diet and lifestyle in earlier life we can significantly reduce their impact.

1.43 A total of 1 in 4 older people have symptoms of depression requiring professional intervention.[83] Better treatment for this group could improve their health outcomes considerably. Estimates suggest that around 1 in 10 older people experience chronic loneliness, with people living in deprived areas experiencing much higher rates.[84]

Life expectancy at 65 is now more than 20 years for women, and more than 17 years for men – higher than it has ever been.[85]

1.44 There are increasing numbers of frail older people, and many people over 65 are also carers. In winter 2008/09, there were 35,000 excess deaths[86] in England, many of which could have been prevented.[87]

1.45 Each year 1 in 3 people over 65 and almost 1 in 2 people over 85 experience one or more falls, many of which are preventable.[88] Hip fracture is the most common serious injury related to falls in older people. Around 76,000 hip fractures occur in the UK each year,[89] costing the NHS £1.4 billion, and numbers may double by 2050.[90]

Seizing these opportunities

1.46 This White Paper sets out how society can seize these opportunities to improve the public's health and wellbeing and reduce health inequalities. The new system:

- will have a strategic focus on the outcomes that matter most;
- focus on doing what works in order to make the biggest difference;
- harness efforts across society – individuals, families, local and national government, and the private, voluntary and community sectors – to tackle these issues; and
- put local government in a leadership role as, given the huge variations across the country, local councils are best placed to address the particular issues that their areas face.

2. A radical new approach

Summary

The current approach and system is not up to the task of seizing these huge opportunities for better health and reduced inequalities in health. This White Paper sets out a radical new approach that will empower local communities, enable professional freedoms and unleash new ideas based on the evidence of what works, while ensuring that the country remains resilient to and mitigates against current and future health threats. This approach will reach across and reach out – addressing the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support – and be:

- **responsive** – owned by communities and shaped by their needs;
- **resourced** – with ring-fenced funding and incentives to improve;
- **rigorous** – professionally-led and focused on evidence; efficient and effective; and
- **resilient** – strengthening protection against current and future threats to health.

Protecting the population from health threats should be led by central government, with a strong system to the frontline. But beyond that, local leadership and wide responsibility across society is the way to improve everyone's health and wellbeing, and tackle the wider factors that influence it, most effectively. Efforts should be focused on the outcomes that matter most, doing what works best to get there, with transparency about outcomes to enable accountability. When central government needs to act, the approach will reflect the core values of freedom, fairness and responsibility by strengthening self-esteem, confidence and personal responsibility; positively promoting healthy behaviours and lifestyles; and adapting the environment to make healthy choices easier. We will balance the freedoms of individuals and organisations with the need to avoid harm to others, and we will use a 'ladder' of interventions to determine the least intrusive approach possible, aiming to make voluntary approaches work before resorting to regulation.

Reaching across and reaching out – addressing the root causes of ill health

2.1 There has not been enough focus on the root causes of ill health. Mental and physical health and wellbeing interact, and are affected by a wide range of influences throughout life.

2.2 Central government can play a part in shaping some of these influences and must have a firm grip both on protecting people against serious health threats and on preparing for emergencies. However, top-down initiatives and lectures from central government about the 'risks' are not the answer. And while the NHS will continue to have a critical role to play, it cannot tackle all the wider factors on its own.

2.3 A new approach is needed, which gets to the root causes of people's circumstances and behaviour, and integrates mental and physical health. The latest insights from behavioural science need to be harnessed to help enable and guide people's everyday decisions, particularly at the key transition points in their lives, such as when they start or leave school, start a family or retire.

2.4 Wider factors that shape the health and wellbeing of individuals, families and local communities – such as education, employment and the environment – also need to be addressed in order to tackle health inequalities.

2.5 Responsibility needs to be shared right across society – between individuals, families, communities, local government, business, the NHS, voluntary and community organisations, the wider public sector and central government:

- **Individuals should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care.** This applies to people maintaining their wellbeing and preventing ill health; if they have a long-term condition, keeping as well as possible and managing it to avoid it worsening; and being true partners in their care so that decisions are shared as far as possible, based on the right information and genuine dialogue with health professionals. For public health as for social care, the vision is services and support delivered in a partnership between individuals, communities, the voluntary sector, the NHS and local government – including wider support services such as housing.

- **Local government is best placed to influence many of the wider factors that affect health and wellbeing.** We need to tap into this potential by significantly empowering local government to do more through real freedoms, dedicated resources and clear responsibilities, building on its existing important role in public health.

- **The NHS continues to have a crucial role.** Preventing ill health, screening for disease, supporting people with long-term conditions, improving access to care for the whole population and tackling health emergencies are all key functions that the NHS provides. GPs, community nurses, allied health professionals, dentists and pharmacists in the community, and hospital-based consultants and nurses all play a vital part.
- **Charities, voluntary organisations and community groups already make a vital contribution.** They provide services to individuals and communities, act as advocates for excluded groups and catalysts for action. The Government will encourage partnership working and opportunities for providers from all sectors to offer relevant services.
- **Businesses must take more responsibility for the impact of their practices on people's health and wellbeing.** The Government will work collaboratively with business and the voluntary sector through a new Responsibility Deal.
- **Employers from all sectors should look to support the health and wellbeing of their staff.** There are potentially major benefits for them and their staff if they do. The NHS will lead the way on this.
- **Central government will continue to play an important role.** We will directly co-ordinate activity to protect people from serious health threats and emergencies. And we will create the right system and incentives to free-up local communities to improve health and reduce inequalities, doing only what is necessary across central government to enable this. In all cases, we will ensure that we use proportionate and effective approaches, reflecting the core values of freedom, fairness and responsibility.

Responsive – owned by communities, shaped to meet their needs

2.6 Centralisation has failed. There have been far too many central initiatives, with power hoarded in Whitehall. Multiple top-down targets about improving health and reducing inequalities have been imposed on local communities.

2.7 We will end this top-down government. It is time to free up local government and local communities to decide how best to improve the health and wellbeing of their citizens, deciding what actions to take locally with the NHS and other key partners, without undue interference from the centre.

2.8 We propose to do this through new freedoms and funding for public health in local government. This will be supported by a proposed public health outcomes framework and a 'health premium', which will incentivise local government and communities to improve health and reduce inequalities, while leaving them free to decide how best to do this, in line with local needs. Data will be published to make it easier for local communities to compare themselves with others across the country and to incentivise improvements.

2.9 We have been working closely with partners, and will shortly consult on detailed proposals for a public health outcomes framework, so that local communities, local government, the NHS and other key partners have an opportunity to shape it. This will sit alongside the proposed NHS outcomes framework[91] and social care outcomes framework.[92] We propose that the public health outcomes framework should cover five broad 'domains' of public health:

- Domain 1 – Health protection and resilience: protecting people from major health emergencies and serious harm to health;
- Domain 2 – Tackling the wider determinants of ill health: addressing factors that affect health and wellbeing;
- Domain 3 – Health improvement: positively promoting the adoption of 'healthy' lifestyles;
- Domain 4 – Prevention of ill health: reducing the number of people living with preventable ill health; and
- Domain 5 – Healthy life expectancy and preventable mortality: preventing people from dying prematurely.

Resourced – based on ring-fenced funding, with incentives to improve

2.10 Public health budgets have been squeezed. Prevention has not enjoyed parity with NHS treatment, despite repeated attempts by central government to prioritise it. Public health funds have too often been raided at times of pressure in acute NHS services and short-term crises.

2.11 It is time to prioritise public health. The Government will ring-fence public health funds from within the overall NHS budget to ensure that it is prioritised, although it will still be subject to the running-cost reductions and efficiency gains that will be required across the system.

2.12 Alongside the shift of power from Whitehall to local communities we will allocate ring-fenced funds for public health to local authorities to enable them to secure better health and reduce inequalities, working with the NHS and other key partners in their areas.

Rigorous – professionally-led and focused on evidence; efficient and effective

2.13 The system has often let the workforce down. Public health professionals have been disempowered and their skills not sufficiently valued when compared with their counterparts in NHS acute services. We need to address the imbalance, so that prevention and public health enjoy true parity with treatment.

2.14 Subject to the passage of the Health and Social Care Bill, the Government proposes to set up a new public health service – Public Health England. This will be a uniting force for the wider family of professionals who also spend time on improving people's lives and tackling inequalities.

2.15 There is patchy use of evidence about 'what works'. Despite much activity at both national and local levels, further progress is needed to build and apply the evidence base for 'what works' and to ensure that resources are used most effectively and are linked to clear health outcomes. A culture of using the evidence to prioritise what we do and test out innovative ideas needs to be developed, while ensuring that new approaches are rigorously evaluated and that the learning is applied in practice.

2.16 The Government will harness the information revolution to make the best use of evidence and evaluation and support innovative approaches to behaviour change throughout society.

Resilient – strengthening protection against current and future threats to health

2.17 The current system for health protection is fragmented. The UK has responded excellently to public health incidents and emergencies in recent years, but the system lacks integration and is over-reliant on goodwill to make it work. A stronger, more integrated system is needed, which is equipped to meet future threats and has a clear line of sight from the top of government to the frontline.

2.18 The Government is therefore taking forward proposals for enhancing the functions of the Secretary of State for Health, making accountabilities in the system clearer and creating a new streamlined public health service to lead health protection and public health efforts across the country.

Intervening effectively

2.19 When central government needs to act, we will balance the freedoms of individuals and organisations with the need to avoid harm to others. We will aim to make voluntary approaches work before resorting to regulation.

2.20 The arguments about when it is appropriate for government to intervene in people's health and to what extent have become oversimplified. They are often presented as a straightforward choice between two extremes – intrusive intervention into people's lives or completely hands-off. These fail to capture the wide range of interventions that are available and the need to make decisions on a case-by-case basis about which to use.

2.21 A more sophisticated approach is needed. As Richard Reeves' independent report *A Liberal Dose?*[93] concluded, there is no 'magic equation' for how and when government should intervene. But there are some sensible criteria that government can apply, reflecting our core values.

2.22 **First, the Government will recognise that protecting and improving people's health covers a wide spectrum of issues that demand very different approaches.** The issues range from serious biological, chemical and infectious disease threats where central government must take a strong lead, to diseases such as diabetes, heart disease and depression, which are linked to people's lifestyles and situations and require local solutions that are tailored to people's different needs.

2.23 **Second, the Government will balance the freedoms of individuals and organisations with the need to avoid serious harm to others.** We will look carefully at the strength of the case before deciding to intervene and to what extent. This must be based on a rigorous assessment of the evidence about health and wider harms, with the potential benefits balanced against the social and economic costs to individuals, organisations and wider society.

2.24 **Third, the Government will consider different approaches for different groups of the population, taking account of the significant barriers that some people face.** We will treat capable, responsible and informed adults as adults. We will treat children differently as they rely more on adults to help make decisions or to make decisions for them when they are very young. We should also recognise that some individuals may need more support because they face particular barriers. We need to use different approaches for different people, drawing on the latest evidence from behavioural science to do this.

A 'ladder' of interventions

2.25 The public expect government to prepare for and tackle serious, unavoidable threats and emergencies – such as radiation, chemical spills, pandemic flu or terrorism – on their behalf. These cases can demand direct intervention from a range of central government departments and need the firm grip of the Secretary of State for Health.

2.26 There are also some activities that it makes sense to do once at national level rather than repeat many times over at local level. This includes making sure that air, food and water meet safety standards; buying vaccines and planning immunisation programmes; providing specialist expertise to support local incidents; and legislating to ban some types of drugs.

2.27 Across all these areas, government needs to keep up its guard, ensuring that it is vigilant against existing and emerging health threats and is fully prepared to respond if and when they arise.

2.28 When it comes to improving people's health and wellbeing, we need a different approach. We cannot just ban everything, lecture people or deliver initiatives to the public. This is not justified and will not work. Nor should we have one-size-fits-all policies that often leave the poorest in our society to struggle.

2.29 Few of us consciously choose 'good' or 'bad' health. We all make personal choices about how we live and behave: what to eat, what to drink and how active to be. We all make trade-offs between feeling good now and the potential impact of this on our longer-term health. In many cases, moderation is often the key.

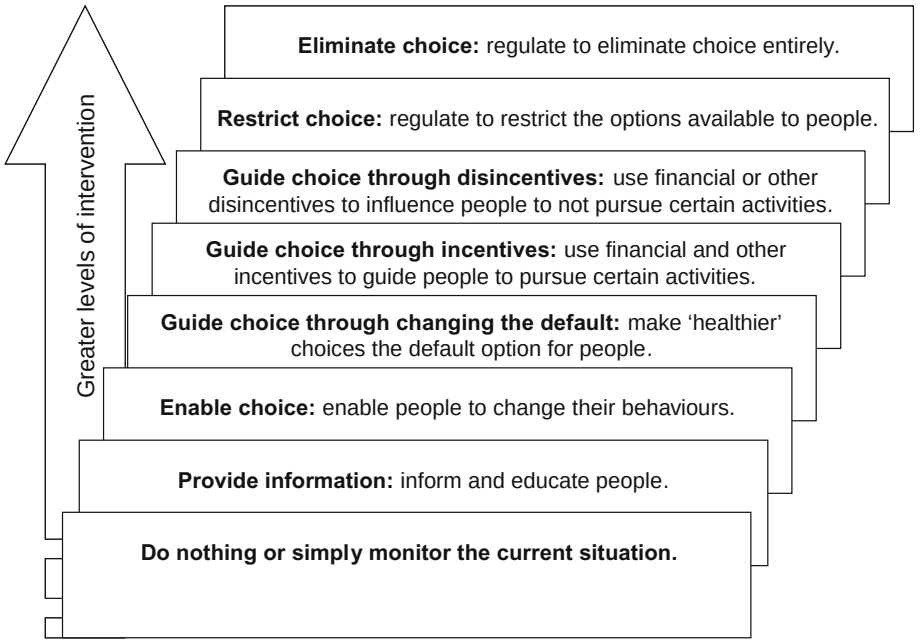
2.30 All capable adults are responsible for these very personal choices. At the same time, we do not have total control over our lives or the circumstances in which we live. A wide range of factors constrain and influence what we do, both positively and negatively.

2.31 The Government's approach to improving health and wellbeing – relevant to both national and potential local actions – is therefore based on the following actions, which reflect the Coalition's core values of freedom, fairness and responsibility. These are:

- strengthening self-esteem, confidence and personal responsibility;
- positively promoting 'healthier' behaviours and lifestyles; and
- adapting the environment to make healthy choices easier.

2.32 The Nuffield Council on Bioethics' 'intervention ladder' shows the range of potential approaches which could be used to promote positive lifestyle changes in this way (see Figure 2.1).[94] The options range from the least intrusive into people's lives (such as just providing information) to the most intrusive (eliminating people's choice about what they do through legislation):

Figure 2.1: A ladder of interventions



2.33 Where the case for central action is justified, the Government will aim to use the least intrusive approach necessary to achieve the desired effect. We will in particular seek to use approaches that focus on enabling and guiding people's choices wherever possible.

2.34 This includes changing social norms and default options so that healthier choices are easier for people to make. There is significant scope to use approaches that harness the latest techniques of behavioural science to do this – nudging people in the right direction rather than banning or significantly restricting their choices.

2.35 Working through our new Public Health Responsibility Deal, the Government will aim to base these approaches on voluntary agreements with business and other partners, rather than resorting to regulation or top-down lectures. However, if these partnership approaches fail to work, the Government will consider the case for 'moving up' the intervention ladder where necessary. For example, if voluntary commitments from business are not met after an agreed time period, we will consider the case for introducing change through regulation in the interests of people's health.

3. Health and wellbeing throughout life

Summary

The Government is radically shifting power to local communities, enabling them to improve health throughout people's lives, reduce inequalities and focus on the needs of the local population. This chapter highlights local innovation and outlines the cross-government framework that will enable local communities to reduce inequalities and improve health at key stages in people's lives, including:

a. **empowering local government and communities, who will have new resources, rights and powers to shape their environments and tackle local problems;**

b. **taking a coherent approach to different stages of life and key transitions, instead of tackling individual risk factors in isolation.** Mental health will be a key element, and we will shortly publish a new mental health strategy;

c. **giving every child in every community the best start in life.** We will support this through our continued commitment to reduce child poverty, by investing to increase health visitor numbers, doubling by 2015 the number of families reached through the Family Nurse Partnership (FNP) programme, and refocusing Sure Start Children's Centres for those who need them most. An Olympic and Paralympic-style sports competition will be offered to all schools from 2012;

d. **making it pay to work,** through comprehensive welfare reforms, creating new jobs through local growth and working with employers to unleash their potential as champions of public health;

e. **designing communities for active ageing and sustainability.** We will make active ageing the norm rather than the exception, for example by building more Lifetime Homes, protecting green spaces and launching physical activity initiatives, including a £135 million Lottery investment in a Mass Participation and Community Sport legacy programme and a volunteer led walks programme. We will protect and promote community ownership of green spaces and improve access to land so that people can grow their own food; and

f. **working collaboratively with business and the voluntary sector through the Public Health Responsibility Deal** with five networks on food, alcohol, physical activity, health at work and behaviour change. We plan to launch the Deal in early 2011 and expect to be able to announce agreements on further reformulation of food to reduce salt; better information for consumers about food; and promotion of more socially responsible retailing and consumption of alcohol. It will also develop the Change4Life campaign, for example through the 'Great Swapathon', £250 million of partner-funded vouchers to make healthy lifestyle choices easier.

A partnership approach through life

3.1 This White Paper is the Government's response to *Fair Society, Healthy Lives* – the Marmot Review.[95] It adopts an approach which addresses the wider factors that affect people at different stages and key transition points in their lives, and reflects the review's principle of 'proportionate universalism' – by which the scale and intensity of action is proportionate to the level of disadvantage.

3.2 The Government wants all parts of society taking responsibility for health and wellbeing. This White Paper supports the shift to make that happen across government, outlining the high-level framework to empower local communities to deliver local change, and highlighting the opportunities for local government, the private and voluntary sectors to play their part.

3.3 This change will only happen if we base our approach on the reality of people's lives, rather than on policy areas considered in isolation. Consequently, this chapter is framed around those key points and stages in people's lives when mental and physical health outcomes can be most strongly influenced.

3.4 We expect most action to happen at a local level: helping people improve their mental and physical health, wellbeing and resilience, and tailoring support to the different needs of individuals and families at different stages in their lives. By giving local government control of public health resources, we will shift power and accountability to local communities and create healthy places to grow up and grow older in, with new partnerships in important areas, such as housing, planning, schools and transport. As set out in the previous chapter, the role of central government will be to establish a framework so that local action can be most effective, and to do nationally only the things that need to be done at that level. This includes working across multiple departments to address the wider determinants of health through the new Cabinet Sub-Committee on Public Health. This chapter sets out the range of actions we will take across central government.

Starting well

3.5 Starting well, through early intervention and prevention, is a key priority for the Government, developing strong universal public health and early education with an increased focus on disadvantaged families. This approach, proportionate universalism, was advocated in the Marmot Review into health inequalities.

3.6 In local government, there will be new opportunities to develop integrated local strategies between public health services, children's services and the NHS, aligning outcomes and resources. At neighbourhood level, increased numbers of health visitors, working with children's centres and GPs, will lead and deliver the Healthy Child programme, alongside the evidence-based Family Nurse Partnership (FNP) programme. These services, working with partners, will support families to build

community capacity as part of the Big Society. Supporting parents with parenting programmes has a positive impact on both parents' and children's wellbeing and mental health. The Healthy Child Programme also includes breastfeeding support and a range of proven preventive services.

3.7 High-quality universal services will form the foundations to ensure the strongest outcomes for children and their parents. The Department of Health will work with the NHS to continue to strengthen the preventive aspects of maternity services. The Department for Education will continue to offer all families 15 hours a week of high-quality free nursery care for preschool children. The Healthy Child Programme will continue to be delivered by increased numbers of health visitors and their teams, the primary care team, midwives and early years workers, all providing support to families.

3.8 The Department of Health will increase investment in health visitors, through a four-year transformational programme, and will publish a plan shortly. Health visitors will have a new role in building a stronger local community, in partnership with local voluntary and community groups, peer support and befriending networks. The proposed health and wellbeing board and the Joint Strategic Needs Assessment will be key mechanisms to enable high-quality public health input into the commissioning of health visiting services and to strengthen the critical links with other services such as early years services, including children's centres, maternity services and primary care.

3.9 We will also do more to improve the outcomes of those families in need of more intensive support by doubling the capacity of the FNP programme and supporting health visitors to work with families needing additional early intervention. The first phase of single Community Budgets for families with complex needs will enable a focus on prevention through locally co-ordinated support for families with multiple problems.

3.10 Children's centres locally will focus particularly on engaging with families where children are at risk of poor outcomes to ensure that they are ready to thrive when they start school. They will act as hubs for family support and as a base for voluntary and community groups. They will also be alert to children who may be being harmed and take the necessary action to protect them.

3.11 Central government will continue to tackle child poverty, aiming to eradicate it by 2020, and will publish a strategy for child poverty in the spring. We are also committed to investigating a new approach to supporting vulnerable families, potentially through intensive intervention models such as Family Intervention Projects and group parenting programmes.

3.12 Wider society, including employers, has a role to play in supporting families. The Department of Health will work in partnership with employers to encourage breastfeeding-friendly employment policies, through pilots involving an acute NHS trust, over 300 children's centres in areas with low breastfeeding rates, a primary school and a secondary school.

Developing well

3.13 The shift of power from central government to schools and local communities provides new opportunities and incentives to forge local partnerships to deliver better health outcomes for children and young people. The pupil and health premiums will ensure that funding is weighted to address inequalities and narrow the gap in health and education.

3.14 We expect excellent health and pastoral support to continue to be a hallmark of good schools. Good schools understand well the connections between pupils' physical and mental health, their safety, and their educational attainment. However, it is not for government to tell schools how they should do this. Schools will be able to draw on additional expertise from local health professionals and children's services, to best meet the needs of their pupils.

3.15 Directors of Public Health (DsPH) will be able to work with their local authority children's services colleagues, schools and other partners to determine local strategies for improving child health and wellbeing. They will be supported by consolidation of existing guidance into best practice resources for schools, further education and training providers. The Healthy Schools, Healthy Further Education and Healthy Universities programmes will continue to be developed by their respective sectors, as voluntary programmes, collaborating where appropriate and exploring partnership working with business and voluntary bodies.

3.16 Good schools will be active promoters of health in childhood and adolescence, because healthy children with high self-esteem learn and behave better at school. Within the current non-statutory personal, social and health education (PSHE) framework, schools will provide age-appropriate teaching on relationships and sexual health, substance misuse, diet, physical activity and some mental health issues. The Department for Education (DfE) will conduct an internal review to determine how they can support schools to improve the quality of all PSHE teaching, including giving teachers the flexibility to use their judgement about how best to deliver PSHE education. Schools will also have a role in tackling these issues as part of their pastoral role, linking to local agencies and community groups where appropriate. Central government will also bring together a group of experts to identify non-legislative solutions to tackling low levels of body confidence and will take account of their views when developing policy.

3.17 As young people move through their teenage years and make the transition into adulthood, our aim is to strengthen their ability to take control of their lives, within clear boundaries, and help reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol. And they should have easy access to health services they trust, for example accredited 'You're Welcome' young-people-friendly services. Public health funding, alongside the new early intervention grant, will allow local areas to develop a tailored approach that responds to the needs, age and vulnerability of the young person, and particularly targets at-risk groups.

3.18 Improving self-esteem and developing positive social norms throughout the school years should be the focus of local strategies and will be supported by information about effective behavioural interventions for self-esteem. We need to develop approaches that tackle the root causes of failure, rather than reacting to behavioural problems with programmes designed to tackle their symptoms. School-based mental health promotion can improve self-esteem and reduce risky behaviour, particularly for those at higher risk.

3.19 Families will be supported to make informed choices about their diet and their levels of physical activity, including through updated guidelines on physical activity. The Department of Health will broaden the Change4Life programme to take a more holistic approach to childhood issues, for instance covering mental wellbeing and strategies to help parents talk to their children about other health issues and behaviour, such as alcohol. The Department for Education will maintain existing standards for school food.

3.20 Children need access to high-quality physical education (PE), so DfE will ensure the requirement to provide PE in all maintained schools is retained and will provide new support to encourage a much wider take up of competitive team sports. The Department for Culture, Media and Sport (DCMS) will create an Olympic and Paralympic-style school sports competition, which will be offered to all schools from 2012, building on Change4Life clubs in schools. This year the Government is supporting walking and cycling in schools through the Department of Health's Living Streets 'Walk Once A Week' initiative and the Department of Transport's (DfT) funding for Bikeability cycle training. We are working towards every child being offered high-quality instruction on how to ride safely and confidently by the end of year 6 of school.

3.21 The Healthy Child Programme for school-age children will continue to be commissioned to provide those developing services with a clinical evidence based framework, including an expanded talking therapies service. The National Child Measurement Programme will continue to run, providing local areas with information about levels of overweight and obesity in children to inform planning and commissioning of local services.

3.22 Responding to local need, the school nursing service will work with other professionals to support schools in developing health reviews at school entry and key transitions, managing pupils' wellbeing, medical and long-term condition needs and developing schools as health-promoting environments. The Department of Health is developing a new vision for school nurses, reflecting their broad public health role in the school community.

London vs New York schools walking competition

Technological advances and behavioural insights are blended together in this innovative approach to encouraging exercise in children. Pupils at two secondary schools in London were offered incentives to walk to school through Step2Get, using new near field communication (NFC) technology. In a partnership between Intelligent Health and Transport for London (TfL), each student was provided with a swipe card which they touched on receivers placed on lampposts along a safe walking route to school.

Each completed walk to school was converted to points and these were redeemed as rewards as part of an online game. There was a resulting 18% shift to walking. For every £1 invested in Step2Get, there was a £24 benefit to TfL and the local authority, linked to a reduction of 48% in police time due to less overcrowding at bus stops and on buses and fewer accidents.

In 2011/12, secondary schools in London will compete against those in New York using the same NCF technology. An estimated 30,000 students will take part, with each school competing to accumulate the greatest number of completed walks along the safe routes to school. The overall winning city will be announced at the time of the 2012 London Olympic and Paralympic Games.

There is a strong theme of behavioural science underlying this initiative. Reframing the concept of exercise as a fun and positive game taps into salience, while rewards and the social aspect strongly incentivise a change in behaviour.

As part of the London 2012 legacy, the technology will be available as a social enterprise to any school in the world. This will encourage thousands of children worldwide to walk safely and be more active, and will reduce carbon dioxide emissions associated with travel.

www.intelligenthealth.co.uk/services/schools.html

3.23 For children and adolescents with mental health problems, central government will support interventions that promote mental health resilience and effective early treatment, including talking therapies, thus reducing the likelihood of problems extending into adulthood. The Department of Health will shortly set out its approach in a mental health strategy. We will continue to tackle violence and abuse that can damage the physical and mental health of children, either through

direct experience or witnessing violence in their household. Child protection services will also be able to work more closely with public health within local government. Safeguarding duties will of course continue to apply to health services commissioned under the new arrangements for local government.

3.24 Central and local government are responsible for protecting children through tobacco control legislation and enforcement, including preventing sales to under-18-year-olds.

3.25 Since the prohibition of tobacco advertising, the only way that tobacco products can be promoted is at the point of sale. The Government will look at whether the plain packaging of tobacco products could be an effective way to reduce the number of young people taking up smoking and to help those who are trying to quit smoking. The Government wants to make it easier for people to make healthy choices, but will clearly need to make sure that there is good evidence to demonstrate that plain packaging would have a public health benefit, as well as carefully exploring the competition, trade and legal implications of the policy. Details on how we propose to proceed will be set out in the Tobacco Control Plan.

3.26 The recent legislation to stop tobacco sales from vending machines will come into effect on 1 October 2011, so removing an easy source of cigarettes from under-age smokers and a source of temptation for adults trying to quit. We are also considering options for the display of tobacco in shops, recognising the need to take action both to reduce tobacco consumption and to reduce burdens on businesses. An announcement about this will follow shortly.

3.27 Adolescence is a significant transition point for young people, particularly young disabled people, those with special educational needs and those not in education, employment or training. The forthcoming Special Educational Needs and Disability Green Paper will set out in detail the Government's plans to improve outcomes for children and young people, to promote greater choice for their families across health, education, social care and other services, and to support transitions.

3.28 To support the transition from school to further education or work, the Government has pledged to create up to 75,000 additional apprenticeship places by 2014/15. We are committed to the participation of all 16 and 17-year-olds in education or training and to raising the participation age to 18 by 2015. We will ensure that young people have access to independent, high-quality careers advice – supporting young people not in training or education to get a good start to their working life. We will improve self-esteem, and promote personal responsibility and a more engaged and cohesive society through National Citizen Service, which we will pilot for around 10,000 young people in summer 2011.

Living well

3.29 For a long time, central government's default position has been to solve problems by drawing more power to the centre and lecturing people about how to live well. This often does not work. Therefore, we are turning to local communities to devise local solutions which work for them, to create the right kind of environment and build a critical mass of opinion to change behaviours.

3.30 Rather than central government nagging individuals and businesses to become more healthy, we believe that sustained behaviour change will only come about with a new approach – genuine partnership. A key component of our approach is the Public Health Responsibility Deal. We are working collaboratively with business and the voluntary sector, and have established five networks on food, alcohol, physical activity, health at work and behaviour change. We plan to launch the Deal in early 2011 and expect to be able to announce agreements on further reformulation of food to reduce salt; better information for consumers about food; and promotion of more socially responsible retailing and consumption of alcohol. And during January 2011's Change4Life 'Great Swapathon', partners will give £250 million of vouchers to make healthy lifestyle choices easier.

Change4Life Convenience Store Programme

This partnership between the Department of Health and the Association of Convenience Stores is aimed at increasing the availability and sales of fresh fruit and vegetables in convenience stores in deprived areas. Work includes the positioning of dedicated fruit and vegetable chiller cabinets in prominent positions and the use of Change4Life branding.

By March 2010, 160 stores in four regions were retailing fresh fruit and vegetables using the popular Change4Life brand. By March 2011, Change4Life convenience stores will be active in every region of the country. Evaluation shows an increase in sales of fruit and vegetables of up to 50% in some stores. Participating stores have also seen total sales rising across the board by an average of 11%, and the percentage of customers saying the store was a good place to shop overall rising from 43% to 54%.

Many stores have used the programme to engage with local schools and cooking clubs and are supporting them through fruit tuck shops, providing fruit at parents' evenings and providing fresh ingredients for use in cooking lessons at cost price.

3.31 The Department for Environment, Food and Rural Affairs' (Defra) Fruit and Vegetable Task Force has recommended that food containing fruit or vegetables with other types of food should be added to the 5 A DAY licensing scheme. This work is ongoing with industry and the voluntary sector. In addition, Government Buying Standards for food will support more balanced choices in areas that central government is directly responsible for, such as in its own workplaces.

3.32 Active travel and physical activity need to become the norm in communities. The Department of Health will support local areas by providing good evidence on how to make regular physical activity and healthy food choices easier for their populations, for example by sharing learning from the experiences of the nine 'Healthy Towns', as well as sustainable travel and cycle towns. Initial evidence from the first round of cycle towns showed that there was an increase in cycling across all social groups combined with a reduction in sedentary behaviour and single car use, when compared with people in similar towns.

3.33 Local sustainable transport, including active travel, will be supported through the Department for Transport's £560 million Local Sustainable Transport Fund. We will also be outlining how we will further support local authorities to take forward sustainable transport in the upcoming Local Transport White Paper.

Health inequalities, sustainability and climate change

'The sustainability agenda and climate change can help frame the way healthy communities and places are created… and create conditions that enable everyone to flourish equally.'[96]

The cognitive bias of most people means that they are likely to discount the future for the sake of the present and are more likely to respond to instant rewards.[97] The Marmot Review argues that climate change is one of the biggest public health threats of the 21st century,[98] with the potential to increase health inequalities. There are community responses that can help address long-term challenges like climate change while having a positive impact on health in the short-term, through:

- active travel – delivering low-cost health improvements and reducing emissions;
- green spaces – improving mental health and the quality of community life, offering some protection from the expected increase in heatwaves and flooding;
- spatial planning – promoting local ownership and occupation of public spaces;
- behaviour change – embedding new ways of sustainable living and working; and
- community projects to harness renewable energy – mitigating the effects of climate change.

3.34 Building on the Olympics, DCMS has announced a £100 million Mass Participation and Community Sport legacy programme, which will improve community sport facilities, improve and protect playing fields for community use, provide opportunities for sports volunteers and leaders, and deliver an open programme of personal challenge. The Walking for Health programme of volunteer-led health walks and Let's Get Moving will also provide important opportunities for people to be active.

3.35 Local government and communities will have new resources, rights and powers to shape their local areas. The Department for Communities and Local Government (DCLG) will support local areas with streamlined planning policy that aligns social, economic, environmental and health priorities into one place. Health considerations are an important part of planning policy and DCLG will consider how to take this forward in the new National Planning Policy Framework.

3.36 Access to green spaces is associated with better mental and physical health across socioeconomic groups. DCLG is working with Defra to create a new designation to protect green areas of particular importance to local communities and providing practical guidance to support community groups in the ownership of public spaces. It is intended that, through this new designation, people will have improved access to land, enabling them to grow their own food.

3.37 Defra will also lead a national campaign to increase tree-planting throughout England, particularly in areas where increased tree cover would help to improve residents' quality of life and reduce the negative effects of deprivation, including health inequalities. The charity Campaign for Greener Healthcare has developed a five-year project to improve the health of staff and patients through access to green spaces. It aims to plant one tree per employee – over a million trees – on NHS land. As well as green spaces, good air quality and reducing noise pollution are important issues for public health and wellbeing. Defra will publish information about local air quality and noise levels, empowering local government and communities to take action.[99] Finally, there is growing interest in promoting access to so called 'blue spaces' such as inland waterways and 'yellow spaces' (beaches and coastlines).

Run Dem Crew and the Nike 'Grid'

Three years ago, Charlie Dark, a teacher, writer and DJ in Hackney, east London, came up with a novel idea to empower local young people. He created a running club called Run Dem Crew (RDC), partnering with sportswear company Nike. RDC is based at Nike's 1948 Brand Space in Shoreditch and combines running and creative arts workshops to turn regular running into a trendy social activity.

Teaming up with the charities Fairbridge and the Active Communities Network, the concept has spread throughout England: 11 crews now exist in five different cities across the UK, led by 25 volunteer champions. In October 2010, all crews took part in a competitive event linked to the 'Grid', Nike's real-time online running-based gaming and social network. Crew members were encouraged to 'own the Grid' – to reclaim the streets as a safe and exhilarating place in which to live and play.

This innovative idea builds on lessons from behavioural science and aims to turn a generation of gamers into runners. Charlie Dark inspires young people, and uses creative workshops as a 'hook' to get young people interested in running. The social aspect of the running crews changes the perceived norm among young people that running is a boring, solitary activity. Running clubs have to earn the right to call themselves a RDC, and the support from Nike that that entails.

www.rundemcrew.com

3.38 The introduction of the Licensing Act 2003 and 24-hour licences promised to introduce a continental-style café culture. Instead, in 2009/10 nearly half of all violent crime was alcohol-related and communities are fighting a constant and expensive battle against alcohol-related crime and anti-social behaviour. The Home Office will seek to overhaul the Licensing Act to give local authorities and police stronger powers to remove licences from, or refuse licences to, any clubs, bars and pubs that are causing problems, close any shop or bar found to be persistently selling alcohol to children and charge more for late-night licences. The Home Office is committed to implementing the ban on selling alcohol below cost without delay.

Healthy Living Pharmacies, Portsmouth

Healthy Living Pharmacies (HLPs) are making a real difference to the health of people in Portsmouth, with 10 pharmacies awarded HLP status by NHS Portsmouth. HLPs have to demonstrate consistent, high-quality delivery of a range of services such as stopping smoking, weight management, emergency hormonal contraception, chlamydia screening, advice on alcohol and reviews of the use of their medicines. They proactively promote a healthy living ethos and work closely with local GPs and other health and social care professionals.

Early indications show that HLPs have greater productivity and offer higher-quality services. Early evaluation results include a 140% increase in smoking quits from pharmacies compared with the previous year; and 75% of the 200 smokers with asthma or chronic obstructive pulmonary disease who had a medicines use review accepted help to stop smoking.

www.portsmouth.nhs.uk/Services/Guide-to-services/resources-for-professionals.htm

3.39 Reducing smoking will continue to be a focus for public health. We will work to create environments that further discourage smoking and help bring about cultural change to make it less attractive. The Department of Health will publish the Tobacco Control Plan shortly. We will maintain the current smokefree laws in England. We will publish an academic review of the evidence about the impact of the legislation alongside the Tobacco Control Plan, showing high levels of compliance and public support. By creating the right environment for more people to take responsibility for their health, individuals benefit and there is also less cost to the taxpayer.

3.40 NHS Health Checks will continue to be offered to men and women aged 40 to 74. Everyone receiving an NHS Health Check will receive individually tailored advice and support to help manage their risk of heart disease, stroke and diabetes. The assessment can be carried out in a variety of settings, including pharmacy and community settings and the workplace, to help ensure that the service is accessible to all those eligible, including those in groups at highest risk of these diseases. The Department of Health will strengthen its partnership working with the pharmaceutical industry and community pharmacies to secure their support and investment in campaigns to promote effective routes to quit smoking.

3.41 The Department of Health will align funding streams on drug and alcohol treatment services across the community and in criminal justice settings. Funding will incentivise recovery outcomes while maintaining key public health measures such as needle exchange schemes. It is critical that, where appropriate, people are diverted from the criminal justice system to health services. There they can receive treatment for mental illness and drug and alcohol misuse, with benefits to their health and reducing their risk of reoffending.

3.42 Public health professionals will work locally to prevent people from taking harmful drugs, to reduce the drug use of those already taking drugs, and to help people to be drug free, recover fully and contribute to society. Details of our approach will be set out in a forthcoming cross-government drugs strategy. It will seek to prevent people taking illicit drugs at all ages, and arrest the slide into dependency.

Altogether Better Community Health Champions

Altogether Better started out as a BIG Lottery-funded regional collaborative and has grown to become a movement with a network that reaches beyond its original Yorkshire and the Humber region to as far away as China. Altogether Better aims to build capacity to empower individuals and communities to improve their own health and wellbeing through a flexible, locally tailored Community Health Champions approach.

Individuals from communities with high health risks are recruited and receive training and support to build their knowledge, confidence and social networks. These skills are used to carry out philanthropic activities so that the Champions act as a positive influence on peers within their homes, their workplace and the community. They are then supported to follow pathways of civic participation, education, employment and enterprise. In only three years there are already over 12,000 Community and Workplace Health Champions who have reached an estimated 60,000 others.

As a key aspect of this work, Altogether Better has built a sound practical evidence base for this approach. This evidence shows that the approach is improving health, as well as increasing individual and community social capital, voluntary activities and wider civic participation. Movement along pathways to education, paid employment and enterprise is also enhanced.

www.altogetherbetter.org.uk

3.43 We will work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for sexually transmitted infections, contraception, abortion, health promotion and prevention). The Department of Health is piloting interventions on alcohol misuse linked to sexual health risks in order to manage broader risk-taking behaviour. We will also publish the results of an evidence review for sexual health which will help develop targeted interventions for particular groups, taking account of their specific needs and motivations.

3.44 Central government will sequence social marketing for public health through the life course so that, at each stage in a person's life, there is a meaningful and trusted voice. We will also scale back the number of brands that we support. We will trial new ways of changing behaviours, using emerging ideas from behavioural science, such as the use of social norms, changing defaults and providing incentives. We will publish a social marketing strategy, setting out our plans in more detail, in spring 2011.

The Lesbian and Gay Foundation: Face2Face counselling service, Manchester

Face2Face (F2F) was established in 2008 to provide lesbian and gay people in Manchester with a local service sensitive to the needs of the community. In February 2008, the service implemented the CORE (clinical outcomes routine evaluation) system, which provides a widely recognised quality evaluation of psychological therapies through the monitoring of key outcomes. Since then, over 300 clients have accessed the counselling service reporting a 53% reduction in the average pre-therapy score, taking the client from moderate to low levels of distress. CORE also allows demographic monitoring, to ensure that the service is reaching marginalised groups within the community.

www.lgf.org.uk

3.45 Working with other agencies, public health services will also have a role in tackling violence and abuse. In line with the recently published cross-government strategy, *Call to end violence against women and girls*,[100] the Department of Health produced *Improving services for women and child victims of violence*,[101] setting out how we will improve the health response to violence, building on the findings and recommendations of an independent taskforce. This includes work to improve access to and the quality of sexual assault referral centres (SARCs), which provide medical examinations, treatments and access to long-term support and counselling. We are taking forward the Government's commitment on sharing non-confidential data on gun and knife crime between hospitals and the police.

Working well

3.46 The Government is creating the right framework for enterprise and job creation. Enabling more people to work, safeguarding and improving their health at work, and supporting disabled people or people who have health conditions to enter, stay in or return to work are critical components of our public health challenge. Central and local government will support economic growth, make it pay to work through radical reform of the welfare system and provide support to people trying to enter work. For those in work, government will work in partnership with business to safeguard and improve health at work, and support disabled people, people with health conditions or people with caring responsibilities to stay in or return to work.

3.47 Local government, central government and businesses are working to create new jobs and opportunities. We will work in partnership, creating strong, sustainable growth, creating access to opportunities for all, supported by the £1.4 billion Regional Growth Fund over three years. Central government is supporting the creation of apprenticeships, internships, work pairing and college and workplace training places, creating opportunities for development for the most disadvantaged, including disabled people. We will also promote the expansion of volunteering opportunities that can be an effective route to gaining skills and employment, for example by supporting the training of volunteer Community Learning Champions to engage local people in learning activities, acquiring new skills and embarking on new career routes.

3.48 Central government is making it pay to work. A reformed Welfare to Work programme is being developed, ensuring that work always pays by replacing existing means-tested working-age benefits with a single Universal Credit. Existing support will be consolidated into a new integrated Work Programme to provide support for people to move into work; Work Choice will provide support for severely disabled people entering work; and existing adult careers advice has been simplified into a single service called NextStep.

3.49 Central government is also helping people to stay in work. Our innovative Fit for Work Service pilots are multi-disciplinary projects delivered by local providers, focusing on early intervention and designed to get workers who are off sick back to work faster and to keep them in work. The programme is being evaluated and the results, due in late 2011, will enable us to determine what works and in what circumstances.

3.50 The new Fit Note was introduced in April 2010, allowing GPs and individuals to focus on how to get people on sick leave back into work. Central government will support the NHS to embed this and implement the Fit Note electronically in GP surgeries as soon as possible. We are also examining the incentives in the sickness absence system, with a view to reducing the numbers of people who fall out of work due to health conditions and end up on benefits.

3.51 New provisions in the Equality Act 2010 came into force on 1 October. The Act prohibits employers from asking health or health-related questions before offering employment, except where it is an intrinsic function of the job. There is little evidence that pre-employment health screening identifies fitness for work. This empowers occupational health professionals to divert resources away from pre-employment health screening to preventive initiatives for all staff in the workplace.

3.52 Central government, in conjunction with the Faculty of Occupational Medicine, is developing an accreditation process for the new occupational health service standards. All employers will be encouraged to contract only those services that are fully accredited, and to seek preventive interventions. We are exploring a range of models which will help support small and medium-sized enterprises in promoting the health of their workforce, drawing on the expertise of larger companies, the NHS and the broader community, and promoting the better management of chronic conditions in the workplace.

3.53 The Department of Health will work in partnership with employers, through the Public Health Responsibility Deal, to improve health at work. Employers have the opportunity to improve health outcomes in areas from obesity to smoking, substance misuse and physical activity in their employees, employees' families and wider local communities. They can achieve this through establishing a strong cultural lead, strengthening management training in recognising and responding to the health needs of the workforce, and working more closely with others, particularly occupational health and primary care.

3.54 Central government will provide the evidence and data needed to raise awareness among employers of the clear case for investing in the health of their employees. This includes further development of the Change4Life employee wellness programme and the promotion of the Workplace Wellbeing Tool to help organisations assess progress and understand further steps. This important tool can help demonstrate the business case that investing in the health and wellbeing of your workforce will increase productivity as well as staff engagement.

3.55 Dame Carol Black's *Working for a Healthier Tomorrow*[102] review highlighted that working-age ill health was costing England £100 billion a year. Key issues identified include early intervention and prevention, and proactive responses such as health-promoting workplaces, better mental health and employment outcomes, building young people's resilience and lengthening healthy working lives. Effectively addressing health, work and wellbeing provides the potential to reduce inequalities through increased economic prosperity, greater stability and viability of local communities.

Workplace Cycle Challenge

CTC, the national cyclists' organisation, has led a pilot project to encourage people to cycle to work in Swindon as part of its Cycling Champions programme.

The Cycle Challenge works by encouraging and supporting existing cyclists to persuade colleagues who rarely or never cycle to give it a try. The Challenge was a competition open to all organisations in the Swindon area to get the most staff to cycle for just 10 minutes or more. Whole organisations and individual workplaces were encouraged to sign up via the Challenge website – individual cyclists within those organisations could log their personal details and record how much cycling they did.

Overall, 853 participants cycled 37,180 miles between them, of which around 35,000 miles were for transport purposes (i.e. non-recreational travel). It is estimated that they saved 3,157 litres of fuel and £3,630 in reduced motoring costs and burnt 35 million kilojoules of energy.

www.swindoncyclechallenge.org.uk

3.56 With more than 1.4 million staff, the NHS is the largest employer in the UK and can lead by example in looking after the health and wellbeing of its staff. To support this, the Department of Health commissioned Dr Steve Boorman's report on the health and wellbeing of NHS staff. As a result, there is now a pledge in the NHS Constitution to provide support and opportunities for staff to maintain their health, wellbeing and safety. All NHS organisations are putting in place a local health and wellbeing strategy in 2010/11, including being proactive in improving the quality of and speeding up access to occupational health services, and strengthening board accountability for the management of sickness and absence. The NHS is working towards achieving a one-third reduction in sickness absence, which could release up to £555 million a year in efficiency savings.

Ageing well

3.57 All western countries are experiencing rapidly ageing populations. This is a major challenge for health and care systems typically geared to treating short-term sickness, not preventing and managing long-term mental and physical conditions in later life. As individuals grow older, key moments such as retirement or bereavement can be a catalyst to decline.

3.58 However, this decline is not an inevitable part of ageing. Public health will have a major leadership role in prevention, promoting active ageing and tackling inequalities. And by using the latest thinking from behavioural science, communities can be better designed to enable active ageing to become the norm rather than the exception.

3.59 Local government's new role in public health presents an opportunity to address this challenge. Public health will be better integrated with areas such as social care, transport, leisure, planning and housing, keeping people connected, active, independent and in their own homes. Neighbourhoods and houses can be better designed to support people's health, such as by creating Lifetime Homes, and by maintaining benefits such as the winter fuel allowance and free bus travel, which keep people active and reduce isolation.

3.60 Strong partnerships between communities, business and the voluntary sector will help address a range of health challenges such as depression and winter deaths. For example, the Department of Energy and Climate Change will develop a Green Deal across sectors to improve the energy efficiency and warmth of homes from 2012, alongside the new Energy Company Obligation. The Obligation will run in parallel with the Green Deal, and will focus particularly on the needs of the most vulnerable and on those in hard-to-heat homes, who will need the most additional support. We will enable older people themselves to contribute and participate more through families, communities and work, which also protects their own physical and mental health.

3.61 The population of rural England is ageing faster than that of urban areas. Sparse older rural populations can present challenges in terms of more limited social networks, transport issues and restricted access to services.

Gloucestershire Village Agents – a rural volunteer network addressing exclusion

Gloucestershire County Council, supported by the Department for Work and Pensions, has developed a scheme of 'Village Agents', volunteers who identify and work with excluded older people to build community capacity. Village Agents are trusted local people, supported by a multi-agency contact centre with links to services for health, social care, housing, personal safety and benefits.

The 2007 evaluation showed that 30 Village Agents made 20,000 contacts with local older people and that there were 2,500 formal referrals. Village Agents helped older people to claim over £300,000 in benefit entitlements, addressing pensioner poverty and supporting the rural economy. The evaluation showed cost-effective impacts on mental health, falls prevention and home safety.

Village Agents have expanded to cover 205 of the 253 parishes in Gloucestershire, and other areas have launched their own versions, including in Essex, Bath and North East Somerset, Leicestershire and Rutland, Northamptonshire and Warwickshire.

www.gloucestershire.gov.uk

3.62 We want to create an environment that supports people in making healthy choices, and that makes these choices easier. On housing, for example, the Lifetime Homes Standard remains an important part of the Code for Sustainable Homes encouraging development of more homes that are accessible and that meet the needs of an ageing population. The Warm Front scheme will also continue until 2012/13, providing grants to improve housing warmth and sustainability.

3.63 Local government provides a range of services to promote active ageing and help people live independently in their homes. We are committed to keeping older people in their homes longer through funding home adaptations and are maintaining programmes such as Supporting People, the Disabled Facilities Grant and Decent Homes, which keep homes safe and in good condition. Local government will also become more closely linked with the NHS through its role in supporting reablement through social care; and district nurses and allied health professionals will contribute to keeping people at home through falls prevention, nutritional advice and using community resources to prevent isolation.

3.64 Carers also play a vital role in supporting people to stay at home. The Department of Health carers' strategy sets out how we will support carers to recognise the value of their contribution, involve them in how care is delivered, support their mental and physical health and enable them to have a work, family and community life. As part of this, the Government is making an additional £400 million available through the NHS over the next four years to support carers' breaks.

3.65 The Government's vision for adult social care sets out the ambition to increase preventive action, keeping people active and independent in the community. Additional resources have been made available from within the health system to support social care services, such as evidence-based preventive services. At local level, Directors of Public Health (DsPH) and Directors of Adult Social Services will be able to work together to commission specific services for older people and those who care for them. These could range from services such as information and advice, through to case-finding for at-risk individuals, delivery of appropriate immunisations and services aimed at minimising disability, deterioration or dependency.

3.66 However, we also need to change social norms and attitudes. Ageist attitudes and practices have a detrimental effect on older people, both directly and through their take-up of services. The Equality Act 2010 will prohibit age discrimination against people aged 18 and over when providing a service or exercising a public function; this affects the Department of Health, the NHS and social care bodies. These provisions will come into force in 2012. The Act also includes a new public sector Equality Duty covering eight protected equality characteristics, including age, which comes into effect in April 2011.

3.67 Local government and central government will work in partnership with businesses, voluntary groups and older people in creating opportunities to become active, remain socially connected, and play an active part in communities – avoiding social isolation and loneliness. For example, Older People's Day on 1 October aims to change attitudes to ageing. This has become a real community movement which celebrates later life and this year included over 3,000 events across the country.

3.68 The Department for Work and Pensions will provide Active@60 grants to voluntary and community groups to establish Community Agents in their area. Volunteers will work with people typically in their 60s to help them make a good start to their later life. They will reach out to those at risk of isolation and exclusion. The Community Agent role has been developed with people from the target group, and draws on the latest behavioural science thinking to help tackle social exclusion.

3.69 We will maintain and improve the standard of living of older people. We are committed to phasing out the default retirement age, allowing employers to use retirement ages of 65 or higher. This will allow people who otherwise would have been prevented from working longer to do so and means that they will be able to maintain the health and social benefits of working. We will also maintain the value of the state pension through the triple guarantee – the basic state pension will increase by the highest of the growth in average earnings, prices or 2.5%.

3.70 The taboo about discussing death and dying means that too many people can reach this critical point of their life unprepared, without having thought about how or where they would like to be cared for. This in turn affects their family and carers as a poor death can lead to a traumatic bereavement, with associated mental and physical health issues. The Department of Health will continue to promote the implementation of the End of Life Care Strategy and in particular the societal strand being led by the National Council for Palliative Care and the Dying Matters national coalition.

A new public health system

3.71 In the next chapter, we outline the Government's proposals for a new public health system which will provide opportunities to forge partnerships for children, working-age adults and older people to improve health and wellbeing throughout life.

4. A new public health system with strong local and national leadership

Summary

Localism will be at the heart of this new system, with devolved responsibilities, freedoms and funding. Directors of Public Health will be the strategic leaders for public health and health inequalities in local communities, working in partnership with the local NHS and across the public, private and voluntary sectors. The Government will shortly publish a response to the recent consultation on proposed new local statutory health and wellbeing boards to support collaboration across NHS and local authorities to meet communities' needs as effectively as possible.

A new, dedicated, professional public health service – Public Health England – will be set up as part of the Department of Health, which will strengthen the national response on emergency preparedness and health protection.

There will be ring-fenced public health funding from within the overall NHS budget to ensure that it is not squeezed by other pressures, for example NHS finances, although it will still be subject to the running-cost reductions and efficiency gains that will be required across the system. Early estimates suggest that current spend on the areas that are likely to be the responsibility of Public Health England could be over £4 billion.

There will be ring-fenced budgets for upper-tier and unitary local authorities and a new health premium to reward progress made locally against elements of the new proposed public health outcomes framework, taking into account health inequalities.

The new system will use the best evidence and evaluation and will support innovative approaches to behaviour change – with a new National Institute for Health Research (NIHR) School for Public Health Research and a Policy Research Unit on Behaviour and Health. There will be greater transparency, with data on health outcomes published nationally and locally.

Public health will be part of the NHS Commissioning Board's mandate, with public health support for NHS commissioning nationally and locally. There will be stronger incentives for GPs so that they play an active role in public health.

The Chief Medical Officer will have a central role in providing independent advice to the Secretary of State for Health and the Government on the population's health. He or she will be the leading advocate for public health within, across and beyond government, and will lead a professional network for all those responsible for commissioning or providing public health.

The core elements of the new system will be set out in the forthcoming Health and Social Care Bill, and are therefore subject to Parliament's approval.

A new public health system: overview

4.1 To meet the challenges set out in earlier chapters, the Secretary of State for Health intends to create a new public health system in England to protect and improve the public's health, improving the health of the poorest, fastest.

4.2 For the first time in a generation, local government will be given the responsibility, backed by ring-fenced budgets and new freedoms, to make a major impact on improving people's health and tackling health inequalities in every community. Top-down targets will be replaced by a new outcomes framework. Directors of Public Health (DsPH) in upper-tier local government and unitary local authorities will lead these efforts, building on the important existing role of local government in public health. We will shortly publish our response to the consultation on proposed local statutory health and wellbeing boards in order to bring together NHS and local government efforts to meet the local population's needs as effectively as possible.

4.3 This will be backed up by a new, dedicated and professional public health service, known as Public Health England, within the Department of Health. Public Health England will bring together a fragmented system; it will do nationally what needs to be done; it will have a new protected public health budget; and it will support local action through funding and the provision of evidence, data and professional leadership. This new service will lead health protection, and harness the efforts of the whole of government, the NHS and the Big Society to improve the public's health.

4.4 The creation of Public Health England, and the strengthening of the role of local government in public health, must not lead to the NHS stepping back from its crucial role in public health. Enabling access to good health services that prevent avoidable illness – including by reaching out to disadvantaged, vulnerable and excluded groups – is crucial throughout people's lives. The NHS has a critical

role to play in emergency preparedness and response, and in promoting health and preventing avoidable illness. This will be reflected in the mandate to the new NHS Commissioning Board (NHSCB) and legislation. There will need to be close partnership working between Public Health England and the NHS at a national level, and between local government, DsPH and GP consortia at the local level.

4.5 The Department of Health is designing the new system based on principles of empowering people, using transparency to drive accountability, and ensuring that communities lead efforts to improve health wherever possible, using evidence-based services and innovations tied to evaluation.

A new role and freedoms for local government

4.6 Local government, including county, district and parish councils, already plays a significant role in protecting and improving the health of its communities, through, for example, environmental health, air quality, planning, transport and housing. Local councils (districts, in two-tier situations) will continue to carry out their statutory duties under the Public Health (Control of Disease) Act 1984, as they do today. These duties include appointing 'proper officers' for the purposes of the 1984 Act. Existing functions in local government that contribute to public health will continue to be funded through the local government grant.

4.7 Local leadership will be at the heart of the new public health system, with new ring-fenced budgets, enhanced freedoms and responsibilities for local government to improve the health and wellbeing of their population and reduce inequalities. The Health and Social Care Bill will provide that upper-tier and unitary local authorities will have a duty to take steps to improve the health of their population. It is proposed that these new functions would be conferred from 1 April 2013.

4.8 Embedding public health within local government will make it easier to create tailored local solutions in order to meet varying local needs. It will also enable joint approaches to be taken with other areas of local government's work (such as housing, the environment, transport, planning, children's services, social care, environmental health and leisure) and with key partners (such as the NHS, police, business, early years services, schools and voluntary organisations).

4.9 The Government will require DsPH to be employed in upper-tier councils (i.e. county councils) and unitary authorities (i.e. district councils, where there is no county council, and borough councils) to lead local public health efforts, a role that can be shared with other local councils if agreed locally. We will keep to a minimum the constraints as to how local government decides to fulfil its public health role and spend its new budget. There will be payment for progress made against elements of the public health outcomes framework.

Local government: joining up local approaches to health and wellbeing

4.10 The Department of Health recently consulted on proposals for local statutory health and wellbeing boards, which will bring together the key NHS, public health and social care leaders in each local authority area to work in partnership. The health and wellbeing board would be able establish a shared local view about the needs of the community and support joint commissioning of NHS, social care and public health services in order to meet the needs of the whole local population effectively. Responses to the consultation have been generally very supportive of local statutory health and wellbeing boards, with a desire to see clarity of accountability in the system between local authorities, GP consortia and the NHSCB. Local government and the NHS have also wanted to see close partnership working and joined-up commissioning strategies between the NHS and local authorities. The Department of Health is taking these views into account in developing final proposals and will shortly publish the full consultation response.

4.11 However, we can confirm that we will put forward detailed proposals for the establishment of health and wellbeing boards in every upper-tier local authority. They will also have the flexibility to bring in the local expertise of district councils. There will be a proposed minimum membership of elected representatives, GP consortia, DsPH, Directors of Adult Social Services, Directors of Children's Services, local HealthWatch and, where appropriate, the participation of the NHSCB. Subject to legislation, these members will be required to be part of the board, and local areas will be able to expand membership to include local voluntary groups, clinicians and providers, where appropriate. GP consortia and local authorities, including DsPH, will each have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment (JSNA), and to do so through the arrangements made by the health and wellbeing board.

4.12 The Department of Health has also proposed a new role for local government to encourage coherent commissioning strategies, promoting the development of integrated and joined up commissioning plans across the NHS, social care, public health and other local partners. Ultimately, this should deliver better health and wellbeing outcomes, better quality of care, and better value for money, with fewer overlaps or gaps in provision, and different services working sensibly together.

4.13 We envisage health and wellbeing boards developing joint health and wellbeing strategies, based on the assessment of need outlined in their JSNA, and including a consideration of how all the relevant commissioners can work together. It is expected that this local, joint health and wellbeing strategy will provide the overarching framework within which more detailed and specific commissioning plans for the NHS, social care, public health, and other services that the health and wellbeing board agrees to consider, are developed. We would encourage organisations to develop concise and high-level strategies setting out how they will

address the health and wellbeing needs of a community, rather than large, technical documents duplicating other plans. The joint health and wellbeing strategy would have to include consideration of whether existing flexibilities to pool budgets and joined-up commissioning can be used to deliver the strategy.

4.14 There is huge potential to meet people's needs more effectively and promote the best use of public resources through close working relationships between local authorities and the NHS, to further integrate health with adult social care, children's services (including education) and wider services, including disability services, housing, and criminal justice agencies. There will be sufficient flexibility in the legislative framework for health and wellbeing boards to go beyond their minimum statutory duties to promote joining-up of a much broader range of local services for the benefit of their local populations' health and wellbeing.

4.15 Many areas are developing their own locally agreed partnership arrangements, such as public service boards and Community Budgets, to support this kind of collaboration and agree shared outcomes that health, local government, the police and others will set out to achieve in partnership with local communities.

4.16 Local authorities are free to take joint approaches to public health where they think that is the best way to tackle health improvement challenges that extend beyond local areas. For example, in response to the consultation on the NHS White Paper, *Equity and Excellence: Liberating the NHS*, the Mayor of London has made the case for a city-wide approach in London. The Secretary of State has invited the Mayor and local authorities in London to develop proposals on how they can collectively work together to improve health in London – and is open to proposals for joint working in other areas of the country.

Local government: promoting public health

4.17 DsPH will be employed by local government and jointly appointed by the relevant local authority and Public Health England. They will be the strategic leaders for public health in local communities, working to achieve the best possible public health and wellbeing outcomes across the whole local population, in accordance with locally agreed priorities. They will be professionally accountable to the Chief Medical Officer (CMO) and part of the Public Health England professional network.

4.18 The DPH will be a public health professional, with the training, expertise and skills needed to enable them to meet both the leadership and technical requirements of the role. They would be expected to maintain their professional skills.

4.19 Subject to the passage of the Health and Social Care Bill, DsPH will be responsible for the health improvement functions of upper-tier and unitary authorities and will be required to prepare an annual report on the population's health. To meet these responsibilities, DsPH will need to discharge their functions in a number of ways, ranging from direct responsibility for achieving public health

outcomes to advising colleagues and partners on public health. They will need to be supported by a team with specific public health and commissioning expertise.

4.20 To be the most effective leaders possible of public health in their areas, DsPH will have a number of critical tasks, set out in more detail in the Annex, including:

- promoting health and wellbeing within local government;
- providing and using evidence relating to health and wellbeing;
- advising and supporting GP consortia on the population aspects of NHS services;
- developing an approach to improving health and wellbeing locally, including promoting equality and tackling health inequalities;
- working closely with Public Health England health protection units (HPUs) to provide health protection as directed by the Secretary of State for Health; and
- collaborating with local partners on improving health and wellbeing, including GP consortia, other local DsPH, local businesses and others.

4.21 There are various models for how effective public health services can be delivered, and it should be determined locally as to how particular areas make their arrangements.

4.22 To make a reality of localism and local democracy, local government must have the freedom to decide what action is needed to take in order to shape their environments. For example, local planning authorities already have the ability to regulate the development of new fast food restaurants, and to impose conditions on such development, for example, to specify the operating hours. In addition, the proposed new 'general power of competence' will provide them with much greater freedom and flexibility to act in the interest of their communities.

4.23 These freedoms open up opportunities for local government to take innovative approaches to public health by involving new partners. We will encourage local authorities who may want to contract for services with a wide range of providers across the public, private and voluntary sectors and to incentivise and reward those organisations to deliver the best outcomes for their population. The forthcoming consultation on funding and commissioning in public health will explore how this would best be achieved. As part of building capable and confident communities, areas may wish to consider grant funding for local communities to take ownership of some highly focused preventive activities, such as volunteering peer support, befriending and social networks.

4.24 The Department of Health expects that the majority of services will be commissioned, given the opportunities this would bring to engage local communities more widely in the provision of public health, to deliver best value and best results. It also expects that local people will have access to information about commissioning decisions and how public health money is being spent.

4.25 Such efforts will be supported by the proposed new right for communities to bid to take over local state-run services, and the new Big Society Bank, which will lever in new social investment for charities and social enterprises, helping to create an environment in which innovative approaches to social investment and social enterprise flourish.

4.26 The following sections outline the proposed funding and commissioning arrangements and the outcomes framework for public health, and how these relate to Public Health England. Further detail will be set out in the forthcoming consultation documents.

Funding and commissioning for public health

4.27 The Department of Health will shortly publish a consultation following this White Paper on the details of the proposed funding and commissioning routes for public health. This consultation includes the funding and commissioning remit that the Department proposes for Public Health England in the future. We welcome views on the proposals.

National public health budget

4.28 The new system will be funded by a new public health budget, which will be ring-fenced within the overall NHS budget. The Department will work to ensure that funding for public health is not squeezed by other pressures, for example NHS finances, although it will still be subject to the running-cost reductions and efficiency gains that will be required across the system.

4.29 The Government announced in the Spending Review that total NHS spending would grow cumulatively in cash terms by 10.3% by 2014/15. Early estimates suggest that current spend on areas that are likely to be the responsibility of Public Health England could be over £4 billion. This estimate will be revised as the detailed design of Public Health England develops and we gather more information about existing services and spend.

4.30 Determining the baseline spend on the relevant areas is the first step in establishing the future public health budget, wherever possible taking account of any disruption caused by the transition to new NHS structures.

Local public health budget

4.31 Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government for improving the health and wellbeing of local populations. The ring-fenced budgets will fund both improving population health and wellbeing, and some non-discretionary services, such as open-access sexual health services and certain immunisations. There will be scope, as now, to pool budgets locally in order to support public health work.

4.32 To incentivise action to reduce health inequalities we will introduce a new health premium, which will apply to the part of the local public health budget which is for health improvement. Building on a baseline allocation that is weighted towards areas with the worst health outcomes and most need, local authorities will receive an incentive payment, or premium, for these services that depends on the progress made in improving the health of the local population, based on elements of the proposed outcomes framework.

4.33 The premium will be simple and driven by a formula developed with key partners. Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges.

4.34 The health premium will be funded from within the overall public health budget. Potentially, an area that makes no progress might receive no growth in funding for these services. We intend the support for progress in reducing health inequalities to be clear and significant.

4.35 The forthcoming consultation document will discuss further some of the issues we will need to consider when developing the health premium, to allow more detailed discussions with local authorities and public health professionals. We will only set out a detailed model when we have established the baseline and potential scale of the premium clearly, and have agreement about the outcomes we will use.

4.36 The Department of Health will ask the independent Advisory Committee on Resource Allocation (ACRA) to support the detailed development of its approach to allocating resources to local authorities.

4.37 The public health grant to local authorities will be made under section 31 of the Local Government Act 2003. As a ring-fenced grant, it will carry some conditions about how the budget is to be used. However, we will seek to enable flexibility for local areas to determine how best they can use this funding to improve the health and wellbeing of their community.

4.38 There will be ‘shadow’ allocations to local authorities for each local area for this budget in 2012/13, providing an opportunity for planning before allocations are introduced in 2013/14. During the transitional year, 2011/12, the forthcoming NHS Operating Framework for 2011/12 will set out the operational arrangements

to manage the transition and will continue to signal the importance of NHS action on health improvement, health protection, preventing ill health and improving wellbeing. The NHS Operating Framework will set the context for the running-cost reductions and efficiency gains required across the system.

Commissioning of public health services

4.39 Public Health England will fund those services that contribute to health and wellbeing primarily by prevention rather than treatment aimed at cure. It will do so in a way that takes account of and addresses the needs of the whole population, including all protected characteristics as set out in the Equality Act 2010 (i.e. age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity).

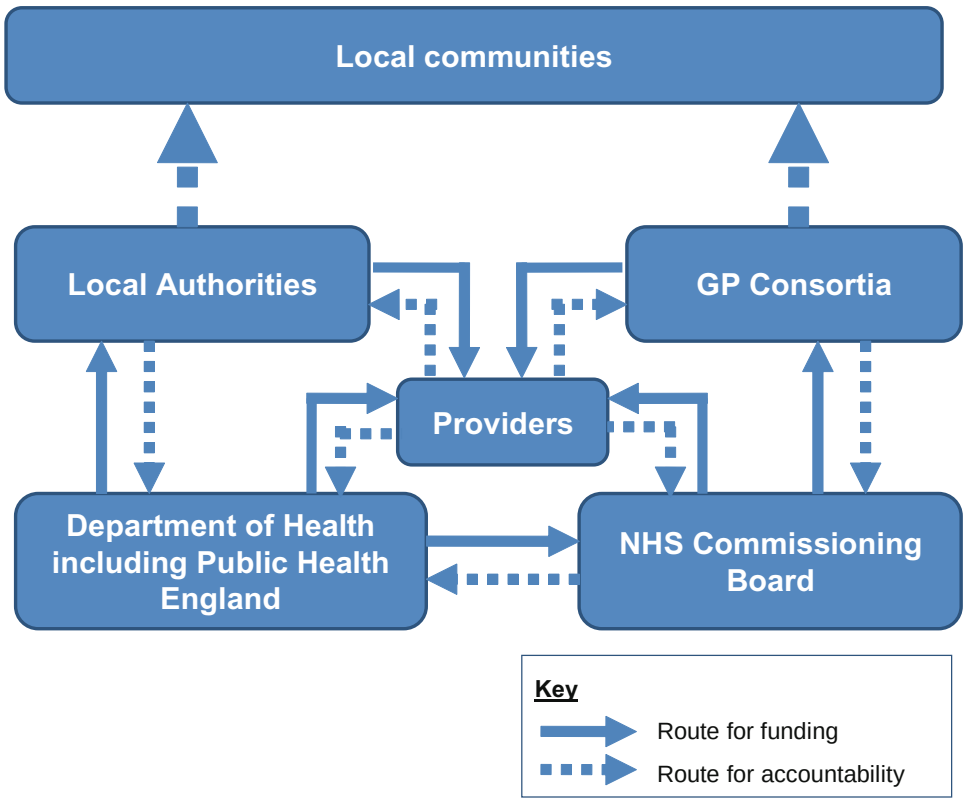
4.40 Using these criteria, we propose that Public Health England should be responsible for funding and ensuring the provision of services such as health protection, emergency preparedness, recovery from drug dependency, sexual health, immunisation programmes, alcohol prevention, obesity, smoking cessation, nutrition, health checks, screening, child health promotion including those led by health visiting and school nursing, and some elements of the GP contract (including the Quality and Outcomes Framework (QOF)) such as those relating to immunisation, contraception, and dental public health. Full proposals will be set out in the forthcoming consultation document.

4.41 Public Health England will have three principal routes for funding services:

- granting the public health ring-fenced budget to local government;
- asking the NHSCB to commission services, such as screening services, and the relevant elements of the GP contract; and
- commissioning or providing services directly, for example national purchasing of vaccines, national communication campaigns, or health protection functions currently conducted by the Health Protection Agency (HPA).

4.42 These are not exclusive; for example, if appropriate, there may be an option for GP consortia to commission on behalf of Public Health England. Figure 4.1 gives an overview of the three principal routes for commissioning public health services in the future. For simplicity, this diagram only considers major routes of funding and accountability, and does not include, for example, funding to local authorities from other government departments.

Figure 4.1: Funding and accountability through the public health system



For further details and consultation questions, see the forthcoming consultation on funding and commissioning of public health.

4.43 Given the crucial role that early years development plays in setting up children for a healthy life, health visiting, school nursing and the child health promotion services they lead, in particular the Healthy Child Programme, will be funded from the Public Health England budget. In the first instance, the Department of Health and then the NHSCB will lead the commissioning of health visiting services on behalf of Public Health England, to oversee the workforce growth needed to meet the Coalition commitment to a further 4,200 health visitors. The NHSCB will work closely with PCTs, GP consortia and their local partners. It will be important to ensure that local mechanisms such as the proposed statutory local health and wellbeing board and the JSNA are used to enable high-quality public health input into the commissioning of health visiting services. These will help to strengthen and maintain the critical links with other services such as local authority commissioned early years' services like children's centres, as well as with other NHS services such as maternity and primary care. In the longer term, we expect health visiting to be commissioned locally. These changes to commissioning do not affect the employment arrangements for health visitors being taken forward under Transforming Community Services. The Department of Health will publish a plan setting out how this commitment will be taken forward over the next five years.

Public health outcomes framework

4.44 Chapter 2 set out the purpose and proposed outline for the new public health outcomes framework, which will be complementary to those for the NHS and social care and which will drive improvements in public health throughout the new system. It will set out a high-level vision and outcomes, along with a number of possible indicators across five domains, reflecting the breadth of Public Health England's mission. To enable transparency and accountability, outcomes will be published nationally and, where possible, locally.

4.45 The Department of Health has been working closely with partners to develop proposals for a public health outcomes framework. We will publish a consultation on this shortly. We welcome your views on this.

For further details and consultation questions, see the forthcoming consultation on the proposed public health outcomes framework.

National-level partnership with the NHS

4.46 The NHS has a crucial continuing role to play in public health. This includes ensuring that health services meet the needs of the whole population, including disadvantaged groups, taking every opportunity that health services have to prevent illness and promote health, and playing a critical part in preparing for and responding to emergencies.

4.47 The work of Public Health England will also benefit the NHS, by reducing pressures from avoidable illnesses and allowing the NHS to focus its efforts elsewhere. If Public Health England can help to reduce obesity, for example, we should see lower levels of diabetes and liver disease. By reducing the number of people who smoke, the NHS should not need to keep spending £2.7 billion a year on treating smoking related illness.[103] The QIPP (Quality, Innovation, Productivity and Prevention) programme was initiated and is driven by the NHS and includes savings from prevention such as smoking cessation and reducing alcohol harm.

4.48 There will need to be close partnership working between Public Health England and the NHS at a national level. The NHS role will be embedded in the mandate that the Secretary of State sets for the NHSCB. Public Health England will be able to advise and support the wider Department of Health and the NHS nationally in this role, to ensure that health services meet the needs of the whole population.

4.49 The Coalition agreement *The Coalition: our programme for government*[104] announced that the Department of Health will strengthen the role and incentives for GPs and GP practices on preventive services – both as primary care professionals and as commissioners. As primary care professionals, GPs and GP practices play a critical role in both primary and secondary care prevention. They have huge opportunities to provide advice, brief interventions and referral to targeted services through the millions of contacts they have with patients each year.

4.50 As NHS commissioners, GP consortia will have responsibility for the whole population in their area, including registered patients, unregistered citizens and visitors requiring urgent care. This should encourage them to work with local authorities and a diverse range of clinicians, including nurses, midwives, health visitors, allied health professionals, pharmacists and dentists, to improve the health of the local population as a whole.

4.51 The Department of Health will work to strengthen the public health role of GPs in the following ways:

- Public Health England and the NHSCB will work together to support and encourage GP consortia to maximise their impact on improving population health and reducing health inequalities. This will include looking specifically at equitable access to services and outcomes.
- Information on achievement by practices will be available publicly, supporting people to choose their GP practice based on performance. By increasing transparency about how effective different GP practices are in giving public health advice, Public Health England will enable local communities to challenge GPs to enhance their performance.
- Incentives and drivers for GP-led activity will be designed with public health concerns in mind, for example, in terms of prevention-related measures in the QOF. To increase the incentives for GP practices to improve the health of their patients, the Department proposes that a sum at least equivalent to 15% of the current value of the QOF should be devoted to evidence-based public health and primary prevention indicators from 2013. The funding for this element of QOF will be within the Public Health England budget.
- Public Health England will strengthen the focus on public health issues in the education and training of GPs, as part of the Department of Health's development of a workforce strategy.

Consultation question: Role of GPs and GP practices in public health

a. Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

4.52 Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and reduce health inequalities. Public Health England will influence development of the community pharmacy contractual framework through the NHSCB. Alongside identifying strategic health needs through JSNAs, local authorities, through

proposed health and wellbeing boards, will have responsibility for producing pharmaceutical needs assessments, which will inform the commissioning of community pharmacy services by the NHSCB and local public health commissioning decisions. We will build on this as we establish the new system, with the Chief Pharmaceutical Officer working closely with the public health community. This will include the role of pharmacies as local businesses and employers.

4.53 The dental public health workforce will increase its focus on effective health promotion and prevention of oral disease, provision of evidence-based oral care and effective dental clinical governance. It will concentrate particularly on improving children's oral health, because those who have healthy teeth in childhood have every chance of keeping good oral health throughout their lives. It will also make a vital contribution to implementation of a new contract for primary care dentistry, which the Government is to introduce to increase emphasis on prevention while meeting patients' treatment needs more effectively.

National leadership and responsibilities

4.54 As the Department of Health is freed from the operational management of the NHS, it will refocus efforts on protecting and improving the health and wellbeing of England as a whole. Enhanced central powers will only be taken where absolutely necessary – this includes new powers for the Secretary of State to protect the population's health and to prepare for and respond to health threats that people and communities cannot tackle alone.

4.55 Within and beyond government, the Secretary of State for Health will do what needs to be done to protect health from external threats, will tackle the wider determinants of health and wellbeing, and will support local public health efforts.

4.56 The Secretary of State for Health's role will include:

- accounting to Parliament and the public for the Government's public health activities and spending;
- ensuring that the overall health and care system works coherently to deliver better health and wellbeing, better care and better value for the population and to address health inequalities;
- setting a ring-fenced budget for public health from within the overall NHS budget;
- setting the direction for Public Health England and the context for local public health efforts, through the public health outcomes framework;
- leading public health across central government, through the Cabinet Sub-Committee on Public Health;

- leading public health work across civil society and with business and brokering partnerships at national level with industry and the voluntary and community sectors to help drive behavioural change;
- participating in public health work across the UK with the Devolved Administrations and at European and international levels;
- proposing legislation where this is a necessary and appropriate response; and
- commissioning research for public health through the NIHR.

4.57 The CMO will have a central role in providing independent advice to the Secretary of State for Health and the Government on the population's health. He or she will be the leading advocate for public health within, across and beyond government, challenging industry, employers, and civil society to take a bigger role in and responsibility for the public's health. As convener and chair of a proposed new public health system advisory board, the CMO will bring together key partners to collaborate to improve and protect the public's health. The CMO will help to shape the role and expectations of local DsPH who will be professionally accountable to the CMO. The CMO will also lead a professional network for Public Health England.

4.58 On a wider front, the CMO will be expected to produce for publication an annual report 'On the State of the Public's Health', increasing transparency about the progress within public health, and helping to drive forward improvement across England. The CMO will also represent the UK internationally on public health issues.

A new streamlined Public Health England

4.59 For the first time ever, there will be a dedicated and professional public health service, Public Health England, with a mission across the whole of public health – protecting the public from health threats, improving the healthy life expectancy and wellbeing of the population, and improving the health of the poorest, fastest. It will work closely with the NHS to ensure that health services play a strong part in this mission, and it will support them in that task. It will bring together public health functions that are carried out in different parts of the system at present into a new, streamlined whole so as to remove duplication and drive efficiencies and innovation.

4.60 Public Health England will be part of the Department of Health, accountable to the Secretary of State for Health. It will not be a separate legal entity. Subject to the passage of the Health and Social Care Bill, it will include the current functions of the HPA and the NTA, which will become functions of the Secretary of State for Health. This will enhance the role of the Secretary of State for Health in health protection and will create an integrated system without artificial boundaries, or separate boards and accountabilities.

4.61 Public Health England will also include elements of public health activity currently held within the Department of Health and within strategic health authorities (SHAs) along with functions of the Public Health Observatories and cancer registries. It will work with local government, the NHS, other government agencies and other partners as necessary in preparing for and responding to emergency threats and in building partnerships for health.

4.62 Public Health England will be subject to the planned reduction of one-third of non-frontline administration costs across the whole system, while protecting frontline services. This will be managed within the overall human resources and financial framework of the Department of Health as part of its transition programme. The Department of Health will also set up an appropriate mechanism to ensure that the income generation activities of the HPA can be maintained.

4.63 Public Health England will have functions that need to be organised and aggregated at different levels to achieve maximum efficiency rather than the present mandated regional structure. In particular, managing health protection, especially emergency preparedness, will require strong links between Public Health England and the NHS, local government and others throughout the country. For example, infectious disease outbreaks often spread beyond the boundaries of a single local area, requiring co-ordinated management. Public Health England will therefore have an important local presence in the form of Health Protection Units (HPUs), working closely as now with the NHS and local government colleagues. Further details of this role are set out later in this chapter.

4.64 Public Health England's role will include:

- providing public health advice, evidence and expertise to the Secretary of State and the wider system, including working with partners to gather and disseminate examples of what works;
- delivering effective health protection services;
- commissioning or providing national-level health improvement services, including appropriate information and behaviour change campaigns;
- jointly appointing DsPH and supporting them through professional accountability arrangements;
- allocating ring-fenced funding to local government and rewarding them for progress made against elements of the proposed public health outcomes framework;
- commissioning some public health services from the NHS, for example via the NHSCB; and
- contributing internationally-leading science to the UK and globally, in areas such as biological standards and control, dangerous pathogens, and incident response.

4.65 Public Health England will maintain the principles and practice of independent scientific and public health advice, which are essential to maintain public and professional confidence and transparency. It will maintain a source of independent expert advice, including through a structure of Expert Committees, which will continue to operate according to the Government's Chief Scientific Adviser's guidance. Statistical publications will follow established procedures for release of official statistics. It will use the best available science as the basis for advice to the population, health professionals and others, for example in responding to incidents.

4.66 As is the case today, the NHS Constitution will continue to apply to the whole health service, whether the NHS or Public Health England. There is a wider social duty to promote equality through the services provided by the NHS and Public Health England, paying particular attention to groups or sections of society where improvement in health and life expectancy are not keeping pace with the rest of the population.

4.67 The Department of Health will work closely with the Devolved Administrations on UK-wide issues wherever appropriate, such as for biological standards and radiological protection. EU negotiations are conducted for the UK as a whole, and the Department of Health will carry these out in close consultation with the Devolved Administrations.

Enhanced protection for health

Emergency preparedness and response

4.68 The Government will devolve public health leadership wherever possible, but will keep powers and strengthen them where there is a strong case for central leadership. Preparing for and tackling emergencies to protect the population from events from which they cannot protect themselves is a core role that national government should perform.

4.69 Public Health England will build on the current arrangements for emergency preparedness, resilience and response. There will be a robust new system underpinned by powers held by the Secretary of State for Health, with streamlined Public Health England functions and assurance.

4.70 Public Health England and the NHS need to plan, prepare and be able to respond to a range of disruptive challenges – such as terrorism, infectious disease outbreaks, chemical, biological, radiological and nuclear incidents, and the health impacts of climate change – in a co-ordinated and effective way both nationally and locally.

4.71 Public Health England will bring together the health protection and emergency planning and response functions from the Department of Health, the HPA and SHAs. These functions will provide a high level of scientific expertise, available to all parts of Public Health England, to the NHS, to multi-agency partners, and to central and local government.

4.72 At a national level, the Secretary of State of Health will have powers of direction in the event of what he considers to be an emergency, including powers to direct NHS providers as to how they should respond. The Secretary of State will be able to delegate powers of direction over NHS providers to the NHSCB, which will be responsible for assuring NHS preparedness and resilience, by assuring that clear arrangements are in place, services are co-ordinated and there are designated lead individuals. In the event of an emergency, the NHSCB will have responsibility for mobilising the NHS.

4.73 In the response phase, there will be national leadership, with most incidents managed locally by the Public Health England HPUs and local DsPH working together. Public Health England and the NHS will be part of the multi-agency local response, and it will be important that they plan and respond together.

4.74 The Department of Health will ensure that capacity for emergency preparedness and response is maintained throughout the transition to these new arrangements.

Health protection services

4.75 Health protection is concerned with infectious and environmental hazards (including radiation, chemicals, poisons, air pollution and the health effects of climate change) that affect people often in circumstances that are not easily avoidable.

4.76 In addition to emergency preparedness and response, a range of health protection functions are best done at a national level to ensure that the Government is protecting the population from threats. Public Health England will:

- provide a coherent, accountable national framework for rapid responses to threats;
- act in co-ordination across government and with other national partners in response to public health threats;
- provide evidence-gathering and surveillance functions, supported by scientific expertise;
- provide information and independent advice on hazards to health to professionals and the public;
- provide specialist and reference microbiology functions;

- set the standards for the national immunisation programme, advised by the independent Joint Committee on Vaccinations and Immunisations, and centrally procure many vaccines;
- commission communication campaigns where needed; and
- respond to legislative requirements including those set by the EU such as on emission levels.

4.77 Local government already works hard to protect health, for example, with environmental health officers playing a vital role during infectious disease outbreaks. In addition, the HPA has HPUs sited around the country. These are front-line delivery units, which include specialist public health and clinical staff, and provide the critical response to incidents, alongside monitoring and surveillance to protect the public's health. In the future, Public Health England will continue to work closely with local government in delivering health protection through HPUs.

Evidence for public health

4.78 In light of the Government's commitment to doing what works, Public Health England will promote information-led, knowledge-driven public health interventions – supporting national and local public health efforts. The Department of Health will develop an evidence-based approach to public health alongside an evidence-based approach to healthcare. As the Government considers the challenges of the future, it will need to develop and enhance the public health evidence base. It will champion new approaches such as those offered by behavioural science, and develop and provide clear, practical evidence on how to influence the wider determinants of health.

4.79 Public Health England offers a unique opportunity to draw together the existing complex information, intelligence and surveillance functions performed by multiple organisations into a more coherent form and to make evidence more easily available to those who will use it, in a form that makes it most likely to be used.

4.80 Local requirements for public health evidence will drive Public Health England's evidence function, ensuring it is responsive to local needs and accessible to users across the country. DsPH, front-line teams, commissioners of NHS and public health services, public and patient representatives and wider partners will all benefit from enhanced public health evidence. By ensuring a strong central information and intelligence function, Public Health England will support the specialist workforce required to meet local requirements effectively and efficiently.

4.81 Public health practitioners from all sectors, including healthcare, the voluntary and community sector, and academia, will be critical in developing innovative and structured approaches, enabling evaluation and sharing the evidence from evaluation, thus driving the agenda for public health evidence development.

4.82 The best way to ensure that the new system is effective and cost-efficient in its approach to public health is by providing people with transparent information on the cost, the evidence-base and, ultimately, the impact of services. The new system, particularly Public Health England and local government, will provide information to the public about how taxpayers' money is being used and the outcomes it is achieving.

4.83 Public Health England's approach to evidence will be based on three principles:

- quality – evidence will be timely, reliable, relevant to the audience and aim, and produced in a scientifically robust and independent way;
- transparency – evidence will be as accessible and user-friendly as possible, driving accountability through increased availability of information. This will be in line with the Government's commitment to create a new 'right to data' so that government-held datasets can be requested and used by the public, underpinned by the Transparency Board's Public Data Principles;[105] and
- efficiency – information will be collected once but used many times and new knowledge will be rapidly applied as it becomes available.

Research

4.84 Public health evaluation and research will be critical in enabling public health practice to develop into the future and address key challenges and opportunities, such as how to handle the wider determinants of health and how to use behaviour change science to support better practice. At the basis of this is the need to try new ideas and innovate in a structured manner.

4.85 The NIHR will continue to take responsibility for the commissioning of public health research on behalf of the Department of Health, working with partners whose actions affect public health. Public Health England will work closely with the NIHR in identifying research priorities. To further develop public health research the Department will:

- establish an NIHR School for Public Health Research – conducting high-quality research to increase the evidence base for effective public health practice. This school will draw on leading academic centres with excellence in applied public health research and evaluations and place emphasis on what works practically and can be applied across the whole country;

- continue to promote a public health focus within the NIHR and fund, from within the Department's Policy Research Programme, a new Policy Research Unit on Behaviour and Health; and
- ensure that Public Health England provides the necessary resource to support the cost of public health interventions that are undergoing research outside of the NHS.

Information and intelligence

4.86 As the Department of Health designs and develops the future public health system, it will continue working closely with the full range of public health partners involved in surveillance, monitoring, evaluation and intelligence in order to develop a clear approach for information and intelligence. In the coming year, the Department will focus on drawing together existing public health information and intelligence functions (for example, the Public Health Observatories, cancer registries, and relevant parts of the HPA), working to eliminate gaps and overlaps and to develop the specialist workforce required.

4.87 Once established, Public Health England will:

- strengthen public health surveillance by ensuring fit-for-purpose data collection and analysis of health outcomes, providing early warning of problems and enabling a rapid and effective public health response;
- work with and measure the impact of different communications channels, including NHS Choices, to ensure that we provide a single, trusted source of information during public health emergencies, as well as supporting individuals to make informed lifestyle choices;
- ensure that the National Institute for Health and Clinical Excellence (NICE) adds maximum value by providing authoritative, independent advice on the evidence of effectiveness and cost effectiveness for public health interventions, working to specific commissions from Public Health England; and
- develop intelligence about the relative cost effectiveness of different interventions to support DsPH in commissioning local services, building on the work already started by NICE.[106]

4.88 The Department wants to consult those interested in public health practice on the best way of developing public health evidence in the future, with particular interest in comments on the following proposals:

- publishing an annual review of the latest evidence on what works best in achieving better public health outcomes;

- developing a single, accessible and authoritative web-based evidence system for professionals, particularly DsPH, to make evidence easily available to all and to encourage the use of the best evidence in practice; and
- encouraging recognition and peer-sharing of successful innovative evidence-based approaches.

Consultation questions: Public health evidence

b. What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

c. How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?

d. What can wider partners nationally and locally contribute to improving the use of evidence in public health?

Workforce for public health

4.89 The Government wants to build on the achievements and skills of the current public health workforce. Maintaining a well-trained, highly motivated public health workforce will be critical to the success of the public health system.

Our vision for the public health workforce

We envisage that the public health workforce will be known for its:

- expertise – public health staff, whatever their discipline and wherever they work, will be well-trained and expert in their field, committed to developing and maintaining that expertise and using an evidence-based approach to practice;
- professionalism – they will demonstrate the highest standards of professional conduct in their work;
- commitment to the population's health and wellbeing – in everything they do, they will focus on improving and protecting the health and wellbeing of their populations, taking account of equality and rights, whether it be a DPH in a local authority, an infection control nurse in an acute trust or a microbiologist within Public Health England; and
- flexibility – they will work effectively and in partnership across organisational boundaries.

4.90 Our vision for the future public health workforce is set out above. A more detailed workforce strategy to support this will be developed by autumn 2011, working with representative organisations. This will support a smooth and effective transition, informed by the views of people on the frontline of public health delivery.

4.91 The workforce strategy will set out how a supply of highly trained and motivated staff, with the appropriate skills for understanding the range of public health interventions, providing public health advice and commissioning the services communities require, can be sustained and grown, as needed.

4.92 In the future, a range of public health staff will work in Public Health England, employed by the Department of Health. These will include staff employed by the HPA, the NTA and the Department of Health.

4.93 Many critical roles in public health are played by people who will not be employed by Public Health England, but who will be part of a wider professional network. A very wide range of clinicians and other professionals – from GPs to dentists, pharmacists to nurses, allied health professionals to environmental health officers – have essential roles to play in improving and protecting population health and reducing health inequalities.

4.94 After completion of Transforming Community Services in April 2011, the provider functions of PCTs will have moved to other organisations, including community foundation trusts and social enterprises. As set out in *Excellence and Equity: Liberating the NHS* (2010), there will be a move to 'any willing provider' for community services to improve choice and access for local people. This White Paper does not change the direction of travel for local community services.

4.95 It is critical that scarce public health skills within the system are retained, including capacity to support senior leadership of the public health service. The Department of Health will therefore encourage PCTs and local government to discuss the future shape of public health locally. It is important to ensure that specialist staff, including medical and clinical staff, are rewarded fairly wherever they work; that their pay is properly governed locally; and that reasonable arrangements are in place to promote the flexibility and mobility of the workforce in the longer term. The Department of Health will work with the Local Government Association to consider what advice, support and guidance may be needed to support this. The Department will ensure that the human resources framework being developed with trade unions specifically addresses the development of Public Health England.

4.96 Alongside *Healthy Lives, Healthy People*, the Department of Health is publishing a review by Dr Gabriel Scally of the regulation of public health professionals. As the Government believes that statutory regulation should be a last resort, its preferred approach is to ensure effective and independently-assured voluntary regulation for any unregulated public health specialists. As professional regulation is a devolved matter, we will be consulting in all parts of the United Kingdom on this issue.

4.97 For other public health practitioners, the Department of Health will discuss with relevant groups the arrangements for setting and sustaining high standards of practice.

Consultation question: Regulation of public health professionals

e. We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

4.98 The Government will consult separately on proposals for a new framework for education and training for all clinical and healthcare professionals. The consultation will be based on the principle that the system should be focused on patient needs, driven by healthcare provider decisions and underpinned by strong clinical leadership. In designing a new system for the health sector, it will be important to ensure that there is alignment with the evolving Public Health England.

Conclusion

4.99 This new system – with localism at its heart, backed by national action where needed – will address the problems of the past and set England up to tackle the public health challenges of the future. We welcome views on the questions set out in this chapter during the consultation period. The following chapter sets out the consultation process, along with our proposed transition to the new system.

5. Making it happen

Summary

Subject to the passage of the Health and Social Care Bill, the Government plans to:

- **enable the creation of Public Health England, which will take on full responsibilities from 2012, including the formal transfer of functions and powers from the Health Protection Agency (HPA) and the National Treatment Agency for Substance Misuse (NTA);**
- **transfer local health improvement functions to local government, with ring-fenced funding allocated to local government from April 2013; and**
- **give local government new functions to increase local accountability and support integration and partnership working across social care, the NHS and public health.**

The transition to Public Health England will be developed in alignment with changes to primary care trusts (PCTs) and strategic health authorities (SHAs), and the creation of the NHS Commissioning Board (NHSCB). The detailed arrangements will be set out in a series of planning letters throughout the course of 2011.

A number of consultation questions are summarised in this chapter, and we would welcome your views on these questions. The consultation on these questions closes on 8 March 2011.

The Department of Health has published a review of the regulation of public health professionals by Dr Gabriel Scally. A consultation question about this is in Chapter 4 of this White Paper. We would welcome views on this report.

Forthcoming consultation documents will set out the proposed public health outcomes framework, and funding and commissioning arrangements for public health responsibilities.

5.1 This White Paper sets out the Government's strategy in the current Parliamentary term and beyond. This chapter sets out proposals for the transition to the new public health system in the context of wider changes to the health and social care system. It describes a phased approach that draws a clear distinction between the 'new' and the 'old', so that accountabilities and responsibilities are defined, enabling management teams to be put in place to build and prepare their organisations in advance of implementation, and to provide leadership across the system during transition.

5.2 As outlined in *Equity and Excellence: Liberating the NHS*, primary legislation will support the creation of Public Health England. The forthcoming Health and Social Care Bill will include these necessary reforms.

5.3 Much work now needs to be undertaken, both to manage the transition over the next two to three years, ensuring that the system continues to deliver a high-quality and safe service, and to develop the detail of the new system. This will be done alongside transition in other parts of the health and care sector, such as the creation of the NHSCB, GP consortia and proposed local statutory health and wellbeing boards.

5.4 The Department of Health will ensure that the system is robust and financially sustainable through the transition, as well as in the longer term. The effective management of health protection and emergency preparedness and response, as well as financial risk, will be of particular importance. The costs of transition and all the costs of policy commitments in this White Paper will be met within Departmental spending review allocations.

The transition to a new public health system

By early 2011

5.5 We will set out more detail on the proposed shape and structure of the new health and care system and our proposals for managing the transition in a series of publications in the coming months. These include:

- a detailed roadmap for the system as a whole – the NHS, Public Health England and the Department of Health – setting out the key transition milestones, expectations and activities for the years ahead;

- further detail on the public health system, based on our responses to the consultation in this White Paper and forthcoming consultations on funding and commissioning for public health and on the public health outcomes framework;
- human resources frameworks setting out the principles, expectations and approach for managing people moving between each of the organisations in the new health and care system;
- the Health and Social Care Bill, which will be introduced in Parliament following our response to the NHS White Paper consultations and will set out much greater detail on the structural and delivery implications of the system-wide reforms; and
- the NHS Operating Framework and the announcement of PCT allocations for 2011/12, which will be published in December 2010. These will set out expectations for the NHS during the first crucial transition year, including our expectations for public health delivery through PCTs.

5.6 The first step in determining budgets for public health will be to establish the baseline health spend on those services for which Public Health England will take responsibility in the future. Local PCT spending on such services during 2009/10 will be used as the baseline to reflect recent historic spending rather than spending during a transition year.

2011/12 – a year of transition

5.7 2011/12 will be a period of detailed policy and operational design, while transition to shadow bodies and planning for implementation take shape on the ground. We will continue to work closely with public health partners, local government and other stakeholders on the design of the new public health system throughout the passage of the Health and Social Care Bill and the consultation period for this White Paper and the forthcoming consultation documents.

5.8 There will be an overarching human resources framework with a common set of principles so that staff are treated fairly. One strand will cover all staff in the NHS affected by the changes set out in *Equity and Excellence: Liberating the NHS*. This will include all public health staff currently working in the NHS and those that will move to local authorities. Another strand will cover staff in the Department of Health. The third strand will cover staff in arm's-length bodies. The frameworks are designed to cover issues related to transfer and transition and the necessary functional support required by Public Health England as part of the Department of Health, including IT, communications, finance and estates.

5.9 In 2011, we will develop and consult on a public health workforce strategy, working with a wide range of employers and professional bodies and covering those who will form part of Public Health England and those with whom it will have close associations and wider professional networks.

5.10 Accountability for delivery in 2011/12 will continue to rest with SHAs and PCTs. In addition, SHAs will be responsible for the overall transition process in their regions during 2011/12. As part of this, Regional Directors of Public Health (RDsPH) will lead the transition for the public health system at the regional and local level.

5.11 The transition to Public Health England will be developed in alignment with changes to PCTs and SHAs, and the creation of the NHSCB. The detailed arrangements will be set out in a series of planning letters throughout the course of 2011.

2012/13 – consolidation

5.12 We envisage that Public Health England will come into being in April 2012 as an identifiable part of the Department of Health.

5.13 We will also publish shadow ring-fenced allocations for local authorities.

From April 2013 onwards

5.14 The new public health system will be in place. We will have implemented formal commissioning arrangements between Public Health England, the NHSCB, GP consortia and local authorities. The Department of Health will allocate ring-fenced budgets directly to upper-tier and unitary local authorities. Table 5.1 outlines the summary timetable.

Table 5.1: Summary timetable (subject to Parliamentary approval of legislation)	**Date**
Consultation on: • specific questions set out in this White Paper; • the public health outcomes framework; and • the funding and commissioning of public health.	Dec 2010–March 2011
Set up a shadow-form Public Health England within the Department of Health Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013

Building on this White Paper

5.15 The Department of Health will publish a range of key documents throughout the year that link to this White Paper, including the following:

Winter 2010/11

- health visitors;
- mental health; and
- tobacco control.

Spring 2011

- Public Health Responsibility Deal;
- obesity;
- physical activity;
- social marketing;
- sexual health and teenage pregnancy; and
- pandemic flu.

Autumn 2011

- health protection, emergency preparedness and response.

5.16 Other government departments will also publish a range of documents that relate to public health and address the wider determinants of health, including:

- Child Poverty Strategy (HM Government);
- Drugs (HM Government);
- Public Services Reform White Paper (HM Government);
- Alcohol pricing and taxation (Her Majesty's Government);
- Crime Strategy (Home Office);
- Response to the consultation *Rebalancing the Licensing Act – on empowering individuals, families and local communities to shape and determine local licensing* (Home Office);
- Social Mobility White Paper (Cabinet Office);
- Welfare White Paper (Department for Work and Pensions);

- Special Educational Needs and Disability Green Paper (Department for Education);
- Munroe Review of Child Protection (Department for Education);
- Graham Allen Early Intervention Review (Department for Education);
- Local Transport White Paper (Department for Transport);
- Road Safety Strategy (Department for Transport);
- Natural Environment White Paper (Department for Environment, Food and Rural Affairs);
- Sentencing and Rehabilitation Green Paper (Ministry of Justice); and
- Skills Strategy (Department for Business, Innovation and Skills).

Consultation and engagement

5.17 To support ownership of the new public health system, in addition to existing engagement activity, the Department of Health will take forward work in partnership with relevant organisations, seeking their help and expertise in developing proposals that work in practice.

5.18 We will consult on the detailed design of the outcomes and funding frameworks set out in forthcoming consultation documents. We are also consulting on the specific questions in this White Paper, which are summarised overleaf.

Consultation questions

a. **Role of GPs and GP practices in public health:** Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

b. **Public health evidence:** What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

c. **Public health evidence:** How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

d. **Public health evidence:** What can wider partners nationally and locally contribute to improving the use of evidence in public health?

e. **Regulation of public health professionals:** We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

Forthcoming consultation documents will set out questions on the proposed public health outcomes framework and the funding and commissioning of public health.

5.19 We will arrange a programme of consultation and policy development events around England. Details will be posted on the Department of Health website, as well as advertised through stakeholder networks.

5.20 Consultation on the specific questions in this White Paper closes on 8 March 2011. You can contribute to the consultation by providing written comments:

by email to: publichealthengland@dh.gsi.gov.uk

by post to: Public Health Consultation
Department of Health
Room G13, Wellington House
133–155 Waterloo Road
London SE1 8UG

The consultation process

Criteria for consultation

5.21 The consultation on the questions set out above follows the Government Code of Practice on consultation. In particular we aim to:

- formally consult at a stage where there is scope to influence the policy outcome;
- consult for at least 12 weeks and consider longer timescales where feasible and sensible;
- be clear about the consultation's process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals;
- ensure that the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach;
- keep the burden of consultation to a minimum to ensure that consultations are effective and to obtain consultees' buy-in to the process;
- analyse responses carefully and give clear feedback to participants following the consultation; and
- ensure that the officials running the consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

5.22 The full text of the Code of Practice is on the Better Regulation website at:

www.bis.gov.uk/policies/better-regulation/consultation-guidance

Comments on the consultation process itself

5.23 If you have concerns or comments that you would like to make relating specifically to the consultation process itself please contact:

Consultations Co-ordinator
Department of Health
3E48, Quarry House
Leeds LS2 7UE

email: consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

Confidentiality of information

5.24 We manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter.[107]

5.25 Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

5.26 If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

5.27 The Department will process your personal data in accordance with the DPA and, in most circumstances, this will mean that your personal data will not be disclosed to third parties.

Summary of the consultation

5.28 A summary of the response to the consultation questions in this White Paper and forthcoming consultations on the proposed public health outcomes framework and the funding and commissioning of public health will be made available before or alongside any further action (such as laying legislation before Parliament), and will be placed on the consultations website at:

www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm

Annex: A vision of the role of the Director of Public Health

1. This Annex sets out a vision for the role of the Director of Public Health (DPH) developed in discussions between the Department of Health and public health professionals, local government and the NHS over recent months. DsPH have a critical leadership role in the new system – at the centre of improving the health and wellbeing of local communities across England.[i] This role is subject to passage of the Health and Social Care Bill.

Principal adviser

2. We envisage that the DPH will be the principal adviser on all health matters to the local authority, its elected members and officers, on the full range of local authority functions and their impact on the health of the local population, including identifying health inequalities and developing and implementing local strategies to reduce them.

3. He or she will be play a key role in the proposed new functions of local authorities in promoting integrated working; contribute to the development of the local Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategy; be an advocate for the public's health within the community; and produce an authoritative independent annual report on the health of their local population.

Provision and use of evidence

4. The DPH will be responsible for ensuring that the local authority, and its key partners, have access to the high-quality analysis and evidence needed to inform the JSNA, the Annual Health Report, emergency preparation and response, and all public health services for which they are responsible. In tight financial times, it will be incumbent only to support effective interventions that deliver proven benefits, and to evaluate innovative approaches.

Population healthcare

5. Although the DPH will be employed by local authorities, it will be vital to ensure a high-quality public health input into NHS services. DsPH will need to work closely with GPconsortia to help identify, prevent and manage a range of conditions, such as mental ill health, cardiovascular disease, diabetes and cancer, across the population, to support people to take care of their own health,

i This includes Service personnel, their families and veterans.

promoting independence, self-care and self-management. DsPH will also need to have input into commissioning services for people with established diseases and long-term conditions, supported by high-quality community services provided by a wide range of health professionals.

6. In addition to offering support to GP commissioners, the DPH will wish to engage in a range of regular informal and formal mechanisms for public health experts to advise other NHS colleagues. The DPH will work with NHS colleagues locally in:

   - advising on commissioning and effective operation of population health services;
   - ensuring the provision of services for diverse and potentially excluded groups (for example, people with mental health problems and with learning disabilities; the homeless; people in prisons and ex-offenders; children with special educational needs or disability and looked after children; and travellers);
   - advising on how to ensure equal access and equity of outcome across the population; and
   - working with and supporting health and social care colleagues to increase opportunities for using contacts with the public and service users to influence behaviours positively and thereby improve health.

Health protection and emergency preparedness and response

7. Where the Secretary of State enters into arrangements with local authorities in relation to health protection and emergency preparedness, we envisage that the DPH will play an important role in local emergency planning and response to public health threats that affect their communities. They will be supported in this by the Health Protection Units (HPUs), which will provide specialist advice and access to the national resources of the public health service.

8. DsPH will work closely with local HPUs across the full range of health protection issues and ensure they are appropriately reflected in the Annual Health Report and the JSNA and that co-ordinated action can be taken where necessary.

9. The ‘proper officer’ for the purposes of the Public Health (Control of Disease) Act 1984 will continue to be appointed by the local authority (at the lower tier in a two-tier regime).

10. Authorities (including port health authorities) will continue to provide health protection interventions according to existing legislation such as the Public Health (Control of Disease) Act 1984, Food Safety Act 1990, Environmental Protection Act 1990 and others.

11. DsPH and HPUs will contribute to Local Resilience Forums according to local need and expertise. DsPH will ensure that there are sufficient qualified and appropriately trained public health staff to maintain a robust and resilient on-call rota for major incidents, infectious disease outbreaks and port health at the local level.

12. DsPH and HPUs will work together to undertake local horizon scanning and risk management, health surveillance and, working with local partners, will develop plans and mitigation strategies for the threats and hazards that might affect health – supported by Public Health England as appropriate.

13. Local and National Resilience Forums will continue to play a vital role, working together with a range of organisations to ensure that we are prepared for and can respond to significant threats and emergencies.

Health improvement and inequalities

14. The DPH will be responsible for health improvement, addressing local inequalities in health outcomes, and addressing the wider determinants of health. He or she will work in partnership with other local government colleagues, and partners such as GP consortia, the wider NHS, early years services, schools, business, voluntary organisations and the police, to achieve better public health outcomes for the whole of their local population. This may also include working with other DsPH and Public Health England across a wider geographical area as appropriate. We would expect this to include personal public health services such as smoking cessation, alcohol brief interventions, weight management and work to address the wider determinants of health.

Accountability

15. DsPH will have a professional duty to keep their skills up to date and to ensure their staff are similarly well trained. This is to ensure there is a competent local multi-disciplinary public health workforce, with strong professional leadership at its heart.

16. The primary accountability for local government will be to their local populations through transparency of progress against outcomes and their local strategy. There will also be a relationship between Public Health England and local councils through the allocation of the ring-fenced budget, for which the Chief Executive will be the Accountable Officer; through transparency of progress against the outcomes framework; and through the incentives available to reward progress against health improvement outcomes.

17. DsPH will be jointly appointed by the relevant local authority and Public Health England.While councils will have the power to dismiss DsPHs for serious failings across the full spectrum of their responsibilities, the Secretary of State for Health will have the power to dismiss them for serious failings in the discharge of their health protection functions. They will be accountable to the Secretary of State for Health and professionally accountable to the Chief Medical Officer.

Glossary

Commissioning – the process of assessing the needs of a local population and putting in place services to meet those needs.

Devolved Administrations – refers to the governments of Scotland (the Scottish Government), Wales (the National Assembly for Wales) and Northern Ireland (the Northern Ireland Assembly).

Directors of Public Health (DsPH) – currently a role within NHS primary care trusts, moving to local authorities in the future; the lead public health professionals who focus on protecting and improving the health of the local population.

Health and Social Care Bill – proposals for a Health Bill were included in the Queen's Speech for the first Parliamentary session of the Coalition Government. The Health and Social Care Bill will bring forward the legislative changes required for the implementation of the proposals in this White Paper.

Health premium – a component of the new funding mechanism for public health that will reflect deprivation and reward progress against health improvement outcomes in local areas.

Health Protection Agency (HPA) – the current non-departmental public body responsible for a range of health protection functions.

Local authorities – see **Local government**, below.

Local government – refers collectively to administrative authorities for local areas within England, with different arrangements in different areas, including:

- two-tier authorities: several district councils ('lower-tier', responsible for, for example, council housing, leisure services, recycling, etc.) overlap with a single county council ('upper-tier', responsible for, for example, schools, social services and public transport);
- unitary: a single layer of administration responsible for local public services, including: metropolitan district councils; boroughs; and city, county or district councils;
- town and parish councils: cover a smaller area than district councils and are responsible for, for example, allotments, public toilets, parks and ponds, war memorials, local halls and community centres; and

- shared services: where it is considered appropriate, local government may share services across areas greater than individual administrative bodies, for example, for policing, fire services and public transport.

Local Resilience Forum – a multi-agency partnership in a local area of Category 1 Responders (for example, emergency services, local authorities and the NHS), as defined by the Civil Contingencies Act 2004, often working closely with Category 2 responders (for example, the Highways Agency and public utility companies); responsible for establishing and maintaining arrangements to respond to major emergencies.

National Institute for Health and Clinical Excellence (NICE) – an independent organisation which provides advice and guidelines on the cost and effectiveness of drugs and treatments.

National Treatment Agency for Substance Misuse (NTA) – current special health authority established to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

NHS Constitution – describes the principles and values of the NHS in England, and the rights and responsibilities of patients, the public and staff.

NHS Operating Framework – sets out the priorities for the NHS, the business rules to support their delivery and the accountability process for each financial year.

Primary care trust (PCT) – the NHS body currently responsible for commissioning healthcare services – and, in most cases, providing community-based services such as district nursing – for a local area.

Provider – an organisation that provides services directly to patients, including hospitals, mental health services and ambulance services.

Public Health Observatories – existing organisations that serve the public health intelligence needs of different regions in England.

Spending Review – set out the Government's priorities, and spending plans to meet these priorities, for the period 2011/12–2014/15.

Strategic health authorities (SHAs) – the 10 public bodies which currently oversee the commissioning and provision of NHS services at a regional level.

Unitary authority – see **Local government**, above.

Upper-tier authority –see **Local government**, above.

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403161 1p 500 November 2010 (PC)
Produced by COI for the Department of Health



Published by TSO (The Stationery Office) and available from:

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ISBN 978-0-10-179852-5
9 780101 798525



Changing Behaviour, Improving Outcomes

A New Social Marketing Strategy for Public Health

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
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Document Purpose	For Information
Gateway Reference	15853
Title	Changing Behaviours, Improving Outcomes: A social marketing strategy for public health
Author	DH
Publication Date	28 Apr 2011
Target Audience	PCT CEs, Directors of PH, Local Authority CEs, GPs, Communications Leads, Appointed agencies, COI
Circulation List	
Description	This document sets out the DH's three year social marketing strategy for changing health-related lifestyle behaviours and improving health outcomes.
Cross Ref	Healthy Lives, Healthy People
Superseded Docs	N/A
Action Required	N/A
Timing	**N/A**
Contact Details	Sheila Mitchell Marketing Team Department of Health Skitpton House, 80 London Road SE1 6LH 020 7972 5243
For Recipient's Use	

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First published April 2011
Published to DH website, in electronic PDF format only.
www.dh.gov.uk/publications

Note:

This document is intended for social marketing and communications professionals working within the Department of Health and Public Health England, the NHS, local authorities, the COI and appointed agencies as well as policy colleagues across government, public health professionals and other interested parties.

We have tried to avoid the use of marketing terminology but this has not always been possible.

A glossary of common marketing terms is included in the appendices.

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Foreword

When asked what is important to us, most of us put our health either at the top or very close to the top of our list[1]. Good health ranks alongside friendships and family, as something that we feel we *need* to function fully and get the most we can from life.

When asked whose responsibility it is to take care of our health, we answer overwhelmingly that it is *entirely our own responsibility*[2].

Yet every day, most of us do at least one thing that we know will put our health at risk[3]: too many of us still smoke, drink more alcohol than we know is good for us, don't take as much exercise as we should, and eat too much of the "wrong" and too little of the "right" food.

Why is this? We tend to blame our lack of willpower and, certainly, this plays a role. We want to live well, but our good intentions can all too easily be overridden. But it isn't just about willpower. Overcoming ingrained habits and maintaining a healthy lifestyle is challenging, usually requiring not only personal motivation but support from those around us.

Poor health benefits no one: it reduces our life expectancy and hurts our families, it harms businesses through days lost to sickness, it costs the taxpayer through escalating healthcare costs and it places a burden on families, carers, charities and community groups. If we are to have the health outcomes we want as a society, we need everyone, be they individuals, families, communities, schools, businesses, civic institutions or voluntary organisations, to help us make this happen. In this sense, health is everyone's business.

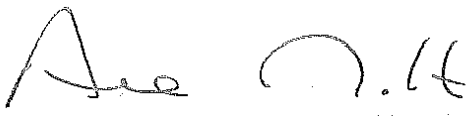
Government cannot force people to adopt healthier lifestyles. However, it can help. It can give people information to help them make the right choices. It can help them engage with networks of other people with similar issues, and use digital channels to share information, seek advice and compare their behaviour and symptoms. It can bring together trusted partners, who can reach people in ways that Government can't, and who can themselves provide support and incentives, financial or otherwise, to make change easier and more affordable. Government can work with employers and schools to make healthier lifestyles more achievable and it can provide services and improve access to them. Finally, through insight and creativity, it can inspire us to change.

Today we are publishing the first over-arching social marketing strategy for Public Health England. This strategy outlines a radically new approach for how we propose to use social marketing through people's lives as part of a broader suite of measures to improve those behaviours that affect health outcomes.

---

[1] For example, 80% of UK adults agree that "looking after my health is important in my personal life today". *Global MONITOR 2010*, The Futures Company.
[2] 84% of those surveyed agreed that "looking after my health is entirely my responsibility". Ibid.
[3] *Healthy Foundations*, 2007.

This strategy draws on the evidence of what has worked in the past, to focus resources in those areas where Government can do most to help people finally achieve the health that they value so highly.



Anne Milton, MP

Parliamentary Under Secretary of State for Public Health

1. Executive summary

1.1 Despite people placing a high value on health and wanting to live healthy lifestyles, the majority of the adult population has at least one of the major lifestyle risks (such as smoking, regularly drinking more than the recommended limits, not being physically active and/or being overweight or obese) that can lead to poor health, increased cost to society and lives cut short[4].

1.2 Changing these behaviours is extremely challenging, often requiring not just individual motivation but sustained support from friends, family and society.

1.3 The Department of Health and the local NHS have pioneered the use of social marketing to change health behaviours, with some considerable success, particularly in areas such as smoking (Smokefree), stroke (FAST) and obesity (Change4Life).

1.4 Social marketing borrows concepts and techniques from commercial sector marketing, such as insight generation and customer segmentation, and applies them to the problems facing our society.

1.5 Without social marketing, there is a risk that people will not attempt the substantial efforts required to improve their behaviours or that attempts to change will fail in the face of ingrained habits and negative market forces.

1.6 However, changing times challenge us to be more creative, more efficient and more innovative in the way we use public resources. This is a time of great change in the way ordinary people access information. New technologies are enabling people to build new networks, create content and share ideas as never before. Public health campaigns can become part of the social currency, so that our target audiences do not just receive our messages, but identify themselves with them, so that they wish to share them with their network.

1.7 This is also a time of great learning and experimentation for the entire marketing industry, as insights from behavioural sciences, popularised by books like *Nudge*, are applied to behavioural issues.

1.8 This strategy responds to the changing political and economic climate to propose a new approach to how marketing will be used to influence health-related behaviour. It also draws on the evidence of what has worked to date, as well as setting up a programme of pilots to establish an evidence base for newer ideas, many of them emerging from behavioural sciences, to change behaviours.

[4] 71% of adults in England report at least one of the following: being overweight or obese, smoking, regularly drinking above limits, drug abuse or unsafe sex. Source: *Healthy Foundations* dataset, 2007.

1.9 This new approach will be different in that:

- It recommends far fewer social marketing programmes, prioritising those where there is evidence of efficacy.
- With the exception of the smoking (and, when appropriate, health protection campaigns, such as a flu pandemic), we propose to end central single-issue campaigns, instead taking a life course approach through which a trusted brand will deliver support on all topics that are relevant to a person at that stage.
- More will be done at a local level; the centre will do only those things which it alone is best placed to do .
- Emerging insights from the behavioural sciences will be explored to enhance existing programmes and design radically different marketing initiatives.
- Partners, community, charity, civic and commercial, will be encouraged to do more.
- While some advertising, such as the FAST stroke campaign and cancer signs and symptoms, is already resuming, we recommend a shift away from traditional mass media channels, towards those channels government already owns, such as government websites and poster sites in government buildings.
- There will also be a radical step-change in the way we use new technologies, including social media.
- Where our campaigns enter into frequent and regular communications with people, we will test ways of migrating these into digital channels.
- We will work with the Cabinet Office to pilot a payment by results approach in appropriate areas.

1.10 Social marketing will support the approach to improving public health set out in *Healthy Lives, Healthy People* and the draft indicators published for consultation in the Public Health Outcomes Framework

1.11 In order to best support these indicators, the strategy recommends that the centre fund no more than four programmes, the four being (in order of size):

- The Smokefree programme.
- Change4Life (and its sister brand, Start4Life) which will tackle all issues relating to families and middle-aged adults.
- One integrated campaign, which will take a more holistic approach to well being in later life. This activity will seek to empower older people (and, where appropriate their carers) to

seek prompt diagnosis and medical attention (for example through the cancer signs and symptoms campaign), and will challenge the expectation that loneliness, economic and physical inactivity, mental and physical deterioration and reduced quality of life are an inevitable part of the ageing process.

- A new programme, targeting young people, which will seek to influence behaviours, such as smoking, binge drinking, experimenting with drugs and risky sexual behaviours, which form part of a pattern of risk-taking in the transition from the child to adult self.

1.12 These four have been prioritised because they address those segments of the population who are greatest users of health services, because there is prior evidence that marketing can have an impact in these areas and/or because a strong case can be made that people's lifestyles are amenable to change.

1.13 Beyond this life course approach, Government retains an additional responsibility to provide authoritative national information on some topics, such as the health impacts of using illicit drugs or the harms caused by regularly drinking above the recommended guidelines, and will continue to do so.

1.14 Some of these topics, particularly NHS health protection messages including vaccination, do not fit naturally into the life course approach. Messages on these topics will be branded as NHS and will be communicated to all individuals and groups to whom they have relevance, regardless of the stage in the life course they may have reached.

1.15 Much of this information will be provided via help lines and websites, particularly NHS Choices. While we will continue to provide information, we will review what needs to be provided, consider what can best be done through other sources (such as charities) and look at ways to do this more efficiently.

1.16 As local areas take on responsibility for managing demand for local services, they will be encouraged to join up their activity with the four centrally-funded programmes, through the use of toolkits and free access to creative assets.

1.17 We will commit public money only where there is evidence that social marketing can change those behaviours that lead to improved health outcomes. In consequence, this strategy will be delivered with substantially less than the spend committed in previous years.

1.18 This strategy will have implications for how the marketing function is organised within the Department of Health, and for how this interacts with partner agencies and with the proposed Government Communication Centre (GCC), recommended in the Cabinet Office's Review of Government Direct Communication and the Role of the COI.

2. Introduction: What is social marketing?

2.1 Health-related social marketing is the systematic application of commercial marketing concepts and techniques to achieve specific behavioural goals relevant to improving health and reducing health inequalities[5].

2.2 Social marketing borrows tools and techniques, such as insight generation and customer segmentation, from commercial sector marketing and applies them to problems facing our society. Within health, it is most often used to help citizens change their lifestyles (for example by making improvements to the diets, starting a programme of physical activity, giving up smoking or reducing alcohol consumption), although it can also be used in other ways, such as changing the way citizens engage with services.

2.3 Social marketing is only one tool that Government (and others, working in partnership with Government) can deploy, and indeed it has often been used in conjunction with other policy levers, such as legislation (as in the marketing campaign that accompanied the introduction of Smokefree England).

2.4 Government funded social marketing seeks to ensure that citizens:

- are engaged with their own health and wellbeing,
- understand how their lifestyle choices impact on their current and future health outcomes (and, in the case of parents, their children's health outcomes),
- can obtain sound advice about what constitutes a healthy lifestyle, and
- have access to appropriate services, products and tools to help them change their behaviour.

2.5 The rich body of research and insight developed through the social marketing process helps to ensure that people are at the heart of policy, communications and delivery.

[5] French, Blair-Stevens, McVey and Merritt , *Social Marketing and Public Health*, 2010

An activity is classed as social marketing when it:

- Is based on real understanding of the target audience: who they are, what they think and believe and what they need.
- Uses insight to develop propositions that offer a real benefit for the audience, not just for the Government.
- Aims to achieve changes to resistant or persistent behaviours, not just to provide information.
- Applies vertically through the process: from understanding the problem and designing the solutions, to delivering and communicating products and concepts.
- Applies horizontally across types of intervention, and is not limited to narrow definitions of communications or marketing.
- Is embraced by all functions, roles and departments, focused on the behavioural goals of the target audience, not the internal structure or divisions of the providers.

Source: DH/NHS Social Marketing Review (*Oxford Strategic Marketing*, 2010)

3. Why there is a need for social marketing?

3.1 Public Health England's mission is to protect people from serious health threats, improving the health of the poorest, fastest.

3.2 The nature of public health has changed dramatically. In the mid 19th century, four out over every five deaths occurred before the age of 65. Today, more than four in five deaths are after 65.

3.3 The nature of health threats has also changed: infectious disease now accounts for only 2% of deaths. Most people now die in old age of non-communicable diseases such as circulatory (accounting for 34% of deaths), cancers (27%), and respiratory diseases (14%). Lifestyle changes, particularly reducing smoking rates and improving diets and physical activity levels, could prevent a substantial proportion of these diseases[6].

3.4 In consequence, the objectives for those engaged in public health have expanded: public health's origins were in ensuring clean water and fresh air in our towns and cities; its role is now expanding to include influencing the everyday habits of millions of people.

3.5 The indicators published for consultation in the Public Health Outcomes Framework (see appendix 2) demonstrate how the remit of public health is expanding further into areas such as social connectedness, health-related quality of life and self-reported wellbeing.

3.6 People value their health and most want to lead healthy lives. For example, 96% of mothers with children aged 2-11 agree that "eating healthily is important to my family"[7] and 63% of smokers say that they want to give up smoking[8].

3.7 Yet the majority (71%) of people have at least one of the main lifestyle risk factors (such as smoking, regularly drinking more than the recommended limits and/or being overweight or obese) that can lead to poor health outcomes[9].

[6] *Our Health and Well-being Today*, HM Government, 2010
[7] Change4Life tracking study, base line report, BMRB, February 2009
[8] *General Lifestyle Survey* (GLF), ONS 2009
[9] Analysis of the Healthy Foundations dataset

Prevalence of five key negative health behaviours (smoking, drinking alcohol above recommended limits, high BMI, drug abuse and unsafe sex).

	% of adult population
Report no negative health behaviours	29
Report at least one	71
Report at least two	28
Report at least three	6
Report at least four	1
Report all five	*

Source: Healthy Foundations, 2007

3.8 Looking more closely at the data:

- 21% of the adult population smokes and, while this had reduced by seven percentage points since 1998, the decline has been greater among high income groups, resulting in a widening of health inequalities;
- 61% of adults and 28% children are overweight or obese[10];
- 82% of men and 65% of women consume more than the recommended 6g of salt per day;
- fewer than 40% of adults do the recommended amount of physical activity;
- 23% of adults regularly drink more than the Chief Medical Officer's recommended guidelines;
- around 3.8% of girls under 18 become pregnant each year (the lowest levels for 30 years)[11];
- the prevalence of sexually transmitted infections continues to increase. Young people under 25 are the most at-risk, with the peak age for women being between 19 and 20 years and for men between 20 and 23 years. Of all the 15-24s diagnosed with an STI, around one in ten currently become re-infected within a year;
- the uptake rate for pre-school immunisations are slowly improving, although there is still considerable regional variation; uptake of the MMR vaccination still lags behind other childhood vaccinations at 82.9% (in 2010);

[10] *Health Survey of England*, 2009 data
[11] ONS 2009 data.

- each year, around 70-75% of over 65s take up their flu vaccination, but only around half of clinically at-risk people under 65 do so[12] ;

- it is estimated that 5,000 lives could be saved each year if England met the European average on cancer survival rates. One requisite for achieving this would be people going to see their doctor sooner with common signs and symptoms of cancer[13];

- about a third of the population admit to taking illicit drugs at some point in their lives[14].

3.9 Some poor lifestyle behaviours are found together, for example, people who drink more than the recommended guidelines are also more likely than the general population (33.0% vs. 21.5%) to smoke[15].

3.10 These multiple risk factors are likely to extend beyond the arena of health. Many people who drink more than the recommended guidelines, eat a poor diet and smoke may also experience worklessness, financial problems, crime, housing difficulties and other problems. While this highlights the magnitude of the challenge, it also provides opportunities for Government departments to work together to deliver benefits that are felt across society.

3.11 Some of the behaviours we seek to change, such as getting a flu jab or a Chlamydia test, while they require a degree of effort, are relatively easy (and infrequent).

3.12 Others, however, involve physical and/or psychological addiction. Changing these behaviours is extremely challenging, requiring considerable personal motivation as well as sustained support. Smokers, for example, often make many quit attempts before succeeding in giving up smoking for good. If we want smokers to overcome repeated failures, we need to continue to reinforce the health benefits of quitting (and direct them towards more successful methods of quitting).

3.13 Even where no physical or psychological addiction is involved, changing an ingrained or established habit can still be hard. Many people go on diets or make resolutions to improve their eating or physical activity levels in January, only to slide back into previous bad habits, sometimes before the month is out[16]. Existing incentive structures can work against people's desire to live healthier lives. For example, many ongoing changes in the way we live our lives (such as the decrease in manual and increase in sedentary occupations, or price promotions for energy-dense food) tend to perpetuate poor lifestyles[17]. To ensure sustained change, people need motivation, ongoing support, immediate feedback and frequent reminders[18].

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[12] www.winterwatch.dh.gov.uk
[13] Richards, M.A. (2009) *The size of the prize for earlier diagnosis of cancer in England*. British Journal of Cancer; 101(suppl. 2): S125–9.
[14] Unless otherwise indicated, all data in this section are from *Our Health and Wellbeing Today*, HM Government, 2010.
[15] *Health Survey of England*, 2008.
[16] See the work of Professor Richard Wiseman, especially *Think A Little, Change A Lot*, 2010.
[17] *Foresight: tackling obesities, future choices.* Government Office for Science, 2007.
[18] See evidence reviews by the Cochrane Collaboration and the National Institute for Health and Clinical Excellence.

3.14 Government cannot force people to adopt healthier lifestyles. However, it can help. It can do this by providing people with products and tools to help them change their behaviours, by bringing together partners who can support them and provide incentives, financial or otherwise, to make change easier and more affordable.

3.15 It can also help people connect to networks of others who share similar problems and are trying to change (as in the Smokefree United virtual quitters club) and it can empower and support those public-spirited individuals (such as the 47,000 Change4Life local supporters) who are working, professionally or as volunteers, within their communities to help others.

3.16 The social marketing approach helps uncover insights into why people behave as they currently do and understand barriers, whether perceived or actual, to change.

3.17 Without motivation, there is a risk that people will not make the substantial efforts required to improve these behaviours or that attempts to change will fail in the face of ingrained habits and negative market forces.

3.18 Beyond the force of habit, marketing and communication is required for other reasons, including:

- Addressing low levels of understanding about what constitutes a healthy lifestyle (such as how to shop for, prepare and provide a healthy diet).
- Improving understanding of the impact of everyday behaviours have on future health outcomes (such as the lack of understanding that regularly drinking more than the recommended guidelines can cause cancer or that being sedentary is not just a risk factor for obesity but for many other conditions such as cancer and diabetes).
- Overcoming taboos and cultural reticence about discussing some behaviours (such as sex) and health issues (such as signs and symptoms of bowel cancer) and stigma involved in others (such as dementia).
- Building resilience and negotiation skills (particularly among young people, who may be pressured by their peer group to experiment with risky behaviours) and (among parents) skills for initiating conversations with their children about these behaviours.
- Providing trusted sources of sound advice.
- Buzz monitoring, seeding ideas and influencing social networks.
- Providing tools (such as quit kits, snack swappers and units calculators) to help people change their behaviours.
- Improving understanding of the signs and symptoms of common conditions, particularly cancer and stroke.

- Supplying communications products for local authorities, NHS and other service providers to communicate with the public.
- Creating branded programmes with which industry can join up, facilitating increased private sector funding of Government behaviour change programmes.

3.19 There is also some basic information that Government has a responsibility or duty of care to provide (such as effects of illicit drug use on health).

4. The evidence that social marketing works

4.1. The Department of Health has a long tradition of using marketing and communications to influence behaviours. Its campaigns are among the most responsive in Government (as monitored by COI's Artemis[19] tool) and as a result, the department has built up substantial databases of citizens who have chosen to make positive changes to their behaviours. The two largest databases, tobacco and Change4Life, contain over 860,000 and over 525,000 citizens respectively.

4.2. The people on these databases continue to interact with the campaign brands for substantial periods of time. For example, a mailing to a cell of the Change4Life database that had completed the initial profiling questionnaire (*How Are The Kids?*) with a follow-up questionnaire one year later, achieved a 28% response rate – the highest ever recorded in Government.

4.3. Health related issues can inspire people to get involved, not only to improve their own lives, but to improve the lives of others in their communities. For example, over 47,000 public-spirited individuals have already registered to support the Change4Life social movement by helping others in their community. These people tell us that they spend an average of 19 hours per week on Change4Life related activity, which includes having conversations with people about diet, activity or weight, putting up posters, giving out leaflets or organising events in their local communities. This network includes childminders, teachers, healthcare professionals and volunteers, who are a valuable resource for encouraging social change.

4.4. However, to have value, social marketing needs to do more than generate response; it needs to change behaviours and to do so in a way that is cost effective, relative to other ways of changing behaviour.

4.5. There is evidence that social marketing changes behaviours.

4.6. The Change4Life evaluation indicates that 30% of mothers with children aged 2-11 claim to have changed at least one thing in their children's diets and activity levels as a direct result of Change4Life. If the survey results are true nationally, this equates to over a million families. Basket analysis, carried out by dunnhumby, demonstrated that a sample of 10,000 families who had engaged with Change4Life did indeed make healthier purchase decisions (across a basket of 20 representative food groups), relative to a demographically comparable control sample[20].

[19] COI's Artemis tool holds data for over 50 Government campaigns and enables Government departments to assess to cost effectiveness of their activities.
[20] *Change4Life: One Year On*, HM Government 2010.

4.7. There are encouraging signs that social marketing campaigns deliver monetised benefits. In the case of the FAST campaign for stroke, an investment of £8 million delivered healthcare savings of £25million[21].

4.8. In the case of smoking cessation, the Smokefree campaign generated 200,000 extra quitters, delivering a value of £1.5 billion, against a cost of £20million[22].

4.9. While it would be wrong to extrapolate from these campaigns to all social marketing, there is enough evidence that well thought-out interventions can deliver good value for money.

4.10. More detail is included in the Impact Assessment, published with this document.

[21] Source FUEL.
[22] For more detail on these campaigns, see the Impact Assessment published with this document.

5. Target audiences

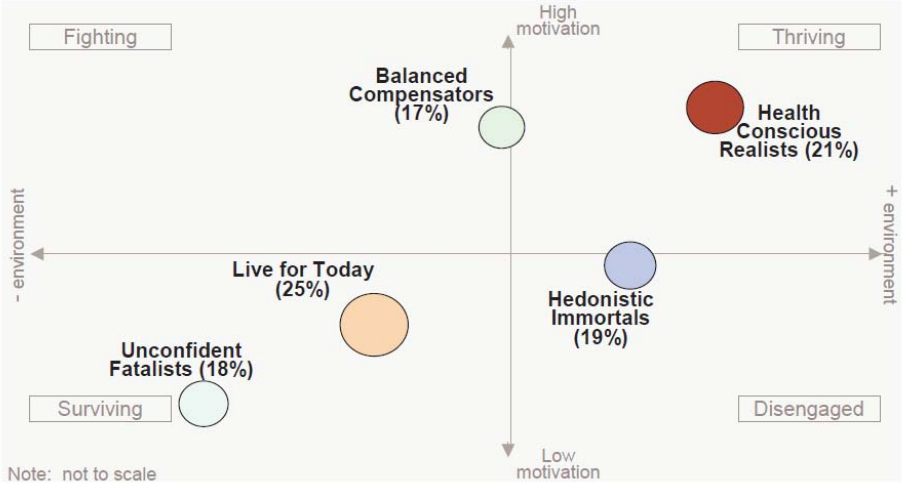
5.1. The majority of health problems fall disproportionately on individuals, families and communities that have lower incomes and lower education levels; some (such as low levels of physical activity) also disproportionately affect particular ethnic groups.

5.2. Wealthier, educated people with managerial jobs are more likely to have access to health information (for example via the newspapers they read or via employee wellness programmes), to seek out additional information (for example via websites) and to feel confidence in their own ability to use and act upon that information.

5.3. While access to new technologies has been growing rapidly, there are still nine million people in the UK who have never accessed the internet. These people are more likely to be older, to have fewer qualifications and lower incomes than those who do use the internet[23]. In addition, there are 4.8 million people living in Great Britain who report that they never read or even glance through a newspaper. Moreover, 4.4 million report that they never watch any television news or current affairs programming. 785,000 people could be termed "information poor" in that they fall into both groups[24].

5.4. In 2007, the Department of Health conducted a major piece of quantitative research and analysis, called the Healthy Foundations segmentation. This explored the relationship between health outcomes, environment and personal motivation[25]. The exercise generated five distinct cluster groups.

Healthy Foundations Cluster Map



[23] 45% of people with no formal qualifications have used the internet vs. 97% of people with degrees. Source: National Statistics August 2010.
[24] GB TGI, 2009-10.
[25] For more detail, see *Ambitions for health: a strategic framework for maximising the potential of social marketing and health-related behaviour*, HM Government, 2008

5.5. Two of these groups, “Unconfident Fatalists” and “Live For Todays” report both low personal motivation and an environment that is unsupportive of healthy lifestyles.

5.6. The most challenged group, Unconfident Fatalists, tend to live in the most deprived areas and are the least likely to be in paid employment. They have higher than average smoking prevalence, higher incidence of obesity and overweight, are the least likely to take exercise, less likely to eat five portions of fruit and vegetables and most likely to have a high GHQ score (i.e. to report poor mental health)[26]. These are the people who would most benefit from lifestyle change. However change will almost certainly require more help and support than information alone can provide.

5.7. For all people, different lifestyle issues (or combinations of lifestyle issues) occur through the life course, resulting in different needs:

Pre-natal and Pre-school:	support relating to the early years, including immunisation, maternal health in pregnancy, smoking in pregnancy, smokefree environments, alcohol and drug use in pregnancy, education in PHSE, breastfeeding, weaning and active play.
School years:	parents need support on family diet and physical activity, mental wellbeing (tips for raising a happy child), education in PHSE, smokefree environments, strategies for parents to help their children delay initiation into risky behaviours (smoking, sex, alcohol etc.).
Young people:	a trusted source of information on subjects like drugs as well as support and resources to help young people negotiate the transition from their child to their adult selves, including resilience and negotiation skills around smoking, alcohol, drugs and sex.
Mid life:	smoking cessation, responsible drinking, weight loss, diet, physical activity, tackling any poor sexual health issues, health and wellbeing at work, at-risk immunisation, planning for future needs.
Retirement:	falls prevention, winter preparedness, increasing vigilance for the signs and symptoms of conditions like cancer and dementia, advice for living with conditions (including the impact of alcohol consumption upon those conditions), smokefree homes (for at-risk patients), smoking cessation, maintaining mental wellbeing, making best use of service, planning for future needs, such as end of life care.

5.8. Beyond individuals and families, social marketing also works to change the behaviours of other audiences, such as opinion leaders, the media and front line staff.

[26] For more detail, see *Ambitions for health: a strategic framework for maximising the potential of social marketing and health-related behaviour*, HM Government, 2008

6. What are the big insights we have into our target audiences?

6.1. Changing health-related lifestyle behaviours is seldom easy. In 2010, Oxford Strategic Marketing identified ten universal insights, which can be leveraged to increase success levels[27]. These were:

Insight	Potential Leverage
People can feel powerless to change. However, if people can succeed in one area, they gain a sense of empowerment that can be used to inspire further changes.	Merge databases and pursue cross-selling strategy (e.g. contact successful quitters with offers about other lifestyle changes)
There is a universal belief that "it will never happen to me", especially among younger people.	Consider use of role models as credible witnesses
People live for today, preferring immediate benefits and discounting future negative health consequences.	Develop immediate and tangible rewards and incentives
There are a small number of teachable moments, when major lifestyle events (such as the birth of a first child; or diagnosis of a long-term condition) when people are more open to change and actively seek new information.	Use the communications channels of partners and intermediaries to reach people during these moments
People seek to conform to perceived social norms and will adjust their behaviour to fit in with what they believe other people are doing.	Trial communications solutions that challenge incorrect assumptions about social norms (for example that most people regularly drink more than the recommended guidelines)
People are more likely to start to modify a behaviour if they can make a series of small changes, rather than change completely.	Find ways to break behaviour changes into manageable "chunks" with mechanisms for transitioning people
People are prepared to make changes for others that they would not make for their own health.	Use the power of children as a motivator (and as change-agents within families)
In general, people respond to more positive, optimistic messages.	Place people at the centre of their own change, rather than lecturing; continue more positive tone established by Change4Life
People will not act if they are unsure of the outcome, or if they believe the treatment is worse than the condition.	Use partners, particularly the charities, to spread good news messages (such as improved cancer survival rates) so that people can see a benefit to them in taking the first step towards action
People delay seeking help, even when they notice change, whether because they do not recognise common symptoms of illness or do not feel entitled to access services.	Challenge the assumption that physical and mental deterioration is a natural part of the aging process, or should be accepted as the cost of previous poor behaviours

[27] For more detail see *Health Improvement Social Marketing Strategy 2010-13*, Oxford Strategic Marketing, 2010.

7. Why there is a need for a new strategy?

7.1. In its review of social marketing in the Department of Health and the NHS, Oxford Strategic Marketing identified seven flaws in the way marketing resources were being deployed across the system. These were:

- Over-prioritisation of primary prevention (smoking, drinking at harmful levels etc.) to the near exclusion of secondary prevention (such as early detection).
- Very long timescales for payback (whereas secondary prevention might pay back sooner).
- Duplication of resource, for example via the reinvention of insights, duplication of creative assets.
- Too much top down direction and too little local creation, resulting in a lack of local knowledge and local marketers either “cherry-picking” from national initiatives or generating their own ides.
- With the exception of Change4Life, a focus on single-issue campaigns, missing the opportunity to “ladder” people up from successfully tackling one behaviour, to changing others.
- A lack of coordination across Government.
- Failure to employ all marketing levers, particularly intermediary marketing.

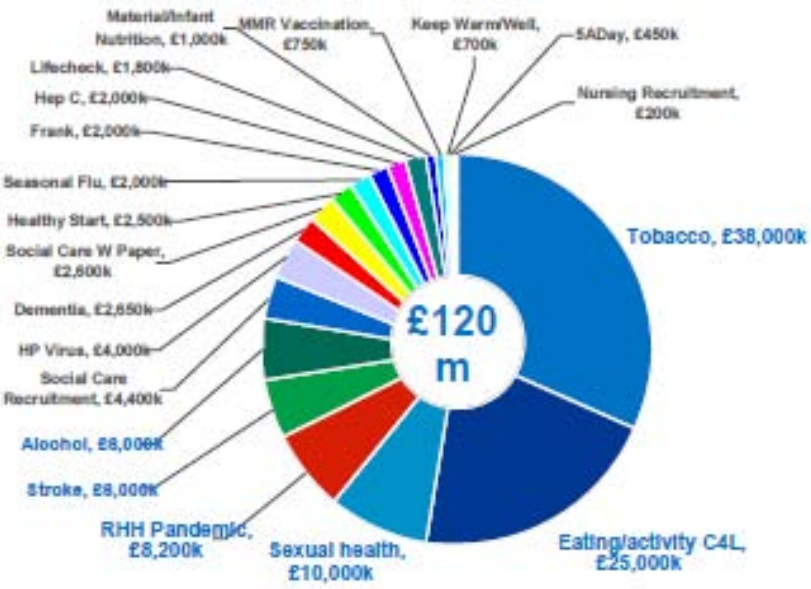
This strategy responds to each of these seven points.

7.2. In addition, the role of the centre is changing. By 2013, responsibility for public health (and with it public health social marketing) will be transferred into local authorities. The centre will not mandate how local authorities set about improving health outcomes and so it will be for local areas to decide whether they prioritise resources for social marketing campaigns in future. While we anticipate that local areas will eventually take a leadership role in the development, implementation and funding of social marketing, it is likely that local spending on social marketing will dip during the transition period. It will be crucial to work with local areas, whether NHS or local authorities, to enable them to join up what activity they can fund with national programmes in the least resource-intensive ways possible.

7.3. Finally, the Department of Health supported over twenty social marketing campaigns in 2009. Some of these were below a threshold of spend at which they could reasonably be expected to have any significant impact on behaviours. Going forwards, we will focus on fewer

programmes, particularly those that have the scale to capture the public's imagination, are attractive to partners and can fund thorough evaluation.

Focus on Single Issue Campaigns



7.4. The example below illustrates the many different identities currently in use for the NHS Health Trainers programme.

Proliferation of brands at a local level: NHS Health Trainers



7.5. While allowing each local area to each develop its own identity for Health Trainers was intended to reflect the “homegrown” nature of the programme and avoid a “one-size-fits-all” solution, in practice the locally-generated treatments are remarkably similar. On reflection, it would have been more time and cost-effective either for the centre to have produced an identity or for one local area to have developed an identity which was then available to others.

7.6. This strategy sets some parameters for what should be done centrally, and what is best done locally, to avoid future duplication and waste of resources (see section 8).

7.7. The Coalition Government has a clear intent to have fewer, more effective communications and a greater devolution of responsibility to partners, both civic and commercial, and is seeking to put more responsibility into the hands of local people. Good social marketing has always been centred on the needs of the target audience, but there is now an opportunity to involve local people and local areas more in the creation and implementation of social marketing programmes, for example via the establishment of local community “bid funds”.

7.8. There have been interesting new developments in the behavioural sciences, which are having a profound impact in the wider marketing community. Popularised by books such as *Nudge*, these ideas challenge us to think differently about how we influence behaviours. In the past, we have generally tried to change attitudes as a precursor or accompaniment to changing behaviours. While this feels intuitively right, it is troubling that, in health, people’s behaviours so often conflict with their stated attitudes. By changing the choice architecture, for example by changing default options or changing perceptions of social norms, it may be possible to change what people do without necessarily changing their attitudes.

7.9. Finally, the Cabinet Office has recently conducted a review of Government marketing and the role of the COI. The implications of this review for the way in which the Department of Health commissions marketing campaigns are covered in section 13.

8. Key principles for the new strategy

8.1. This strategy will result in substantial changes to social marketing, not only to the activity the public may see in future, but also to the way in which we organise ourselves, make decisions, obtain funding and assign budgets.

Summary of how this strategy will be different

There will be far fewer social marketing programmes, prioritising those that are proven to work.

With the exception of smoking, there will be no central single-issue campaigns. Instead social marketing will take a life course approach, through which a trusted brand will deliver support on all topics that are relevant to a person at that stage.

More will be done at a local level; the centre will do only those things which it alone is best placed to do.

Emerging insights from the behavioural sciences will be deployed to enhance existing programmes and design radically different marketing initiatives.

Partners, including commercial sector partners, will be asked to do more.

While some advertising is resuming, we will continue the shift away from traditional mass media channels, towards lower-cost channels and those (such as Government web sites or posters in hospitals and General Practice) that we own.

We will increase our use of social media, to enable people to build and join networks of others who face similar problems and to access, create and share information and ideas through those networks.

Where our campaigns enter into frequent and regular conversations with people, we will test ways of migrating these communications into lower-cost digital channels.

We will work with the Cabinet Office to pilot a payment by results approach in appropriate areas.

8.2 What Government will fund

8.2.1 Our approach to marketing is changing. In the past, we started with the question "how can the Government achieve this?"; in future we will recognise that others, often working in partnership with us, may be better placed to achieve our aims. The Department of Health, working with other government departments, will concentrate on those things which it is best placed to do, such as: the management of the national media owners; brokering relationships with national partners; developing common evaluation frameworks; managing campaigns that cross borders, (such as emerging and social media) and those where economies of scale or the use of common methodologies benefits all, such as negotiating contracts with call centres or the development and stewardship of a small number of brands which can then be used for free by local authorities and GP consortia.

Best done nationally, once	**Best done locally and tailored to local needs**
Strategic planning and insight generation	
Kick-starting an issue	Local needs assessment
Engaging national high impact media and partners	Driving individuals to local services, managing supply and demand
Buzz monitoring and social media	Identifying local key audiences and "hot spots"
Driving economies of scale	Engaging local community leaders
Acting as a planning and best practice hub	Engaging local healthcare professionals
Maintaining and strengthening core branded programmes	Collecting local data and sharing results

8.2.2 The centre will also take responsibility for ensuring that new developments in the public health evidence base and the implications of these, (for example changes to the Chief Medical Officer's guidance), are fed through to healthcare professionals, partners and local areas.

8.2.3 Communications and marketing will not be an assumed element of all policy initiatives. We will commit public money only where there is a measurable benefit to public health, with an emphasis on those programmes that have been professionally evaluated. Those programmes that are below a threshold where they can gain any serious momentum will be culled. In consequence, the central budget required for marketing activity will be approximately 40% of that spent in previous years.

8.2.4 Even allowing for efficiency savings, the reduced budget has necessitated prioritisation. We cannot afford to maintain all of the activity that we had in the past. We have focused our resources on campaigns that:

- Address the draft indicators outlined in the Public Health Outcomes Framework.

- Speak to people at those time in the life course (such as the formation of families) when they are the highest users of health services.
- Talk to people during key “teachable moments”, such as starting a family or entering retirement, identified as most likely to lead to change.
- Tackle issues that are priorities across society, rather than for the health system alone.
- Where there is a duty of care or moral responsibility to provide information.
- Where the public expects and relies upon government information (as in the case of the recent pandemic flu outbreak).

8.2.5 We will move from predominantly single-issue campaigns, to an enhanced version of the model pioneered by Change4Life, whereby a single trusted brand delivers marketing and communications on multiple topics. This will deliver cost efficiencies, for example through shared agency fees, websites and call centres. However, the primary reason is audience-focused. Too often in the past we have held separate conversations with the same people, one day talking to them about their diet, the next about their alcohol consumption, without recognising that poor diet and drinking at higher risk levels are linked behaviours in an unhealthy lifestyle, reflecting deeper and shared problems. As announced in *Healthy Lives, Healthy People*, we will sequence our social marketing programmes through the life course, so that at every stage in an individual’s life, there is a trusted source or brand, providing all the information, support and resources, he or she might need.

8.2.6 We will work with the proposed new Government Communications Centre (GCC) and with the proposed Government Communication Oversight Panel to ensure that health communications are included within the new themes for government communications, and aligned with Government strategy and priorities).

8.2.7 The exception to this life course approach will be tobacco. Smoking remains by far the single greatest cause of early death and preventable illness in England, by itself accounting for half of the difference in healthy life expectancy between the richest and the poorest people in society. Given the strong track record of the current approach, we will continue to support people’s attempts to give up smoking through the Smokefree programme.

8.2.8 The implications of this approach is that there are some programmes and campaigns that DH will no longer fund centrally, for example:

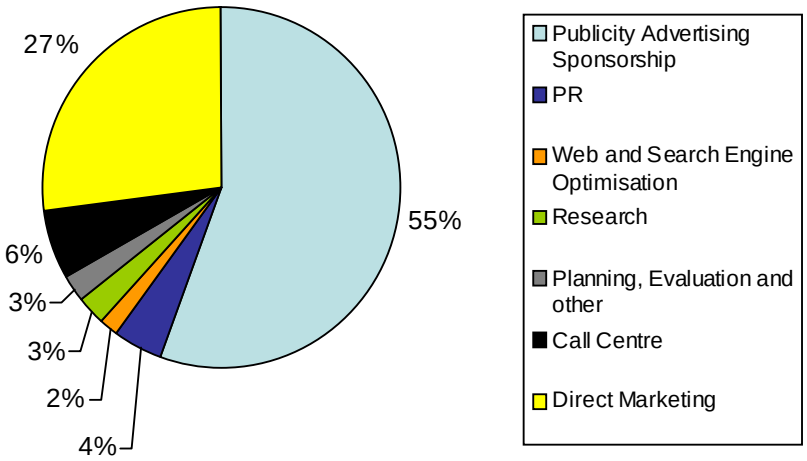
- Communications to support the Healthy Start Programme.
- Separate communications for the 5 A Day programme.
- A HPV vaccination campaign.
- A Hepatitis C campaign.

- Communications to drive traffic to NHS LifeCheck tools.

8.3 Changes to how funds are deployed

8.3.1 During 2009, 55% of central marketing funds were spent on paid-for forms of publicity, such as advertising and sponsorship, much of this television advertising.

Use of marketing resources, 2009



8.3.2 Following the coalition government's freeze on non-essential marketing expenditure, all social marketing programmes were reduced and expenditure on advertising all but ceased.

8.3.3 We have now had the opportunity to learn from the freeze and to assess where the loss of mass communications had a negative impact. For example:

- the number of people joining Change4Life fell by 80%. Calls to the Change4Life information line fell by 90% and web visits by two thirds;
- calls to the FRANK help line fell by 22% and web visits by 17%;
- visits to the Smokefree website fell by 50% The volume of people making a quit attempts also fell, in line with the reduction in purchased media spend.

8.3.4 Evidence submitted to the All Party Parliamentary Group on Smoking and Health concluded that the cessation of marketing activity has resulted in declining quit attempts and subsequent loss of life from smoking-related illness.

"There is good reason to believe that smokers still require information on the urgency of stopping and best ways of achieving this and it is clear that awareness-raising remains an important way of influencing behaviour. Evidence shows that in recent years total spending on government mass media campaigns in a given quarter is associated with smoking cessation activity in that quarter. If, as seems likely, this association is causal, the recent suspension of mass media campaigns will lead to significant loss of life and with every month that passes without further activity the death toll will grow."

(Professor Robert West, 2010)

8.3.5 We now recommend that some advertising, and other forms of mass communication such as sponsorship, paid media partnerships and PR, be resumed. However, this will be at lower levels and as part of a broader marketing mix.

8.3.6 Government is changing its relationship with the agencies, media owners and brands. As part of this, we are redefining our relationship with media owners from a model where we purchase their space or air time, to one where there is greater reciprocity. In the new model, government-generated content should have real value to the media owner. A pioneering example of this would be the Change4Life "Great Swapathon", which leveraged value from News of the World, Asda and major manufacturers. This model embraces a mixed economy approach where we can reciprocally share customer information with media partners to common better effect.

8.3.7 In addition, the recent Cabinet Office Review of Government Direct Communications and the COI announced that Government will invite agencies, media owners, and voluntary and community organisations to join with it in forming a Common Good Communication Council (CGCC), which will invite bids from providers to work for free or near free on campaigns for the common good. We will watch the development of the CGCC with interest and will explore the potential for some of our messaging to be developed and carried through this scheme.

8.3.8 Many of the behaviours we seek to change require continued support and reinforcement. In the past, much of this reinforcement was provided through information and other resources, mailed frequently to the target audience. Many of our most successful case studies involve this form of engagement. However, it is expensive and it is often (although not always) uni-directional, with limited opportunities for people to enter into a dialogue, either with us or with other people who are also trying to change.

8.3.9 In recent years, penetration and use of mobile phones, digital media and social networking sites has increased rapidly among our core target audiences. The Race Online 2012 initiative aims to accelerate this trend and further reduce digital inequality.

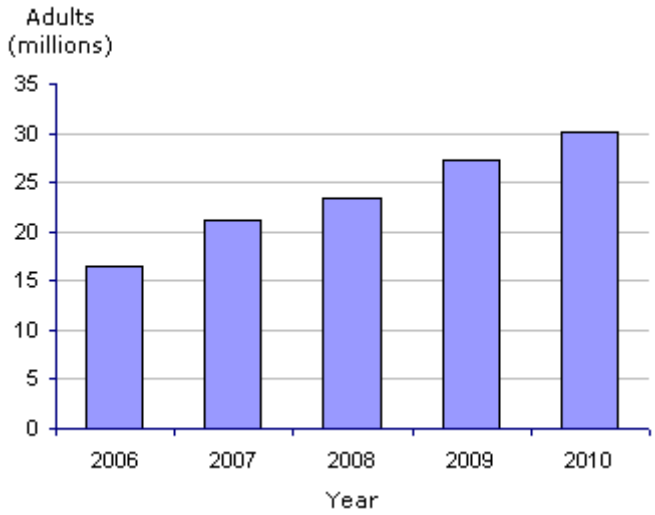
8.3.10 New technologies enable us to reach our target audiences in new ways, to amplify our current messages and to target small and discrete groups of people

8.3.11 Unlike traditional media, digital is not a monologue: it enables instant and ongoing dialogues. This enables the user to engage in communications on three distinct levels of dialogue, each of which is relevant for Public Health England:

- Private: securely encrypted communications are passed between parties, allowing transmission of information that is sensitive.
- Personal: customised communications are sent to individuals.
- Public (social media): communications are shared in an unrestricted manner, with the express intention that others may read and share the content.

8.3.12 Social media channels also enable us to rapidly disseminate messages to our networks of supporters (for example via our Twitter feeds).

Adults using the internet every day (Source ONS)



8.3.13 At its best, technology can empower citizens to make better decisions about their wellbeing for themselves (and their dependents), based on their own individual circumstances.

8.3.14 Technology also facilitates individual tailoring of information and presentation of choice based on personal circumstances.

8.3.15 Access to new technologies has grown so fast (as has the functionality provided by those technologies) that it is impossible to predict how people will be using them through the life of this strategy. However, at minimum, we would expect to see:

- increased use of social networking sites to connect with others, converse and share information (for example, in only a few months, the Change4Life Facebook page has grown to over 45,000 “fans”, who, with minimal interference or moderation from the centre, discuss and swap ideas for healthier lifestyles);

- people expecting to be able to find information and tools where they choose to be, rather than at the brand owner's site (which will require us to create "white-labelled" tools that can be carried on or linked to from partner websites (as we began to do with the Change4Life Great Swapathon on line tool);

- greater use of on line and other technology platforms to access services (in only two years we have seen the proportion of people ordering a smoking cessation Quit Kit "flip" from primarily telephone ordering to primarily online ordering);

- the delivery of products and services through new technologies (a recent example of this is the Drinks App available on NHS Choices. Since its launch in December 2010, 197,000 people have downloaded the drinks tracker app to their iPhones[28]. This is impressive since, in the burgeoning market, only a small percentage of apps become popular. As we go forwards, we will use end-users in the design of our apps (user-centred design) and will build "social functionality" (such as the ability for users to rate and review our apps), since the best rated apps generally become the most popular;

- people joining together to use their power to access discounts (for example via Groupon), which will have implications for how we deliver partner-funded offers (it was a failing of the recent Change4Life Great Swapathon that people were not able to access partner offers online).

8.3.16 Developing our use of social media will be especially important for the youth programme and for families (recent ethnographic research[29] with low income families found that children were significant drivers of new technology within households and researchers witnessed children as young as three using their own laptop computers).

8.3.17 We should remember, however, that this increase has been driven not by websites offering information, but by those offering music, video, shopping, gaming, gambling and gossip, all of which offer a more interesting and stimulating user experience than most current Government campaigns.

Top 10 Wesbites Accessed by Lower Income Families, 2011[30]

1.	Microsoft	6.	eBay
2.	BCentral	7.	GlamMedia
3.	Google	8.	Vevo
4.	Yahoo	9.	BBC
5.	Facebook	10.	Viacom

[28] Source :iTunes App Store.
[29] 2CV 2010.
[30] Source: COI. Definition of low income: adults under 44, with children in home and household income less than £24,999, socio-economic groups C2DE.

8.3.18 People can interact with us, access our services, share our messaging and our products throughout their networks, but the choice of whether to do so is theirs. If we want them to interact with us, we need to provide content that is rewarding and has value in their eyes. A good example of this was Change4Life's Let's Dance activity, which asked families to upload video of their children dancing with the prize of chance to train with Diversity. This attracted over 150,000 YouTube channel views and over 468,000 uploads viewed.

8.3.19 Many in our target audiences are kinaesthetic learners, that is they prefer to learn by doing, rather than by reading or listening. The interactivity that digital platforms afford provides opportunities to use digital platforms to influence behaviours, provided we make those platforms "sticky" enough.

8.3.20 Going forwards, we propose that Government form a network of talented designers, content creators and app developers to work with our target audiences to co-develop new tools based on the needs of the user.

8.3.21 These could include:

- Individual tools (to support individual responsibility), for example health checkers and monitors and data visualisation tools. For example, Change4Life's Walkometer app (used over 10,000 times) allowed users to input their daily exercise and see their output over time in terms of calories burned, steps taken or a distance walked. These tools can quantify change and reward people for that change.
- Group tools (recognising people's need for support) , enabling people to benchmark themselves against others, set goals and make performance against those goals visible to others.
- Aggregating tools, which sort through data to enable people to, for example, find their local park.
- Tools which provide access to expertise or appointment reminders.
- Games, which build health content into gameplay.

8.3.22 We should also explore the huge potential of social media as a mechanism for listening (for example via buzz monitoring) rather than for sending messages out to our audiences. Our Facebook pages are already providing a mechanism for garnering instant feedback on our brands and our activities.

8.3.23 Digital media have a propensity to propel issues into the mainstream that exceed their first-hand reach (as when the mainstream news picks up stories based on what high-profile individuals have tweeted.).

8.3.24 However, not all our audiences are yet using new technologies in this way. For other audiences, we will need to maintain more traditional channels for the time being. We will

therefore test and evaluate a strategy of migration, gradually reducing paper-based materials, sent via the mail, with digital fulfilment.

8.3.25 Using digital technologies will also enable us to create more and better tools that provide opportunities for interaction, co-creation, sharing within a social network and can provide rapid feedback on people's progress. These include apps to allow people to track their alcohol units or calorie expenditure, to calculate how much money they have saved since they quit smoking and share their experiences of quitting with their friends via Facebook.

8.4 Role of civic partners

8.4.1 From April 2013, responsibility for public health marketing will move to local authorities, as they take on overall responsibility for public health. While the centre cannot mandate that local areas prioritise funds for social marketing, our ambition will be that most activity will eventually be developed and implemented at a local level.

8.4.2 Within their new remit, local authorities and GP consortia will take responsibility for managing demand for local services, such as Chlamydia screening or local stop smoking services. While the centre will no longer be running this activity, we will give free access to proven national creative assets (such as Sex: Worth Talking About and FRANK) and will provide toolkits to allow local areas and consortia to adapt these materials as their needs change.

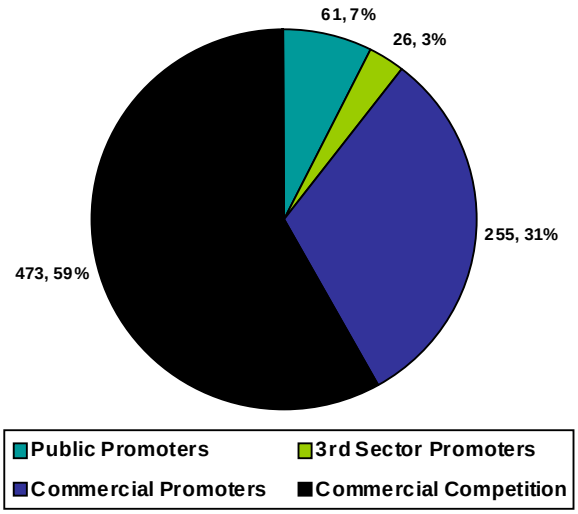
8.5 Role of commercial partners and NGOs

8.5.1 The success of this strategy will depend not only on how efficiently we deploy public funds, but also on how successful we are at attracting others, including the voluntary sector and industry, to support our programmes.

8.5.2 In the past, our approach was "How can Government achieve this?" In future, we will start from a presumption that others may be better placed to achieve our goals, often working in partnership with us.

8.5.3 Industry in particular has far greater marketing resources than the public sector. In 2009, our highest spending year for marketing and communication, only 7% of the marketing and communication on health topics was public sector funded; the commercial sector accounted for 90% and the charities 3%.

Total Media Spend on Health Topics, England 2009 (£m, % share)



8.5.4 Historically, commercial sector resources were often used to promote behaviours (such as the consumption of foods high in fat, sugar and salt) that lead to poor health outcomes.

8.5.5 However, some sectors, such as the fitness industry, providers of weight loss services or manufacturers of nicotine replacement therapy, have commercial interests that naturally promote healthy behaviours.

8.5.6 Within the food and alcohol industries, some companies, recognising that their customers look to them for help in maintaining healthier lifestyles, have already begun to promote healthier alternatives and responsible consumption.

8.5.7 In response, government has started to work more closely with these companies, aligning their activity with publicly-funded campaigns through co-branded partnership marketing opportunities.

8.5.8 The contribution of partners to government marketing programmes has grown considerably. On Change4Life alone, commercial sector contributions grew from £9 million in 2009/10 to £12 million in 2010/11[31].

8.5.9 While it has been most conspicuous under Change4Life, partner support has also been evident in areas such as tobacco control, where the pharmaceutical industry, both manufacturers and retail, have recently become involved in the Quit Kit.

8.5.10 Partnership marketing is valuable not only for its financial contribution. Commercial brands often have trusting relationships with our key target audiences and can reach them in ways that we cannot, and that are closer to the behaviours we want to influence, for example via targeted offers as part of their loyalty programmes, through in-store signage or by putting nutritional information on restaurant menus. As part of the Public Health Responsibility Deal,

[31] Source: COI.

commercial companies have recently made individual pledges, for example: to roll out Change4Life branding into 1,000 stores (the Association of Convenience Stores), to provide an additional £1 million to tackle alcohol misuse by young people (Asda), and to aim to remove 100 million units of alcohol from the UK market each year through lowering the strength of a major brand by 2013 (Heineken).

8.5.11 The majority of partner marketing takes the form of in kind contributions, for example:

- PepsiCo's advertising campaign in support of Play4Life
- Nintendo Wii Fit's co-branded activity in support of Change4Life
- In store price promotions from Tesco, offering money off fruit and vegetables
- ITV's support for Walk4Life, working with Walk England, British Heart Foundation and the Ramblers
- The Great Swapathon, a collaboration between Asda, News of the World and seventeen other manufacturers and physical activity providers

Partners also provide access to their customer insight, including access to market intelligence (such as sales data) for the purposes of evaluation.

8.5.12 However, we now need a step change in both the quantity and the nature of partnership marketing. We are beginning to explore other ways for partners to contribute to our programmes, for example via sponsorship of elements of key programmes, such as specific pieces of sub-branded activity within Change4Life.

8.6 Pioneering a different approach

8.6.1 In recent years, the fields of social psychology and behavioural economics have produced rich insights into why we behave as we do. These insights challenge us to think differently about how we engage with people in seeking to change their behaviours. In the past, we have most often attempted to change attitudes as a precursor (or sometimes as a companion) to changing behaviours. There are a number of examples where such techniques have been cost-effective and have built self-efficacy (for example, in the self-management of long-term conditions[32]). Yet we recognise that, in many cases, actual health-related behaviours do not align with stated attitudes or intentions. There is a growing body of evidence to suggest that it is possible to change behaviour by changing the context or environment within which we make decisions and respond to cues, helping people make better choices for themselves.

8.6.2 In 2010, the Institute for Government and the Cabinet Office produced their MINDSPACE report, which provided a toolkit for using behavioural insights in policy.

[32] See www.expertpatients.co.uk.

8.6.3 This document identified nine key influences on behaviour, captured as the mnemonic "MINDSPACE". This can be used as a simple checklist for policy development:

Messenger	We are heavily influenced by who communicates information
Incentives	Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
Norms	We are strongly influenced by what others do
Defaults	We 'go with the flow' of pre-set options
Salience	Our attention is drawn to what is novel and seems relevant to us
Priming	Our acts are often influenced by sub-conscious cues
Affect	Our emotional associations can powerfully shape our actions
Commitment	We seek to be consistent with our public promises, and reciprocate acts
Ego	We act in ways that make us feel better about ourselves

8.6.4 A number of these insights have already been leveraged through Department of Health programmes, for example:

- **Defaults**: introduction of the national bowel cancer screening programme, such that people have to opt out of the test. This has increased the number of tumours being detected by 12%.
- **Salience**: providing relevant information at a key life stage, for example targeted smoking messages during pregnancy, and
- **Commitments**: the use of quit dates to form a public promise to give up smoking.

8.6.5 Others are currently being piloted, for example Change4Life social norming pilot, which seeks to establish whether messaging that references social norms (e.g. "Six out of ten people in Wigan eat their five a day") is more effective in changing people's behaviours than more traditional messages.

8.6.6 While we do not believe that any one of these insights is a "magic bullet", this strategy will make far greater use of the tools and techniques in MINDSPACE, for example by:

- introducing "energy contracts" as part of the Change4Life collaboration with Lazytown (using Commitment);
- assessing the effect of 'prompted choice' on organ donation registration, in partnership with the DVLA. Evidence suggests that this could significantly increase the number of life-saving donors on the register.

9. Meeting our corporate objectives

9.1. All our social marketing programmes exist to deliver against the wider objectives of the Department of Health and Public Health England

9.2. The Public Health Outcomes Framework set out over sixty draft indicators supporting the Government's vision for public health, and the domains of: health protection and resilience; tackling the wider determinants of health; health improvement; prevention of ill health and healthy life expectancy; and preventable mortality.

9.3. There are many, often clinically-driven, indicators, such as emergency readmission rates to hospital or treatment completion rates for TB, over which social marketing will have no influence.

9.4. For others, such acute admissions as a result of falls, social marketing can have a role to play but only as a small part of a broader policy

9.5. There are a relatively small number, where we believe social marketing can have a strong influence on the indicator, either in tandem with other policy initiatives, or in isolation.

9.6. These indicators are set out in the table overleaf

9.7. In order to make best use of our resources in support of these indicators, we recommend four programmes:

- The Smokefree programme.
- Change4Life (and its sister brand, Start4Life) which will tackle all issues relating to families and middle-aged adults.
- One integrated campaign, which will take a more holistic approach to well being in later life. This activity will seek to empower older people (and, where appropriate their carers) to seek prompt diagnosis and medical attention (for example, if they experience the signs and symptoms of cancer), and will challenge the expectation that loneliness, economic and physical inactivity, mental and physical deterioration and reduced quality of life are an inevitable part of the ageing process.
- A new programme, targeting young people, which will seek to influence behaviours, such as smoking, binge drinking, experimenting with drugs and risky sexual behaviours, which form part of a pattern of risk-taking in the transition from the child to adult self.

	Early Years	Family	Young People	Mid life	Older People	Other discrete audiences	Total population
Moderate-high potential for marketing to influence	Breastfeeding initiation and continuation rates	Prevalence of healthy weight in 4-5 and 10-11 year olds	Under 18 conception rate	Prevalence of healthy weight in adults			Population vaccination coverage
	Maternal smoking prevalence	Smoking prevalence over age 18					Access and utilisation of green space
	Rate of dental caries in children aged 5		Chlamydia diagnosis rates	Rate of hospital admission for alcohol related harm	Patients with cancer diagnosed at stages 1 or 2 as a proportion of all cancers		Cycling participation
		Percentage of adults meeting the recommended guidelines on physical activity		Percentage of adults meeting the recommended guidelines on physical activity	Percentage of adults meeting the recommended guidelines on physical activity		
Marketing has marginal influence, as part of a broader policy				Prevalence of recorded diabetes	Fuel poverty	Proportion of people presenting with HIV at a later stage of infection	Screening uptake
					Older people's perception of community safety		Differences in life expectancy between communities
					Health related quality of life for older people		Casualties on England's roads
					Acute admission as a result of falls in older people		Self-reported wellbeing
				Take up of NHS Health Check programme	Take up of NHS Health Check programme		Social connectedness
				Mortality rate for all CVD (including stroke) in persons aged under 75			
				Mortality rate for all liver disease in persons aged under 75			
				Mortality rate from cancers in all persons under 75			
				Mortality rate for COPD in all persons under 75			
					Excess seasonal mortality		Excess seasonal mortality

9.8. The next sections of this document set out how those four programmes will develop in line with this strategy.

9.9. Separate documents, giving more detail on each programme, will be published in due course.

10. Applying the strategy: Tobacco control

Summary

Smoking is still the number one cause of premature death and preventable disease in England.

There is a strong international evidence base for the impact of marketing on reducing smoking prevalence.

However, recent evidence suggests that motivation to quit and quit attempts are both in decline. We believe this is at least partly due to the stress and uncertainty created by the current economic climate (which causes people to rely more on everyday "props" and to put off making any significant commitment to change – such as a quit attempt – until a time of greater stability).

The role of the centrally-funded national marketing campaign will therefore be to remind smokers why they need and want to quit, triggering quit attempts at a population level and signposting people to information to help them make more effective quit attempts.

We will also work with a range of national and local partners and with health professionals to ensure they are aware of the important role they can play in prompting quit attempts.

The central programme will expand to include new themes of secondhand smoke and reducing uptake of smoking in young people. We will continue work to address smoking in pregnancy.

Local areas will increasingly take responsibility for driving traffic to services as well as marketing to specific local audiences (e.g. ethnic minority groups), and for issues that or of particular local concern, (such as illicit tobacco).

Background

10.1. Smoking is still the number one cause of premature death and preventable disease in England. Around half of all regular smokers are eventually killed by a smoking-related illness.

10.2. While smoking rates have declined over past decades, 21% of adults still smoke. Smoking remains a major factor in health inequalities, accounting for approximately half of the difference in life expectancy between the lowest and highest income groups.

10.3. Stopping smoking helps prevent smoking-related illnesses and helps people live longer, whatever their age when they quit. However, tobacco is highly addictive and for many people, quitting successfully is extremely difficult.

10.4. There is a strong international evidence base for the impact of marketing on reducing smoking prevalence. Marketing activity over the last few years has centred on three key objectives: reinforcing smokers' motivation to quit, triggering action and making quitting more successful by signposting people to the support available. We have focused our activities on smokers who work in routine and manual jobs, because of the high prevalence of smoking in these groups (28%) double that of professional and managerial groups.

10.5. Insight research with routine and manual smokers identified that family and community are very important to them, so motivation campaigns focused on stopping smoking for the sake of family and loved ones – positioning smoking as 'the enemy of the family'. This approach aimed to counter the tendency to discount future benefits associated with traditional health harm messaging (or hyperbolic discounting), by focusing on an inarguable here-and-now motivation rather than a theoretical, future threat to health. Tracking research shows marketing activity persuaded significant numbers of smokers that they should give up smoking now, with a high of 54% smokers agreeing this, following hard-hitting activity in Autumn 2009[33].

10.6. Smokers are up to four times more likely to be successful if they quit with local Stop Smoking Services. Marketing activity provided over 250,000 referrals[34] to local services in 2009/10, approximately a third of total service throughput[35]. For those people who were unwilling or unable to access a service, we provided information and remote support, for example through the Smokefree Customer Relationship Management (CRM) programme, which increased quitting success rates among participants by 57%[36].

10.7. However, as the majority of smokers attempt to quit without support, we launched the new 'Quit Kit' product in January 2010, which offered 'a quit attempt in a box'. The Quit Kit incorporated insights from research and behavioural economics to prompt quit attempts and introduce the idea of using NHS support. Nearly 500,000 orders were placed for the Quit Kit in January to March 2010, (boosting orders for support materials by 500% versus the offer of a DVD previous year). 95% of orders were from people who had not previously responded to national marketing. Follow up research demonstrated that the Quit Kit had a strong impact on those who ordered it, with over 80% of people taking some action towards quitting as a result and nearly 60% making a quit attempt (29% reported that they visited a doctor about giving up smoking, 17%that the spoke to a pharmacist and 11% that they visited a local stop smoking service).

10.8. Econometric modelling has demonstrated a clear relationship between tobacco control marketing activity and people quitting smoking. In 2008 and 2009, tobacco control marketing activity directly stimulated over 1.5 million quit attempts (around a third of the total annual quit

[33] BMRB Tracking research, Autumn 2009, Smokefree Generation campaign.
[34] This includes contact details of 90,000 individuals which have been passed to the services as a result of marketing activity and 160,000 people who have requested and been given details of their local service. Based on actual figures and estimate to end March 2010.
[35] Approx. 750,000 people set a quit date in 2009/10 with the NHS services (based on actuals in Qs 1 to 3 and an estimate for Q4 as figures not yet available.
[36] COI/Artemis analysis. CRM response. The self-reported quit rate was 52% for CRM and 33% for Control, an increase of 57%.

attempts) and over 100,000 successful quits[37] in each year. The gross one year payback of the campaign in 2009 was £43m[38], in terms of savings to the NHS. After subtracting the costs of campaign spend and providing the stop smoking services to those who used them as a result of marketing activity, this results in a one-year return on marketing investment (ROMI) of £2.07 for every pound of public money spent, and a three-year return of £4.58 for every pound spent.

How the strategy will change

10.9. However, there is more to be done. The environment is becoming more challenging, in part due to the stress and uncertainty created by the current economic climate (which causes people to rely more on everyday "props" and to put off making any significant commitment to change until a time of greater stability).

10.10. The national ambition, set out in the recently published Tobacco Action Plan is reduce smoking prevalence from its current level of 21% to 18.5% or less by the end of 2015, equating to around 210,000 fewer smokers a year.

10.11. 63% of smokers[39] say they want to quit (down from 72% in 2000), however fewer than four-in-ten (36%) go on to make a quit attempt in any given year[40].

10.12. Recent figures from tracking research suggest that motivation to quit is in decline, with the number of people saying they do not want to quit at all at 30%[41], its highest level since tracking began in 2007. Over recent years there has also been a year on year decline in people making quit attempts, from 43.5% people making a quit attempt in 2007 to 35.8% in 2010[42].

10.13. A key focus for national marketing activity therefore will be to maintain the importance of quitting at the forefront of people's minds, reminding people of their reasons for wanting to quit and seeking opportunities to increase the number of quit attempts among all smokers.

10.14. As part of this, we will work with healthcare professionals to ensure they have access to the latest evidence on the harms of smoking, the effectiveness of the various routes to quit and that they are aware of the important role they can play in prompting quit attempts. This will support system changes, which aim to make referrals of all smokers to support services routine.

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[37] All adult figures, based on direct response to marketing activity and estimated quit rates. Routine and Manual smokers comprise approximately 52% of all adults.
[38] Based on all adults, assuming a cost to the NHS of treating smoking related diseases of £2.7bn in 2005/06.
[39] General Lifestyle Survey, ONS.
[40] Key findings from the Smoking Toolkit Study, Prof Robert West and Dr Jenny Fidler, University College London, Feb 2011.
[41] TNS-BRMB Tobacco tracking data, All Smokers, Oct 2010.
[42] Key findings from the Smoking Toolkit Study, Prof Robert West & Dr Jenny Fidler, University College London, Feb 2011.

10.15. Nationally, we will continue to assist smokers to quit through providing information, products and services, for example, helplines, the Smokefree website and Facebook site and products like the Quit Kit. These will signpost people to the most effective forms of quitting (in particular the stop smoking services), while respecting their individual preferences.

10.16. We know that the majority of people attempt to quit without support. We therefore need to focus on these 'cold turkey' quitters and develop communications and products to reach them and encourage them to make effective quit attempts. The Quit Kit was a good example of this approach – targeting and supporting cold turkey quitters, while making sure people were aware of the additional support available to help them quit successfully. In follow up research, many people reported that they went on to take up this support.

10.17. For smokers who are not yet ready to quit, we will explore ways in which we can help them to take steps towards quitting, for example through encouraging people to make their homes and cars smokefree, and signposting them to new service options which allow them to quit more gradually.

10.18. Given the new ambition to reduce rates of smoking throughout pregnancy to 11% of less by the end of 2015, we will continue to support pregnant smokers, as smoking during pregnancy can cause serious health problems for both mother and child.

A partnership approach

10.19. The evidence suggests that many voices repeating the same messages in the same way, but adapted to the needs of specific target audiences will have the greatest effect. In addition to work with healthcare professionals, we will aim to work with a wide range of partners across the public, private and third sectors to achieve common goals. This could include other government departments, businesses, charities and NGOs and employers

10.20. We will also build on work to galvanise local social marketing efforts and ensure that national and local initiatives work together to achieve maximum impact. At a local level, the role for marketing will increasingly be to focus on specific local communities where prevalence is higher (e.g. ethnic minority groups), as well as tackling any specific local issues such as illicit tobacco. There will also be a greater local role in driving awareness and throughput to the services that can help people quit. Key partners will include for example, local authorities, local Stop Smoking Services, schools, workplaces and local businesses. We will minimise duplication and make the best use of resources by sharing messaging, research learnings, evaluation, best practice guidance and other materials, such as templates, via the available channels, to ensure that partners have access to relevant information and resources.

10.21. We will also explore new themes, for example reducing the exposure to secondhand smoke and reducing the uptake of smoking in young people.

10.22. Smoking in indoor public places and workplaces is now a thing of the past, however exposure to secondhand smoke at home and in private cars remains a significant cause of

death and disease. We will use insight to developing impactful messaging around the harms of secondhand smoke. We will also explore ways of helping people protect their families and communities from the harms of secondhand smoke. This is particularly important for children, who are especially vulnerable to the health harms from secondhand smoke. This could involve community led social norming initiatives and/or providing information and practical tools to help people make their homes and cars smokefree.

10.23. The highest rates of smoking are among young people. Around 28% of people aged 16-24 smoked in 2008. While smoking rates have reduced considerably in recent years, this continues to be a serious problem. An estimated 320,000 young people under the age of 16 try smoking each year in England, and around 6% of pupils aged 11-15 were regular smokers in 2009 (defined as one cigarette a week)[43]. Almost 2/3 current and ex-smokers say they started smoking regularly before they were 18 (39% before age 16)[44].

10.24. While many young people try smoking, only a minority of those smoking go on to become regular smokers. Given the new ambition to reduce rates of regular smoking among 15 year olds to 13% or less by the end of 2015, we will explore ways to support young people in making informed choices and supporting them to act on these by building their resistance skills as part of a cross public health approach to young people. This is likely to involve digital media because of its reach and popularity with the target audience. We will also explore the role of image and influencers on take up of smoking (including parents) and norming approaches that reduce the visibility of smoking and position it as a minority behaviour.

10.25. We will continue to take an insight driven and evidence based approach to developing social marketing initiatives, while also learning from emerging thinking, for example behavioural economics, to develop innovative approaches to influencing behaviour. Where the evidence base is still developing, we will take a test, learn, refine approach to trial ideas to understand their effectiveness. The emphasis will be on efficiency and effectiveness and working within available resources to achieve the greatest impact and value for money. We will publish a new three year marketing strategy for tobacco control in the Spring 2011.

[43] NHS Information Centre (2010). Statistics on Smoking: England, 2010. NHS Information Centre, Leeds.
[44] Smoking and drinking among adults: A report on the 2009 General Lifestyle Survey, Simon Robinson and Helen Harris, Office for National Statistics, Crown copyright 2011.

11. Applying the strategy: How Change4Life will evolve

Summary

Change4Life (and its sister brand, Start4Life) will become the sole branded programme for all healthy lifestyle information, products and tools for families and for adults in mid-life.

It will support people in making those small, sustainable yet significant lifestyle changes that lead to improved health outcomes.

Its scope will expand to include all advice related to diet and physical activity as well as much of the communication and marketing around drinking above the recommended guidelines.

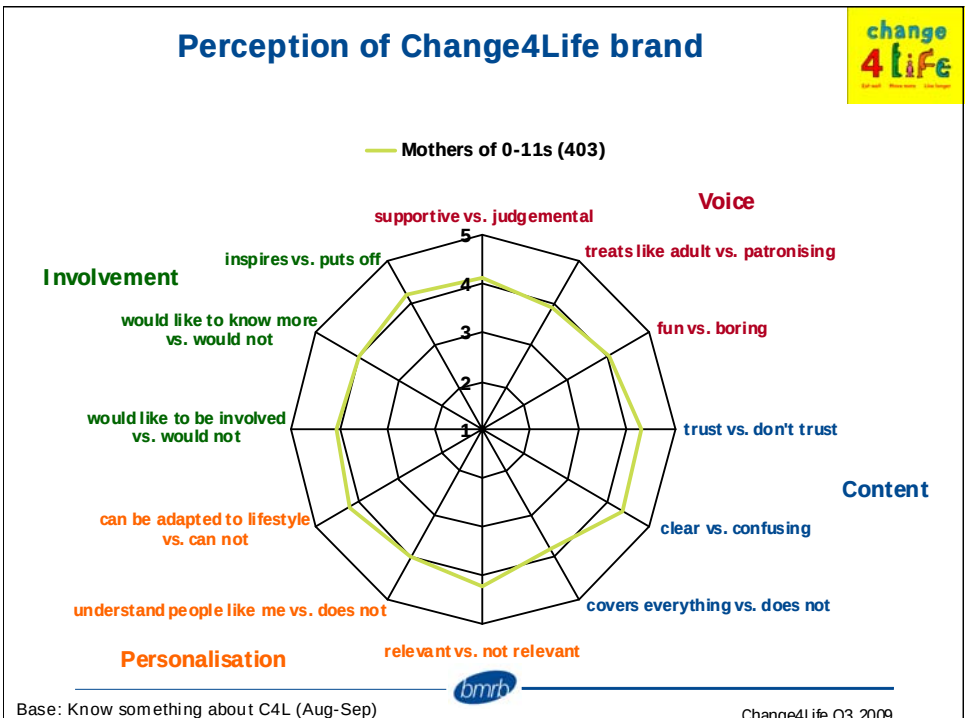
Should there be future requirements for marketing to these age groups on topics that are currently out of scope (such as tooth decay), Change4Life will be the recommended brand for these topics

History

11.1. The Change4Life social marketing programme launched in England in January 2009. Originally developed as part of the childhood obesity prevention strategy, it targeted parents of children aged between five and eleven, particularly those from segments of the population where parental attitudes, beliefs and behaviours indicated that their children were most likely to gain excess weight.

11.2. Whilst Change4Life is government-instigated, it sought to inspire a broader societal movement, through which everyone who has an interest in combating obesity could work together under a common banner. Partners, whether commercial sector, NGO or from within local communities, were encouraged to support Change4Life, create their own initiatives and join these up with the national brand. The brand identity and creative assets were designed to be “open source”, i.e. others could use and build upon them.

11.3. The first year of Change4Life was extremely successful. Awareness of the brand built rapidly and attitudes towards it were (and remain) very positive.



11.4. Over 400,000 families joined Change4Life in its first year and over a million mothers claimed to have made changes to their children's behaviours as a direct result of the programme[45].

11.5. 2010 was a year of consolidation. Support from local and commercial partners grew substantially and the campaign expanded into new channels, for example through social media.

11.6. In January, materials for parents of very young children were launched via a new sister brand (Start4Life) and, in February, a separate programme launched for adults in mid-life. In March, the Welsh Assembly launched the programme.

11.7. To date Change4Life has been able to fund a substantial amount of activity, within a relatively narrow field of operations (principally diet and physical activity for the under elevens, although activity targeting adults in mid-life and parents with children under two did launch immediately prior to the Restricted Period).

11.8. Going forwards, the programme will also need to address adults and the topic areas will expand. It will require a new funding model, involving a step-change in the contributions made by partners.

11.9. The original Change4Life marketing strategy was guided by a substantial programme of research, including ethnographic research (during which social anthropologists lived with target

[45] *Change4Life: One Year On*, HM Government, 2010.

families, to gain deep insight into their behaviours and the reasons for their behaviours). This research was originally conducted in 2007. At the end of 2010, we reran this project, using the original researchers but with new families from within the target demographic

11.10. The research found considerable change among the family audience, driven in part by programmes such as Change4Life, but also by the broader climate of economic and political change. This strategy responds to the findings of that research, in particular:

- Families appeared to be taking greater personal responsibility and to be pulling together, both in extended families and across communities, in ways that they were not doing in 2007.
- The researchers reported evidence of a societal movement for healthier lifestyles, including substantial change to beliefs about what constitutes good parenting. Change4Life was one instigator of this movement, but not the sole instigator.
- Target parents now aspire to have a healthy as well as a happy child, and the definition of healthy has evolved to include preventative measures such as physical activity.
- Children (and schools) are acknowledged as important change-makers within the family unit, although there was also visible evidence of parents (and grandparents) continuing to model poor behaviours, and underestimating the impact of this upon their children/grandchildren.
- Many parents have tried to implement change, and among some families there is evidence of these changes become normalised (i.e. “it’s just what everyone does now”).
- However, the research provided a timely reminder that behaviour change is hard. Some parents had tried to implement healthier lifestyles, failed, and then rejected the concept as too difficult. Others in the study struggled to sustain change, particularly in the face of an adverse environment.
- Change4Life has landed very well with parents, and was appreciated as a resource within a wider societal movement. However, there was a perception that Change4Life had “receded” (particularly due to the cessation of television advertising) and parents expressed a real need for new and fresh products and tools to help sustain change. They particularly valued resources that were tactile, interactive and fun to use.
- Finally, target families had embraced new technologies, particularly gaming and social networking.

How Change4Life is changing

11.11. Going forwards, Change4Life will embody a more holistic approach to health, for example by incorporating messaging that has no specific obesity-benefit (such as salt reduction).

11.12. It will broaden out from its focus on children to also include lifestyle advice for adults, particularly in mid life (and therefore at greatest risk of developing long term illness), whether or not they have children.

11.13. Within families, recognising that parental (and grand-parental) modelling of poor behaviours continues to have a negative impact on children, it will take a whole-family approach to change, by, for example, introducing family “Energy Contracts” (an agreement between parents and children to both adopt more positive behaviours) as part of a collaboration with the children’s television programme Lazytown.

11.14. We will explore the possibility of using the insight that children aspire to the behaviours they see in their parents to encourage parents to model good behaviours, such as drinking within guidelines and delaying initiating their children into drinking alcohol until at least age fifteen.

11.15. There will be a radical step-change in the proportion of the campaign that is funded by partners. Contributions from the commercial sector are targeted to increase from £9 million in 2009/10 and £12 million in 2010/11, to a target of £15 million in 2011-12. To facilitate this, the Change4Life Retail Guidance has been revised to allow partners to promote a greater number of product categories.

11.16. While in-kind contributions will continue, we also anticipate a revenue from sponsorship sales of £2 million in 2011/12.

11.17. There will be fewer centrally-led initiatives, but those that are centrally-funded will be regularly-occurring calendar events, to provide partners with advance warning so that they can plan their schedules of activity and better join up with the programme. These include the New Year Great Swapathon, Walk4Life and the Summer of Fun.

11.18. In addition to the support Change4Life has received from commercial organisations, there are already over 47,000 “local supporters”: public-spirited individuals or professionals who are passionate about creating change within their communities. The new strategy will involve a reversal of the relationship between these people and the central Change4Life team: a shift from them being asked to support Change4Life to Change4Life increasingly asking what it can do to support them. Our research with local supporters indicates that many operate in other lifestyle areas and we should seek to provide them with whatever materials (including alcohol or drugs) they require. This places local people at the centre of a societal movement for better health, in keeping with the spirit of the Big Society.

11.19. There will be more locally-funded initiatives, and, to facilitate this, money from the central funds will be devolved out to local communities to provide seed-funding for new initiatives.

11.20. The Change4Life programme is one of the most responsive campaigns ever monitored by COI Artemis and has generated a citizen database of over 525,000 plus a local supporter

database of 47,000. Ongoing with communication with these people, who have opted in to positive change (and through them, with their social networks) is key to inspiring and maintaining positive change. Previously we ran two, occasionally intersecting, customer relationship management programmes, one on-line and one paper-based. Going forwards, we will create one integrated programme, which uses the strengths of on line (ability to deliver frequent communication to large numbers at low cost, instant feedback and interactivity) with printed materials for crucial stages only (e.g. action plans).

11.21. Social media allows our target audiences to enter easily into relationships with us: a “like” earned on Facebook takes only a single mouse click, but gives us permission to provide content and updates to the individual for as long as the like remains. This is a longer-term proposition to a more traditional response (such as telephoning an information line or ordering a leaflet). Consequently, Change4Life’s Facebook presence (which currently has over 47,000 “likes”) will expand, to allow for more co-creation, interactivity, sharing and feedback. Partner support will be integrated into the CRM programme (by, for example, allowing on line users to access vouchers for money off healthy products).

11.22. Recognising that many of the Change4Life target audience are kinaesthetic learners (i.e. they prefer to learn by doing, rather than by reading), we will focus more on interactive, practical tools and less on didactic, wordy leaflets. We will also pilot an experiential programme to allow people to try unfamiliar foods and activities.

11.23. The Start4Life sister brand will continue to be promoted and will expand to cover maternal health in pregnancy (and, when feasible, pre-pregnancy), for example alcohol in pregnancy, and all other advice and information relevant to early years (such as immunisation)

11.24. The strand of activity that addresses adults in mid-life will recommence and the alcohol health harms messaging will be brought more fully under the Change4Life umbrella, embracing not only calorific content of alcohol but also the wider health harms of alcohol. As part of this, we will expand our partnership engagement strategy to include the relevant NGOs, Drinkaware and, if they are willing, the alcohol manufacturers and retailers.

11.25. There are messages and materials relating to drinking above guidelines that will need to be provided outside of the Change4Life campaign. As well as working with Drinkaware and others, we will set aside a portion of resources to develop alcohol-specific messaging within the young people’s strand and messaging around the impact of drinking above guidelines upon common health conditions, as part of the older people strand.

11.26. Paid-for media, such as television advertising, will recommence, but as a far lower proportion of total spend than in 2009

12. Applying the strategy: A consolidated approach for the over 60s

Summary

There is great potential to improve health outcomes for people aged over 60 through a combination of active ageing and a recognition of the signs and symptoms of common conditions (leading to earlier presentation to the health service).

We will devote a greater proportion of our resource to this age group and will gain synergies and efficiencies through bringing previously separate campaign strands into closer alignment, under the trusted NHS brand.

This activity will challenge the expectation that mental and physical deterioration and reduced quality of life are an inevitable part of the ageing process and seek to empower older people (and, where appropriate their carers) to seek prompt diagnosis and medical attention across a range of conditions.

Note: Throughout this document, we have used the term “older people” to refer to people aged – approximately – over sixty. We recognise, however, that conditions such as cancer or stroke can occur much younger in some individuals and later (if at all) among others. Also that "people aged over sixty" are a large and diverse group and that many people who fall within it would not define themselves as “older” and certainly not as “old”.

12.1. Illnesses that disproportionately affect the over sixties account for a very significant proportion of healthcare and other costs. Dementia alone costs the UK economy £17 billion a year and, in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year[46].

12.2. Stroke costs the NHS and the economy about £8 billion a year, including £3 billion in direct care costs[47].

12.3. Earlier diagnosis and, in the case of stroke, fast access to services, has the potential to improve survival rates, extend the number of years lived in good health and save money for the taxpayer, individuals and society.

[46] *Living well with dementia: A National Dementia Strategy* February 2009.
[47] NAO report into stroke services, February 2010.

12.4. Helping older people to remain active benefits the whole of society, not just through reduced healthcare costs but through the economic benefits of older people working longer, and through other forms of participation that increase social cohesion, such as volunteering.

12.5. Despite this, marketing and communication on these topics has historically been a relatively low proportion of our overall efforts to help citizens improve their behaviours.

Driving insights for health behaviours in older people

12.6. The following are the driving insights that have informed our approach to older people marketing:

- Many older people see self-reliance as a virtue, with a strong desire and sense of pride to manage on their own and maintain an independent lifestyle[48].
- Fear can play on the minds of older people, including fear regarding their future health, that diagnosis will identify a problem that will inevitably lead to a 'loss' of control over their life (lifestyle & independence) and a fear that each set-back brings you closer to death[49]
- Consequently, avoidance and denial strategies are common, for example:
    - feeling that what you don't know you can't worry about;
    - finding out more will only lead to new worries;
    - preference to stay deliberately ignorant as knowledge might confirm that fears have some basis;
    - avoiding thinking about things in case they tempt fate;
    - downplaying how bad things are and a reluctance to admit to physical impairments[50].
- Additionally, among groups such as the Unconfident Fatalists, there is no positive expectation that seeking support and help will necessarily lead to better outcome. There is often a feeling that it is too late to improve one's health and that getting help will only lead to increasing levels of care and loss of independence – a belief that physical and mental decline is just to be expected as part of the ageing process[51].

[48] COI Common Good Research "Communicating effectively with people 50-75", Stimulating World, 2006 and COI Common Good Research "Communicating effectively with older people 76+", Forum, 2006.
[49] Ibid.
[50] Ibid plus NHS Health Checks Vascular Risk Assessment Programme Research Report, Commissioning Support for London, 2009 and Qualitative Research Concerning Attitudes to Dementia, Corr Willbourn, 2009.
[51] Ibid.

- The taboo on discussing death and dying means that people do not express their wishes and preferences, so may not get the care they want. Conversely, they may receive interventions they would have refused given the choice.

- There is often a reluctance to make demands on the health system (e.g. 'not bothering the doctor'), because of a desire not to be a burden on resources when there are others more deserving because of greater need. With many men from lower socio-economic groups, it is sense of pride that drives reluctance to use services, especially if symptoms are perceived to be trivial[52].

- Older people can feel guilt at not be able to cope and having to ask for help. This is especially strong amongst informal carers looking after close relative, which can mean help is not sought until a crisis point is reached. Some groups, such as smokers, can feel guilty that their condition is in some way deserved ('of course I have a cough, I've smoked for 40 years') and that they may be blamed by health professionals if they do seek help.

- Despite this, older people often have a strong and trusting GP relationship (28% of over 75s have seen a GP in last 2 weeks[53]). However GPs are often perceived to be too busy and there is often an assumption one should only visit them when seriously ill[54].

- There do appear to be some key motivations that lead older people to engage with their own health and overcome health problems e.g.:

    - that the advice or treatment is perceived to be likely to result in a better outcome, helping them to maintain their lifestyle/independence[55];

    - prior personal contact with the illness of concern[56];

    - perceived seriousness of illness;

    - meaningful relationships and perception of a role/meaning in life[57].

- There are a number of other key influencers on the way many older people engage with their health, particularly local informal social, who become advocates, sharing knowledge and information about help and services. Women are often an important influence on men in terms prompting them to seek advice[58]. Proximity of friends and family is also a key

[52] Ibid plus Social Care Customer Journey Research, Diagnostics, 2009 and Early Diagnosis of Cancer, Cragg Ross Dawson, October 2010.
[53] Communicating with the over 75s to support the digital switchover targeted help scheme, Darnton A., July 2006.
[54] NHS Health Checks Vascular Risks Assessment Programme Research Report, Commissioning Support for London, 2009.
[55] COI Common Good Research, Communicating with People 50-75, Stimulating World, 2006.
[56] Qualitative Research concerning attitudes to dementia, Corr Willbourn, 2009.
[57] COI Common Good Research, Communicating Effectively with older people 76+, Forum, 2006.
[58] Ibid plus NHS Vascular Risks Assessment Programme Research Report, Commissioning Support for London, 2009.

factor in health engagement and culture and religion are often a strong influence, particularly for ethnic minority groups.

- There are a number of trigger events that can be important in prompting consideration of older people's health, such as reaching milestone ages (such as 60) and the death of a partner or close relative, which can trigger 'giving up to old age'. Retirement is too often viewed with trepidation, sometimes seen positively as a time of new opportunities, but often in a more pessimistic light – an end of socialisation and structured working life[59].

12.7. These insights hold true across for many over 50s, although there are variations among different sub-groups of the older population. For example, those born before the Second World War are more likely to resist the idea of state assistance compared to the post war generation, who are more likely to assume and assert their rights to state support[60]. It is helpful to view ageing as a dynamic process with people moving between positive and negative mindsets, depending on their state of health which varies through time.

The role for social marketing

12.8. In two main ways, marketing has significant potential to extend quality and quantity of life (and save healthcare costs) by achieving behaviour change in older people.

12.9. First, we should use marketing to encourage people in late middle-age (50-60) to adopt healthy preventative behaviours (such as eating healthily and exercising), which this group can assume to have little influence on health outcomes later in life. This will be done within the adult strand of the Change4Life brand.

12.10. Second, health economics suggest that overall healthcare costs can be substantially reduced by encouraging over 60s to present much earlier for diagnosis on a range of conditions[61], which they are often reluctant to do, again because of attitudes relating to the ageing process.

12.11. Currently, the Department delivers the above two marketing roles via several behaviour change campaigns largely aimed at the same older audience, but across different issues (e.g. cancer early diagnosis, stroke, dementia and Keep Warm, Keep Well). Bringing all these conversations together in a co-ordinated way with a life course approach has significant potential to be both more effective and more efficient.

12.12. In terms of effectiveness, having one consistent conversation with older people around the general issue of taking a positive approach to ageing will probably leverage more behaviour change than a series of fragmented conversations broadly addressing similar health motivations.

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[59] Ibid.
[60] COI Common Good Research, Communicating With Older People, Scoping Study, Wardle McClean, 2005.
[61] See for example Richards, M.A. (2009) *The size of the prize for earlier diagnosis of cancer in England.* British Journal of Cancer; 101(suppl. 2): S125–9.

12.13. For efficiency, bringing a range of issues together via ‘one voice’ for older people, offers the potential to reduce the fixed costs of running numerous different campaigns.

12.14. The proposed marketing strategy for developing a single health behaviour change conversation is included below.

Strategy

A single health voice for older people

12.15. Over the next three years, we propose to migrate all the separate health marketing campaigns targeted at older people into one integrated campaign under the NHS brand, which will take a more holistic approach to health and wellbeing in later life. This activity will challenge the expectation that mental and physical deterioration and reduced quality of life are an inevitable part of the ageing process and seek to empower older people (and, where appropriate their carers) to seek prompt diagnosis and medical attention across a range of conditions.

A ‘kick-start’ approach to marketing

12.16. The role for marketing will be to ‘kick-start’ increased societal awareness of an issue in a positive and motivating way as an essential pre-cursor to subsequent marketing activity, which will be primarily locally driven, such as encouraging the take-up of advice and diagnosis services.

12.17. This means our marketing effort for older people will focus on raising priority issues up the societal agenda (as happened with the FAST campaign on stroke) and then developing creative assets once at the centre, which can be made available to Local Authorities (with the facility for them to be adapted for local use). This approach will avoid wasteful duplication of creative assets in the health system. Additionally, the production of central assets will mean they have critical mass to be pre-tested and evaluated for proof of concept before rolling out, which is not always possible with smaller scale fragmented activities.

12.18. The strategy will also realise the significant opportunity to save marketing money by facilitating better sharing of existing marketing assets in the health system, such as websites and helplines targeting health information and advice at older people.

Working across government

12.19. Given the need for health marketing aimed at older people to set behaviour change in the context of a positive attitude to ageing, there is a need to ensure a joined-up marketing approach with other government departments targeting the same audience. The older people health strategy will engage particularly with DWP, where there is significant potential to realise marketing synergies.

An engagement campaign for general practice

12.20. GPs are a critical intermediary audience for engaging older people, who generally have high levels of contact and trust with their GP across a range of health issues.

12.21. Working in partnership with the Royal College of General Practitioners, Public Health England will develop an engagement plan targeted at older people. This will include providing resources that help to persuade people at the younger end of the age spectrum that it is not too late to engage in preventative behaviours as well as resources to encourage early diagnosis, particularly for over 65s.

12.22. Being diagnosed with a long-term condition, while stressful and upsetting for a patient, is also a key teachable moment, at which the GP has the opportunity to explain how lifestyle changes (such as drinking less alcohol, giving up smoking or being more physically active) can make living with that condition easier. We will ensure that current resources are fit for purpose and where necessary provide new resources for GPs to make these conversations easier (and to ensure that the patient has written materials or access to an on line resource) to refer back to.

Key messaging tasks

12.23. The aim is an integrated campaign, which will take a more holistic approach to well being in later life. Messaging will challenge the expectation that loneliness, physical and economic inactivity, mental and physical deterioration, and reduced quality of life, are an inevitable part of the ageing process. Messaging will also empower older people (and, where appropriate their carers) to seek prompt diagnosis and medical attention. The key elements of behaviour change messaging to support the above will be:

- Re-setting societal expectations about ageing into something positive – challenging attitudes to age and high levels of resignation to low quality of life.
- Encouraging preventative behaviours such as getting older people active.
- Working across government to promote working longer and other forms of social participation, such as volunteering.
- Raising levels of ‘symptom literacy’, encouraging people to recognise physical and mental changes and acting quicker to realise the benefit of better outcomes.
- Giving people ‘permission to ask’ for diagnosis and services, empowering them to take responsibility for demanding diagnosis and treatment as a matter of right – diagnosis needs to become a plan of action, not a death knell.

Partnership

12.24. Similar to the requirements for the youth audience above, the older people audience will require a partnership approach to join up the efforts of a very wide range of energetic organisations already seeking to address the health outlook and behaviours of this audience.

12.25. The health partnership for old people will be formed by Public Health England and will co-ordinate a coherent partnership strategy across government, commercial and third sectors to deliver a consistent approach to the messaging tasks summarised above.

13. Applying the strategy: A new approach for young people

Summary

Many people first try behaviours, such as smoking, drinking alcohol, having sex, or taking drugs, between the ages of 10 and 20.

Some of these behaviours bring an immediate risk of poor health outcomes and young people need to be aware of this; others can lead to future illness and premature death if they are maintained over time.

We know that we cannot prevent all risk-taking among young people. However, central government's role will be to create one integrated programme that seeks to build self-esteem, resilience and negotiation skills in young people, so that they are better equipped to manage those risky lifestyle behaviours, and prevent them escalating into lifetime habits.

Evidence from behavioural insights[62] is that this should not be a branded programme. Rather, we propose to work with and through those partners, commercial, charity and civic, who are already trusted by young people.

Local areas will take responsibility for driving traffic to local services. Brands and creative assets from previous campaigns will be made freely available to local areas to facilitate this.

13.1. People aged between ten and twenty do not themselves place an excessive burden on the health service.

13.2. However, the transition from childhood to adulthood is the time when many people try behaviours, including smoking, drinking alcohol, having sex or taking drugs, for the first time:

- Every year, approximately 320,000 people under 16 try cigarettes for the first time[63]; two thirds of current and ex smokers report that they started smoking before age 18[64].
- Data from national surveys of drinking behaviour in young people indicate that, by age 15, the vast majority of young people have had their first alcoholic drink[65].

[62] Cabinet Office (2010) Applying Behavioural Insights to Health: England 2010.
[63] NHS Information Centre (2010). Statistics on Smoking: England, 2010.
[64] 2009 General Lifestyle Survey, Simon Robinson and Helen Harris, Office for National Statistics, Crown copyright 2011.
[65] Guidance on the consumption of alcohol by children and young people, CMO report, 2009.

- The average age at which people first have sexual intercourse is now sixteen and three quarters[66].
- 15% of 11-15 year olds reported taking drugs in the last year[67].

13.3. For some, this truly is a "trial" – they experiment with risky behaviours, but adopt safer practices as they settle down, get jobs, start relationships and have children.

13.4. For others, however, what should be a phase, becomes a lifetime habit.

13.5. It is therefore vital that society equips young people with the skills, knowledge and resilience to navigate their way through this most difficult transition.

13.6. This is far more than a health issue. Building self-esteem and self-efficacy among young people is an objective for other Government departments, particularly the Department for Education (who have an interest in teenage pregnancy) and the Home Office (who have an interest in civic disorder and crime); its benefits would be felt across the whole of society.

Driving insights for health behaviours in young people

Note: most of the research and insight work commissioned by Government over recent years relating to health and young people has been issue-based (e.g. smoking, alcohol, obesity etc), reflecting the structure of health policy. Relatively little health marketing research and insight has been completed to date relating to young people holistically as a single audience. Developing this evidence-based insight will be a priority within our life course marketing going forward. In the meantime, building particularly on extensive and recent work completed by DCSF on young people's risk taking behaviour in relation to alcohol usage, the following are believed to be the driving insights behind many of the risky health behaviours exercised by young people[68].

13.7. There is considerable variation in social, biological and environmental influences between people aged 10-20 years old. Nevertheless, there are some general truths that very frequently recur when reviewing insight work that has been conducted recently with young people, for example as part of the development of the *Sex: Worth Talking About* campaign. Those most relevant to the health context are included below.

[66] National Survey of Sexual Attitudes and Lifestyles, 2000.
[67] Smoking, drinking and drug use among young people in England, 2009, Information Centre for Health and Social Care.
[68] Key sources for this section include: Department for Children Schools and Families (now DfE) Segmentation of children and young people and segmentation of parents and carers, both the Futures Company, 2009; Use of Alcohol among children and young people, Define, April 2008; Young People and Alcohol Customer Insight Desk Research, Edcoms, November 2008; Exploring parent-child alcohol engagement to inform the future alcohol guidance campaign, 2CV; Informing the proposition development of the young people and alcohol campaign, 2CV 2009; Young People and Alcohol Usage and Attitude Study, GfK NOP, 2009 and Young People and Alcohol campaign pitch and creative development research, Define, 2009.

13.8. For many young people, taking risks is enjoyable, due to the appeal of challenging authority, asserting an adult identity and the thrill of experimenting with new sensations.

13.9. Perceptions of risk change during adolescence for biological reasons, with the thrill-seeking emotional brain being more dominant in earlier years and the rational adult brain not developing until later.

13.10. Many more vulnerable young people fall into the “Live For Today” Healthy Foundations segment: the long-term seems a life time away (the phenomenon behavioural economists call hyperbolic discounting), so talking about health harms rarely resonates unless they are immediate.

13.11. Social norms are a powerful influence on young people, although overt peer pressure is rarer than their parents perhaps believe.

13.12. Parents, and the examples they set, are usually by far the greatest influence on younger people.

13.13. The parental and family factors that protect young people from risky behaviours include:

- a close family that communicates;
- eating meals together (at least 5 times a week);
- modelling of positive behaviours by parents;
- religious beliefs; and
- things to do/activities after school.

13.14. Yet parents often significantly underestimate their power of influence on the risk taking behaviours of their children, assuming that they are ‘not getting through’ or being ignored, when in fact this may only appear to be the case.

13.15. Risk taking young people share a number of negative features of their relationship with their parents:

- relationship with their parents is less positive than others – they argue frequently and lack respect;
- they do not speak to their parents about things that matter to them as frequently as other young people; and
- there is low parental involvement in their education.

13.16. Many young people have a driving desire to be seen as adults and the more they are told they are too young, the more they aspire to demonstrating adult behaviour.

13.17. Retaining control is often key for young people, in the sense that they demand autonomy and a say in the way they run their lives. Yet paradoxically, in other respects, they seem happy to lose control (or experiment with loss of control) through risky behaviours (e.g. binge drinking and drugs).

13.18. Attitudes to risk taking are often well on the way to being set as early as eight years old, after which they are hard to influence.

13.19. There are several key events that can trigger changes in young people's outlook on life, particularly the transition between primary and secondary school. Other milestone events include the onset of puberty and leaving full-time education.

13.20. There are also key times of the year when young people seem vulnerable to unhealthy behaviours, notably summer and Christmas holidays, when there is often much less structured activity in place.

13.21. Many risky behaviours among young people derive from a lack of confidence and aspiration (self esteem), which may be symptomatic of other problems and issues in their lives that need addressing in a wider context.

The role for social marketing

13.22. Much of the marketing effort directed at younger people over recent years has aimed to improve health across single issues through separate and parallel campaigns (e.g. campaigns on sexual health, obesity and alcohol consumption), all often competing for attention with the same youth audience. The development of these campaigns has generated a rich body of insight into young people, much of which points to a common set of behavioural influences that are higher level pre-requisites for behaviour change across most risky health behaviours. These higher level needs suggest there are three basic roles for marketing:

- Marketing has a role to play in changing social norms by galvanising a wide variety of partners to promote positive images of health behaviours in society as opposed to negative ones. For example, the recent decline in smoking among children seems partly attributable to the decreasing number of situations in which adults are seen smoking (either in real situations or portrayed in the media).

- Marketing has a role to play in facilitating stronger parental influence on children through better realisation of their role in shaping and avoiding risky behaviour by young people, and also providing strategies and resources for having courageous conversations that might not otherwise take place.

- By promoting activity, marketing can also play a role in facilitating self esteem and reducing the propensity of young people to drift into inactivity, which produces a vacuum in which there may be a desire to experiment with risky behaviours.

13.23. We recommend against traditional marketing campaigns (such as television advertising) for this audience. Instead, a new marketing approach is required for young people, built on partnerships rather than advertising and facilitating effective dialogue in preference to merely imparting information (although the latter is still required at a basic level). The use of social media and other technology-driven channels will be key to engaging with this audience.

Partnership-led marketing strategy

13.24. Many expert organisations are already working to influence health behaviours in young people. Some are already running campaigns on single or multiple issues (such as the “We are the 99%” campaign in London or the “Got Your Back” campaign run by Drinkaware in Newquay). The challenge for partnership marketing is to encourage and retain the energy of these organisations (which often derives from a passionate commitment to a single aspect of youth behaviour), whilst at the same time enabling synergy to be realised from joining up previously fragmented efforts.

13.25. The cornerstone of the young people’s marketing strategy will be the formation of a partnership, co-ordinated by Public Health England, which achieves the following:

- Draws together youth public sector and private sector partners from education, health, the police, commercial, local and third sectors into an effective “fighting force” to improve youth lifestyles over the long term.
- Defines and agrees a set of operating principles, so that all partners are supporting the same broad behaviour change priorities and approach.
- Specifically identifies individual organisational objectives into funded account plans.
- Manages each account to ensure delivery of plans and agreed resources.
- Evaluates what works well and less well so that future partnership activities are evidence based.

This partnership will be established throughout 2011 and will begin delivering marketing initiatives at the beginning of 2012.

Branding

13.26. At this stage we do not propose that a consumer brand is established to act as a rallying banner for the youth partnership strategy, since:

- there is a risk that anything perceived to be a big authority-led initiative to change youth behaviours might be cynically received or even ignored;
- many of the sensitive subjects relating to youth health behaviours do not lend themselves to a ‘big branded conversation’;

- the behaviour change issues to be addressed are all very different and require different tones of conversation, rather than the tone of voice of a single brand. FRANK provides some useful guidance here, where the focused intimacy of the brand derives in large part from it only discussing drugs;

- while the centre will no longer run single issue campaigns in this area, we will make available the brands and creative assets from successful programmes (such as FRANK and Sex: Worth Talking About) for local areas to use and adapt (within sensible guidelines) if they choose.

However, we will be engaging with stakeholders and potential partners in coming months to mine their experiences and to understand whether a branded entity would have value to them (for example as a sign that they are part of a bigger movement).

13.27. Although the partnership effort and its co-ordinating force is by far the most significant strand of the young people marketing strategy, other secondary strands will be required for the strategy to work as included below.

Information provision

13.28. Beyond marketing, there will still be a need for information provision, as part of our responsibility to young people. This extends to giving advice to the most vulnerable young people, including those in crisis. Where current resources, such as the FRANK help line and website, have established credibility with young people, or with their parents, we will maintain them. However, we will seek to deliver greater efficiencies and cost savings.

13.29. We recognise that Government may not be the most trusted source of information for young people (and for many other vulnerable or at risk groups). We will therefore continue to work through trusted charities and networks, such as Terrence Higgins Trust and the African HIV policy network, to ensure information can be accessed where and in the format people find most useful.

13.30. Much of the health information, advice and guidance provided to young people needs to be woven into an interactive customer relationship management dialogue, which can either be web-based, or telephone. Additionally, the partnership needs to deliver a co-ordinated approach to the way face-to-face conversations take place (e.g. via routes such as The Family Nurse Partnership).

13.31. The job of pointing young people to health services (such as Chlamydia screening and brief interventions designed to reduce alcohol consumption) will increasingly become the responsibility of local authorities and/or GP consortia, although there are undoubted efficiencies to be gained from ensuring collateral for these services are produced once only from the centre with the facility to tailor generic messages according to local requirement.

Behaviour change expertise

13.32. The partnership will need to include a range of youth behaviour change experts, specialising in relevant disciplines such as behavioural economics, neuroscience, risk psychology and studies of genetic predisposition to risk taking. All of these are fast evolving areas of expertise, which need to be joined up into a collective view of what constitutes best practice in influencing health behaviours and youth attitudes to risk taking. One example of a new and emerging approach to behaviour change that might be useful to youth audience is a 'reflexive' approach, where audiences are engaged in reflecting on their own behaviour change journey, the mere process of which has inherently beneficial effects per se[69].

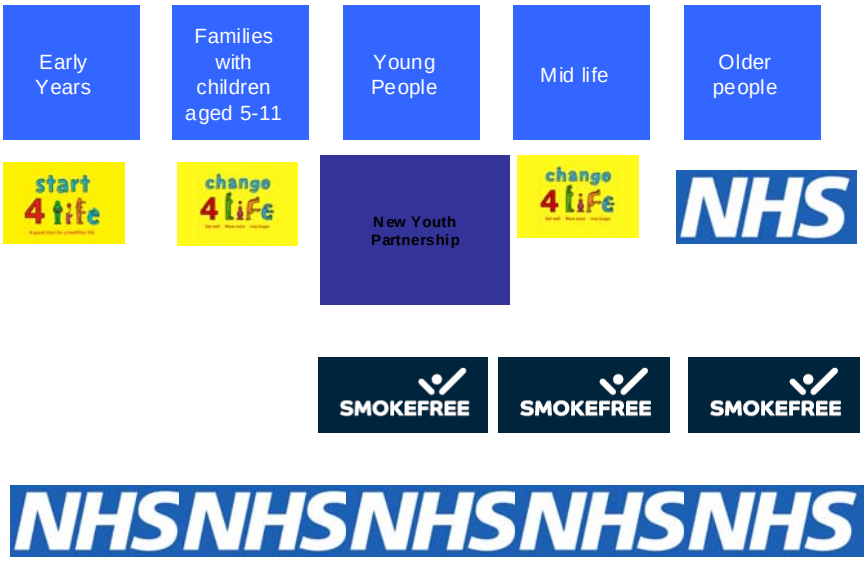
13.33. In addition to academic input, the youth marketing partnership will also capture and share best practice from practitioners working in health behaviour change programmes (such as WeightWatchers, MEND and ASSIST) and will have access to all the knowledge and insight work (and commercial sector data) obtained through the development of past Department of Health campaigns (such as *Sex: Worth Talking About and Talk* to FRANK).

[69] www.thersa.org/projects/social-brain/reports/changing-the-subject

14. Implications of the four programmes for our brand architecture

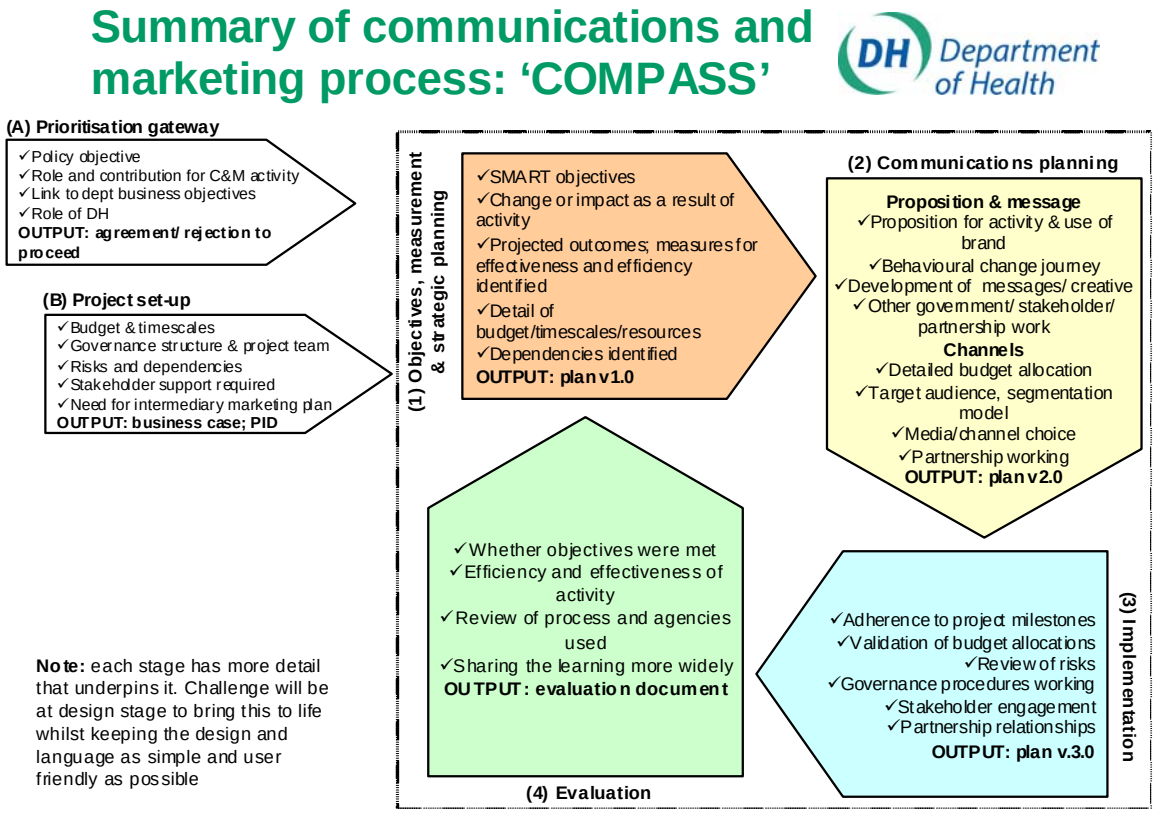
14.1. There will be far fewer nationally supported brands (although local areas may continue to fund single-issue brands, for example to drive traffic to services).

14.2. Through the life course, an individual's relationship with health sector brands should look like this:



15. Implications for how we work organisationally

15.1. The Department of Health already recently introduced a thorough and professional process for developing and implementing social marketing programmes (see below) and this process will continue to be used going forwards.



15.2. However, the strategy has profound implications for how the marketing function is organised within DH, how it interacts with marketing and communications services across Government, with partners and with agency suppliers.

15.3. The DH is already engaged in an organisational change process, with the establishment of Public Health England and the NHS Commissioning Board.

15.4. Historically, there have been marketing personnel based both within DH and, centrally, in the COI. All agency services were procured via the Central Office of Information (COI)'s rosters and contracts were held with the COI, not the DH.

15.5. Recently, the Cabinet Office published its Review of Government Direct Communications and the Role of the COI. This review recommended:

- The creation of a new Government Communications Centre (GCC), based in Cabinet Office, to develop the Government's communications strategy.
- The brigading of Government Communications into a small number of themes, delivered by dedicated theme teams.
- An invitation to agencies, media owners and voluntary and community organisations to join with Government in forming a Common Good Communication Council, which would invite suppliers to bid for contracts for free or near free.
- The development of a new governance structure to include (subject to approval by the Prime Minister) a Cabinet Sub-committee on Communication and a Government Communication Oversight Panel.
- The retention of a centralised procurement function within the GCC.

15.6. This review will have profound implications for how we organise our resources and procure suppliers and we will work closely with the Cabinet Office in the implementation of its recommendations.

15.7. The review makes clear that there will also be fewer people to manage social marketing programmes in future. At the same time, the skill sets required to manage these programmes are changing. In particular, there will be a greater need for:

- business analytical skills;
- client service, sales and negotiation skills (to broker and manage relationships with the commercial sector and other stakeholders);
- consumer understanding and insight mining;
- understanding of behavioural economics and social psychology;
- idea generation/new product development;
- legal support;
- financial support.

Some of these skills are abundant within the civil servant workforce, but others, particularly those involving working with the commercial sector, are less common. This provides opportunities for career development and we will put in place a training and development programme to upskill the workforce for the coming challenges.

15.8. In addition, we will still need to procure the following from external suppliers.

- Channel planning
- Delivery of creative work
- Research
- External evaluation

15.9. To date, external agencies have been appointed to work by campaign and by channel, with competitive pitches held for each appointment. This was intended to ensure a fair and transparent process. However, it has resulted in a large number of agencies (there were seven, plus the COI, appointed to Change4Life alone), which in turn results in duplication of cost and fragmentation of knowledge. In future, we will seek to procure fewer agencies, but with deeper relationships, so that synergies can be build and knowledge preserved. The recently announced restructuring of COI's rosters will aid this.

15.10. Moreover, while contracts are held by organisations, it is often highly skilled and visionary individuals who develop our more successful marketing strategies. These individuals can be hampered by the organisational structures in which they work.

15.11. We need to create a procurement mechanism that enables individuals, irrespective of where they are based, to work together in blended teams for the good of the marketing programme in totality.

15.12. We will work with the Cabinet Office to pilot new ways to increase the use of payment by results for our activity. This should be applied in two different ways:

- Ensuring that a proportion of all agencies' fees is dependent upon the delivery of work that meets the client brief and achieves the communications objectives outlined therein. This is standard best practice and should be the norm for all communications activities.
- When feasible, inviting providers to tender for Government communications contracts on the basis that payment will be for the outcomes achieved (for example, inviting providers to deliver a set number of people setting a quit date at an agreed cost per person).

16. Indicative Budgets for 2011/12

16.1. From April 2011, budgets for marketing and communication will be held centrally within the communications directorate.

16.2. Changing priorities for spend are reflected in the table below:

	2009-10	**20011-12**
Smokefree	£38 million	£15 million
Change4Life	£25 million	£14 million
Older People	£14 million	£11 million
Younger People	£16 million	£4 million

17. Evaluating the new strategy

17.1. In line with DH best practice[70], there will be a stand alone evaluation plan for all four marketing programmes, which will be devised in consultation with internal and external experts and stakeholders.

17.2. The success of this strategy will ultimately be measured by movements to the indictors contained in the Public Health Outcomes Framework. Since many of these indicators move only slowly and are influenced by many other factors beyond the control of marketing, interim measures will be identified to evaluate the impact of marketing programmes.

17.3. Each programme's evaluation plan will set out in detail the:

- Evaluation objectives.
- KPIs – devised in relation to the desired behavioural outcomes (and in line with best practice, ie output, outtakes, outcomes and impact).
- Methodology and data sources.

17.4. We will use a mix of methods, incorporating market research (qualitative and quantitative), commercial sector data (wherever possible, supplied for free as part of our partnership arrangement), online panels, search, buzz monitoring and website analytics as well as other surveys conducted by government departments and agencies, such as Health Survey of England. Our increased use of social media and digital tools will generate vast amounts of behavioural data, which will be used in tracking citizen behaviours.

[70] See *The DH Marketing Evaluation Handbook*, Feb 2009.

18. Reporting Back

18.1. It is our intention to maintain the approach outlined in this document for at least the next three years.

18.2. During this time, we will publish annual updates on how we have spent public money and on what has been achieved as a result.

19. Contacts

19.1. For more information, contact:

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Appendix 1: Glossary of common marketing terms

Advertising	Communication in any medium (such as television, radio, newspaper or posters), that is funded by the advertiser and where the creative is supplied by the advertiser.
Advertorial	Communication that is funded by the advertiser but appears in the editorial style of the publication (sometimes called “Advertising Features”).
Customer Relationship Marketing	The process for continuing dialogue with existing customers, for example to sustain beneficial behaviours, who have usually agreed to continue (“opted in”) to such dialogue. Can be paper-based (as when written communications are sent to an existing customer base) or electronic (for example via email).
Digital Engagement	Any contact with the target audience via the internet, including websites, emails and contact on social networking sites.
Direct Marketing	Sending individual communication direct (for example by letter) to a customer.
Media partnerships	Working with a media owner, such as a newspaper or television channel, to develop content. Can be paid for (when the advertiser pays for advertising and receives editorial in addition) or non paid for (when the media owner supports the campaign pro bono).
Partnership marketing	Marketing activity where two or more organisations campaign together to support shared aims. Usually no money changes hands between them.
Response	When a member of the target audience responds to a marketing campaign, for example by going on line to find out more information, calling a help line or using a coupon.
Social Marketing	The systematic application of commercial marketing concepts and techniques to achieve specific behavioural goals relevant to the social good.
Social Media	Media that promote social interaction, using new and accessible technologies (such as social networking sites).
Sponsorship	The use of funds to deliver a product or service (for whose delivery the funding organisation gains credit, as in “The Simpsons, brought to you by Change4Life”).

Appendix 2: Proposed Indicators in Public Health Outcomes Framework

Vision: To improve and protect the nation's health and wellbeing and for improving the health of the poorest fastest
Healthy life expectancy
Differences in life expectancy and healthy life expectancy between communities
Domain 1: Health Protection and Resilience
Comprehensive, agreed, interagency plans for responding to public health incidents
Systems in place to ensure effective and adequate surveillance of health protection hazards
Life years lost from air pollution as measured by fine particulate matter
Population vaccination coverage (for each of the national vaccination programmes across the life course)
Treatment completion rates for TB
Public sector organisations with board approved sustainable development management plans
Domain 2: Tackling the Wider Determinants of Health
Children in poverty
School readiness: foundation stage profile attainment for key stage one
Housing overcrowding rates
Rates of adolescents not in education, employment or training at age 16 and 18
Truancy rate
First time entrants to the youth justice system
Proportion of people with mental illness and/or disability in settled accommodation
Proportion of people with mental illness and/or disability in employment
Proportion of people in long-term unemployment
Employment of people with long-term conditions
Incidents of domestic abuse
Statutory homeless households

Fuel poverty
Access and utilisation of green space
Killed and seriously injured casualties on England's roads
The percentage of the population affected by environmental, neighbour and neighbourhood noise
Older people's perception of community safety
Rates of violent crime, including sexual violence
Reduction in proven reoffending
Social connectedness
Cycling participation
Domain 3: Health Improvement
Prevalence of healthy weight in 4-5 and 10-11 year olds
Prevalence of healthy weight in adults
Smoking prevalence in adults (over 18)
Rate of hospital admissions per 100,000 for alcohol related harm
Percentage of adults meeting the recommended guidelines on physical activity
Hospital admissions caused by unintentional and deliberate injuries to 5-18s
Number leaving drug treatment free of drug(s) of dependence
Under 18 conception rate
Rate of dental caries in children aged 5 years
Self-reported wellbeing
Domain 4: Prevention of Ill Health
Hospital admissions caused by unintentional and deliberate injuries (1-5 years)
Rate of hospital admissions as a result of self-harm
Incidence of low birth weight of term babies
Breastfeeding initiation and prevalence at 6-8 weeks after birth
Prevalence of recorded diabetes
Work sickness absence rate
Screening uptake

Chlamydia diagnosis rates per 100,000 young adults aged 15-24
Proportion of persons presenting with HIV at a late stage of infection
Child development at 2-2.5 years
Maternal smoking prevalence
Smoking rate of people with serious mental illness
Emergency readmission rates to hospital within 28 days of discharge
Health-related quality of life for older people
Acute admissions as a result f falls or fall injuries for over 65s
Take up of the NHS Health Check programme by those eligible
Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancer diagnosed
Domain 5: Healthy Life Expectancy and Preventable Mortality
Infant mortality
Suicide rate
Mortality rate for communicable diseases
Mortality rate all cardiovascular disease (including heart disease and stroke) in persons less than 75 years of age
Mortality rate from cancer in persons less than 75 years of age
Mortality rate from chronic liver disease in persons under 75 years of age
Mortality rate from chronic respiratory diseases in persons under 75 years of age
Excess seasonal mortality

Consumer Focus Board

Paper 6

Title: Future of NSMC

Purpose: For decision

Date of meeting: 10 February 2011

Responsible officer: John Bromley

Prepared by: John Bromley

Attachments: Annex A – Section 3 - Using a Company
Keeping it Legal – Legal forms for Social Enterprises

Document published by Social Enterprise London and Bates, Wells and Braithwaite 2003

Overview

1 This paper outlines:

- the evaluation process that took place to determine proposals for the future structure of the National Social Marketing Centre (NSMC);
- the business strategy for the organisation post April 2011;
- recommendation to the Board on the timescales for the transition of The NSMC from a business unit within Consumer Focus to a self-standing Community Interest Company limited by guarantee.

Action for the Board

2 The Board is asked to note and endorse the evaluation process that has taken place to decide the future organisational structure of The NSMC and that further planning takes place in order to create a Community Interest Company in the 2011-12 financial year.

3 That the Board also approve the development of a full transition plan for the June meeting which will include:

- a comprehensive business analysis against which the future viability of the CIC is assessed;
- a governance process to oversee the transition from Consumer Focus and separately the running and oversight of the CIC;
- a timetable against which to monitor the milestones progress towards the setting up of the new organisation.

Background

Who NSMC is and what it does

4 The NSMC is part of Consumer Focus and is *the* leading authority on behaviour change in the UK.

5 Its mission is to maximise the effectiveness of behavioural change programmes through policy, research and practice. Combining ideas from commercial marketing and the social sciences, social marketing is a proven tool for influencing people's behaviour in a sustainable and cost-effective way.

6 We work with organisations across government and across sectors to assist in commissioning and developing, behavioural interventions for social good.

History of The NSMC

7 The National Social Marketing Centre was formally inaugurated in 2005 as a joint partnership between the NCC and the Department of Health (DH). It's origins lay in the Choosing Health Public Health White Paper (November 2004) which recommended that social marketing be used throughout the DH and the National Health Service (NHS) to develop effective behaviour change programmes that would contribute to better health for the nation.

8 The primary remit of The NSMC was to build capacity of social marketing in England. Since its inception, The NSMC has achieved this objective and has been at the forefront of the creation of a growing social marketing sector that is equipped to meet demand for social marketing services at the local level.

The Relationship with the Department of Health, the National Consumer Council and Consumer Focus

9 Some of the NSMC's programmes have been funded by the DH Social Marketing Unit through a system of grants that have been paid firstly to the National Consumer Council and latterly (from October 2008) Consumer Focus. The grants which have been £2m to £3 million per annum have paid for the NSMC hosting costs and programme delivery. This grant mechanism will be discontinued from April 1, 2011. The NSMC has also been commissioned to produce work for other organisations in the public sector both at home and abroad which have amounted to £13million during the lifetime of The NSMC.

10 The NSMC is not a legal entity in its own right and is formally part of Consumer Focus. It is a business unit within Consumer Focus and shares services with the rest of the organisation such as finance, information technology, procurement and human resources. The Director of The NSMC sits on the Senior Management Team of Consumer Focus and reports to the Chief Executive Officer. However, The NSMC has its own brand and market identity and, because of the nature of direct funding, its own work programme which is externally agreed between The NSMC and the DH. Historically The NSMC has also had a degree of commercial freedom to attract additional clients and take on other behaviour change projects.

The key issues

A Who will pay when DH stops grant funding The NSMC?

11 Given that The NSMC cannot rely upon DH grant in the future, we have had to examine other sources of funding. It is not envisaged that Consumer Focus could should fund The NSMC. The NSMC therefore began a business development programme in June 2010 to evaluate how it would be able to continue without the DH support grant. To this end, The NSMC:

- Commissioned a marketing review of existing and possible future clients to understand the potential for new work post 2010.
- Developed a programme of work to determine the most effective future organisational/governance structure for the NSMC

12 From these work streams The NSMC has developed:

- A clear understanding in which sectors The NSMC can generate project income with a comprehensive understanding/listing of the number and types of clients who wish to work with the organisation moving forward
- A recommended organisational structure and governance process for the organisation

Business Strategy and overall direction for the NSMC

13 Previously the overall strategy and work of The NSMC was heavily influenced by the DH who were the major funders of the organisation. Clearly the future direction and strategy for The NSMC has to be heavily influenced by commercial and business issues/opportunities.

14 Our business development programme identified four core areas of commercial opportunity for The NSMC. These are:

Training - Many of our clients, customers and stakeholders agreed that The NSMC have developed the most effective and comprehensive suite of training tools available anywhere in the world. We have further developed these tools and will be offering on-line programmes as well as selective personalised training packages for organisations. The later may be delivered as stand-alone courses or as turn-key training programmes which will be used to generate additional work.

Strategic Consultancy - We have discussed the strategic consultancy opportunities available to The NSMC extensively with other government departments, European and international organisations. The NSMC now has contracts with the Pan-American Health Organisation (PAHO), The Department of Health Hong Kong, the Scottish Government and US-AID with others in the pipeline. We see our role as strategic and will not undertake a large number of social marketing intervention programmes. However, we do expect to develop consortiums with other organisations and accredited individuals to deliver a number of behaviour change programmes where strategic value is identified.

Research - Our research tools and expertise (including the Social Marketing Research Centre which holds all the behavioural research conducted at a national level), the on-line cost benefit tool and our experience in managing and directing national pan-European research programmes will provide income streams moving forward.

Commercial advantage of our tools, products and events - The NSMC will continue to update and develop its range of products and resources which aid users with the implementation of behaviour change programmes to take commercial advantage of our position as a centre of excellence for behaviour change at home and abroad. Resources include the on-line toolbox, guides to procurement, conducting research, policy development and evaluation. We will also develop our portfolio of seminars and conferences, some of which will be implemented through our on-line delivery platform to maximise market reach and reduce associated delivery costs.

15 In addition to these core programme areas, The NSMC will generate additional income through:

Membership Programme
During the development of its business plan, The NSMC hosted a series of focus groups and workshops with stakeholders across government, the third and private sectors to determine if these groups saw a need for The NSMC moving forward. There was universal agreement that The NSMC should continue to play the lead role on assuring the quality of social marketing and considerable support for a membership programme as one means of achieving this goal. The NSMC currently has in excess of 3,000 regular subscribers to its e-bulletin and is globally recognised as a leader in the social marketing arena. A programme comprising individual, associate and corporate memberships is planned.

Grants
As a Community Interest Company, The NSMC would be eligible for government and non-government grant funding domestically and overseas. Given the considerable Government support for the establishment of Community Interest Companies there are several start-up/establishment grants available for new ventures that The NSMC would be eligible for. As a CIC, the NSMC would also be eligible for international grant funding for project work (research and delivery) from international development funds, philanthropic trusts etc.

B What should be the organisational structure?

The Present Situation

16 The NSMC is a business unit within Consumer Focus, an arrangement which has provided the organisation with the following benefits:

- Stability and governance;
- Access to IT, HR, procurement and financial services;
- High quality accommodation;
- Access to a wider range of stakeholders

17 However, given the self-sustainability mandate, Consumer Focus and the DH agreed that alternative structural/organisational governance options should be considered. The Government's decision about the future of Consumer Focus has given added emphasis to consider organisational structures.

Investigating other organisational structures for the NSMC

18 Following an extensive review of structural options, it was recently agreed that there were three main options which would best meet The NSMC's operational needs moving forward. These were:

- The NSMC staying within Consumer Focus as a trading arm of the organisation;
- The NSMC moving to be hosted by another organisation/government department;
- The NSMC leaving Consumer Focus to form a separate legal entity. Options included a Community Interest Company (CIC) limited by guarantee (a form of social enterprise – see Annex A for further details), a charity and a private company (limited by shares);

19 The option of staying within Consumer Focus for the longer term was not considered favourable due to the Government's plans for the organisation. Also the restrictions placed upon Consumer Focus as an NDPB, e.g. marketing and recruitment restrictions are onerous for an organisation which will have to earn income to survive.

Transfer to another NDPB or government department

20 The NSMC held discussions with the DH and other key stakeholders to determine if there was another suitable NDPB to which The NSMC could transfer. In their current circumstances the DH were not in a position to incorporate The NSMC and they were also of the view that there were no other suitable government departments to which The NSMC could or should transfer.

21 Advice was also sought from Bates Wells Braithwaite and Strategic Investment Partners (strategic business planners). It was concluded that transfer to another NDPB would offer no more flexibility than remaining within Consumer Focus, and that the opportunity-cost of doing so was unfavourable. It was agreed that The NSMC needed to move out of the government sphere to ensure it can operate in a cost-effective and operationally responsive manner.

Private Company

22 A private company limited by shares would allow The NSMC to operate with the efficiencies necessary to increase the likelihood of ongoing sustainability but would not be in synergy with The NSMC's aim of "working with organisations across government ....for social good.". Furthermore, T-sol and DH Legal Services would not be able to endorse this option as it would lead to insurmountable issues with respect to the transfer of assets, state aid and anti-competition rules.

Charitable Company Limited by Guarantee

23 This option was evaluated thoroughly with Bates Wells Braithwaite as it was seen to afford The NSMC considerable advantages including the obvious kudos and reputational benefits and the availability of tax reliefs (e.g. corporation tax and relief on premises). However, it was also noted that The NSMC would be subject to regulation by the Charity Commission and that one of the main benefits of charitable status - tax relief, would not be relevant as the NSMC is unlikely to attract donations from individual tax payer or companies.

Community Interest Company

24 Several forms of social enterprise structure were also considered, including Community Interest Company (CIC) limited by shares, co-operative and mutual. However, based on The NSMC's planned future activities and origins in government a CIC limited by guarantee was judged to the best option for The NSMC from governance, legal and operational standpoint. For these purposes, the community means the global community and therefore a CIC can be involved in international business and still comply with its purpose. This would not be the case if The NSMC were to remain part of Consumer Focus or transfer to another NDPB.

25 Notably, the transfer of The NSMC to a CIC limited by guarantee was considered to be the most suitable vehicle for The NSMC by T-SOL, DH Legal Services and Bates Wells & Braithwaite (London's leading charity and social enterprise solicitors). Social Enterprise London was also of the view that a CIC limited by guarantee would be the best legal and operational structure for The NSMC moving forward. A CIC limited by guarantee is a form of social enterprise. It is a type of company registered with Companies House that allows organisations to ensure that their assets are dedicated to public benefit purposes without applying for charitable status. The key benefits are:

- Protection of assets against distribution to members
- Ability to generate profits which can then be used for community interest projects
- Increased requirements in terms of transparency and accountability compared to other companies
- A requirement to have a clause in the constitution setting out the objects of the company
- A check at the point of registration that the objects of the organisation are in the public and community interest, with subsequent changes being subject to regulatory approval.

C Would The NSMC be viable as a CIC?

26 This is a critical question and it is now proposed that we:

- carry out a comprehensive business analysis against which the future viability of the CIC is assessed;
- develop a governance process to oversee the transition from Consumer Focus and separately the running and oversight of the CIC;
- set out a timetable against which to monitor the milestones progress towards the setting up of the new organisation.

Ultimately, if NSMC is not viable as a CIC this would be a matter for those concerned to take appropriate decisions. Consumer Focus would not be involved although clearly we will want to take all appropriate steps whilst they are part of NSMC to maximize their prospects of success.

D How will The NSMC be funded between 1 April 2011 and the date at which it becomes a CIC?

27 Following a rationalisation of staffing at the beginning of the new financial year the NSMC will have sufficient capacity through earned income, on-going projects and newly agreed projects to cover its costs from earned income (i.e. not from BIS grant) during the period 1st April 2011 until 30th September 2011, (It is expected that the NSMC will transition out of Consumer Focus during this time period). NSMC

management is currently working with Graham Clark, Finance and Operations Director to finalise funding arrangements during the transition period. This will be reported to the March board meeting as part of the budget.

Resources

28 Further work on developing a new model for the NSMC and setting up a CIC will be funded from within existing DH grant. Ongoing work in 2011/12 would be funded from income received by NSMC. A provision for any closure costs already exists in our balance sheet, set aside from the contracts with DH and other customers ie not from BIS grant. This provision is reviewed annually.

This paper has had the input of the following organisations and people:

- Treasury Solicitors Department (T-Sol)
- Department of Business, Innovation and Skills (BIS)
- Social Enterprise London (SEL)
- Consumer Focus and The NSMC staff
- Strategic Investment Partners
- London Business School
- DH Social Marketing and Legal Services
- Bates Wells Braithwaite
- Within Design LTD

As 16th March 2007

DH Department of Health

NCC National Consumer Council
Making all consumers matter

3 YEAR GRANT AGREEMENT
April 2007 – March 2010

For the on-going development of
THE NATIONAL SOCIAL MARKETING CENTRE

National Social Marketing Centre

Between

NATIONAL CONSUMER COUNCIL

and

THE DEPARTMENT OF HEALTH

(via its Health Improvement Directorate)

CONTENTS:

1: Titles and parties to the agreement
2: Status of the agreement
3: The agreement
4: Termination of the agreement
5: National Consumer Council hosting services to be provided
6: NSM Centre and annual work programme costs
7: Monitoring and operational arrangements
8: Financial arrangements
9: Resolution of problems and escalation
Annex 1: Describing the NSM centre role and audience focus
Annex 2: NSM Centre – Summary Work Programme 2007-2008
Annex 3: Strategic partnership – development and 'rules of engagement'

1: TITLES AND PARTIES TO THE AGREEMENT

3 year Agreement for the further development and hosting of the National Social Marketing Centre. Building on the previous 2 year Service Level Agreement between the Department of Health and National Consumer Council.

The parties of the AGREEMENT are the National Consumer Council and the Department of Health (via its Health Improvement Directorate)

2: STATUS OF THE AGREEMENT

This Agreement is not legally binding, nor is it a contract. It is intended to represent a clear undertaking by National Consumer Council to build on its strategic partnership with the Department of Health, to further develop the National Social Marketing Centre (NSM Centre), within the available resources, for the agreed Department of Health funding level.

3: THE AGREEMENT

This Agreement takes effect from 1st April 2007, for a period of 36 months to 31st March 2010.

4: TERMINATION OF THE AGREEMENT

The Agreement, in full or part, may be terminated at any time and by either party in the event of unsatisfactory level of service, change in circumstance or other good reason, subject to a notice period agreed between the parties at the time of termination.

In the event of early termination the National Consumer Council will be entitled to full reimbursement of any costs it has incurred in undertaking development of the NSM Centre. This would comprise, for example, where contract commitments have been issued for work to be undertaken by third parties etc, and including the costs of terminating staff contracts employed for the sole purpose of benefitting this agreement. NCC shall at all times seek to minimise such liabilities and costs.

5: NCC HOSTING SERVICES TO BE PROVIDED

Service element (and description)	Costing 2007-08	2008-09	2009-10
Infrastructure: • Office infrastructure, accommodation, building and welfare services • Office accommodation for up to 15 work-stations • Use of NCC conference, board and other meetings rooms, subject to pre-booking and availability • Use of NCC audio visual and video conferencing facilities, subject to pre-booking and availability • IT support: including equipment, networking, MS Office and database software, and unlimited email and internet access. • Access of shared office facilities (colour and mono photocopiers, printers, telephones, postage facilities, etc) • Full reception, postal and messaging system • NCC general training provision • General and liability insurance and fees			
Human Resources: • Staff support for up to 10 fte staff (including staff advertising and agency placement fees as required) • Job descriptions, recruitment, Human Resources admin, etc • Inductions • Health & Safety training			
Finance: • Financial administration • Monthly & Quarterly finance reporting • Procurement and contract support • Audit costs, etc			
NCC staff contribution: • Chief Executive and senior team contribution • Research, Policy and Communications staff input • Back-up and cover for sickness and holidays			
Total:	**£**	**£**	**£**

6: ANNUAL NSM CENTRE AND WORK PLAN COSTS

[annual total for the 2nd and 3rd years of the AGREEMENT subject to annual review in prior December, to maintain flexibility to respond to changing DH needs and requirements]

	2007-08	2008-09	2009-10
Core NSM Centre costs • Initial staffing assumption of 9.4 fte • Including costs for Director & Deputy Director, NICE secondments			
Annual SM Capacity and Skills Development work programme costs, based on five programmes approach: • Programme 1: Practitioner development, support & events • Programme 2: Interventions support, technical assistance • Programme 3 : Standards development & learning from practice • Programme 4 : Practical resources and communications • Programme 5 : Intelligence, Insight and Research			
Total:	**£**		

7: FINANCIAL ARRANGEMENTS

The National Consumer Council will submit invoices quarterly in advance (in line with its existing arrangements with its main Government funder the Dept for Trade and Industry). Department of Health undertakes to process the claim, in line with Government Departments standards, namely within twenty-eight (28) calendar days of receipt.

8: MONITORING AND OPERATIONAL ARRANGEMENTS

Quarterly review meetings will be held between Department of Health, National Consumer Council and NSM Centre representative, with reports as required to the host organisation (NCC) and the DH.

In addition there will be monthly bilateral meetings between the NSM Centre and Department of Health's Health Improvement Directorate representatives.

9: RESOLUTION OF PROBLEMS AND ESCALATION

Any issues identified relevant to the effective operation and delivery of the NSM Centre development and programme will be discussed in the first instance in the monthly bi-lateral meetings between the Department of Health's Health Improvement Directorate & the NSM Centre. If issues can not be resolved at this operational level, they will be escalated to the National Consumer Council's Chief Executive, or their appointed representatives, and Department of Health's Deputy Chief Medical Officer.

Department of Health	**National Consumer Council**	**National Social Marketing Centre**
Name:	Name:	Name:
Signed:	Signed:	Signed:
Date:	Date:	Date:

Annex 1

Describing the NSM Centre role and audience focus

NSM Centre – core purpose

The NSM Centre has been established to assist the Department of Health in delivering its national health improvement social marketing strategy, and in particular to deliver a work programme focused on building capacity and skills in social marketing.

It will do this by working with others to increase understanding and practical utilisation of strategic and operational social marketing, at national and local levels.

NSM Centre mission

To work with people on key behavioural challenges, and assist them to improve the impact and effectiveness of the behavioural interventions they undertake. To do this by working with people at the national and local levels, to increase the integration and use of effective social marketing approaches into strategic and operational commissioning and development work.

Department of Health priority audiences

While Department of Health stakeholder priorities may be adjusted and changed over time, the following are currently key priorities for their Health Improvement Directorate:

- Department of Health staff working on national strategies, programmes and campaigns (including policy, programme, communications and research) and their related stakeholders contributing to these.

- NHS staff who are involved in commissioning and developing health and well being strategies, programmes and campaigns
    - including relevant staff within: Strategic Health Authorities (SHA's), Primary Care Trusts (PCT's) other NHS trusts and organisations.

- Local Strategic Partnership (LSP), Local Area Agreement (LAA) and Regional Government Office (GOR) stakeholders and partners
    - including relevant staff within: local authorities, voluntary and community sector organisations, the private sector and public health and relevant staff in the Government Offices for the Regions.

Annex 2

NSM CENTRE – WORK PLAN *(as March 2007)*
SUMMARY OF PROGRAMMES & KEY PROJECT AREAS

NSMC Strategy and management

- NSM Centre management and development, inc: strategic partnership and governance
- Director / Deputy Director advice and governance support to Department of Health, as required

Programme 1: Practitioner development and demonstration initiatives support

1.1: NSM Associates development scheme
- NSM Associates identification, recruitment and training support // Secondments and fellowships

1.2: NSM seminar and training workshops and courses
- SM workshops (x10) & SM Masterclass' (x5) // CEO / Chairs / Members events (x10)

1.3: Local social marketing demonstration initiatives
- Core of 10 main initiatives // additional local initiatives as contracted (eg: DH Lewisham Smoking initiative)

1.4: NSM Academic Network development (inc: DH Public Health Academic Network support)

1.5: Course material and syllabi development
- Development of agreed core SM syllabi content // Production of teaching & training materials

Programme 2: Interventions technical assistance and support

2.1: DH National programme technical assistance and support
- DH-HID Health Strategy support // DH-HID Policy & Comms leads receive Benchmark Criteria & tailored briefing // Support to relevant policy and delivery programmes.

2.2: DH internal awareness raising and briefing initiative

2.3: DH health partners and support for public/private sector engagement
- Options appraisal study for future social enterprise & other organisational options for NSM Centre
- Options appraisal re Public / Private Health & Well-being Institute / Foundation
- Public/Private sector engagement support initiative

2.4: DH NGO sector engagement support – inc: National NGO Forum links

2.5: Other government department and other organisations support
[note: 2.5 is not funded from main DH Grant Agreement and agreed and contracted separately]

Programme 3: Standards development and learning from practice

3.1: NSM Standards development and national benchmark criteria roll-out
- NSM Standards Develop Group established + CIM, MSSSG & key universities
- NSM Ethics Advisory Group established with practical advise & resources
- SM National Benchmark Criteria established
- SM competencies agreed with key professional groups (integrated with USA & CANADA)

3.2: Learning from practice initiative – identifying and collating case examples
- Illustrative case examples compendium resource // database resource // Web-access resource

3.3: NSM Awards scheme – appraisal and development (for dedicated & integrated)

Programme 4: Communications, events and practical resource development

4.1: NSM stakeholder intelligence, analysis and database development

4.2: NSM e-NETWORK & e-BULLETIN development

4.3: Social Marketing resources and materials development and production
- NSMC website // NSM Planning Guide 'Scoping resource' // NSM Commissioning SM support guide // 'Training the trainers' manual // SM Presentation materials resource – online, C.C. electronic formats // SM discussion papers & articles

4.4: NSM conferences and other events
- 2nd National Annual SM conference & expert symposium (x1) // Series of National SM Forum's (x3) // Seminar & presentation events (x30) // Health Challenge England – events with DH-HID (x10) // Regional events support (x8) // Options appraisal and development work for 1st World SM Conference (2008)

Programme 5: Research, intelligence and insight (as relates to social marketing)

5.1: Field intelligence and needs assessment initiative

5.2: PCT & SHA analysis of integration of social marketing into relevant strategies

5.3: Customer / Market Research – "1-stop-shop" resource development

5.4: National programmes and campaigns learning archive

5.5: Association of Public Health Observatories engagement work inc: segmentation

5.6: Overall review and evaluation work with NSMC programmes and projects

[note: the following is a sixth programme inc: agreed funding additional to core NSM Centre Grant Agreement]

Programme 6: Health inequalities & Health Literacy

6.1: Examining and promoting use of social marketing to address health inequalities

6.2: Health Literacy – survey and index development

Annex 3

DH & NCC strategic partnership – development and 'rules of engagement' –

Contents:

1: Introduction
2: History and background context:
3: Premise for the further development of the National Social Marketing Centre
4: Describing National Consumer Council's strategic partnership relationship with the Department of Health.
5: 'Rules of engagement'
Status of the NSM Centre
Style of Interaction
Governance and Accountability
Policy and Communications
NSM Centre communications and positioning
Stakeholders
Commissioning work by the DH Health Improvement Directorate

1: Introduction:

This annex summarises the context for the 3 year AGREEMENT and how it is envisaged the strategic partnership between the Department of Health and National Consumer Council, will work in practice. It builds on the learning from the previous strategic partnership and current 2 year Service Level Agreement (2005-2007) due to end shortly.

In developing the strategic partnership it is recognised by all parties that the NCC requires security of funding and stability of approach from the Department of Health to ensure it can effectively manage and deliver work over the 3 year period. At the same time it is also recognised that the Department of Health, and specifically the Health Improvement Directorate (HID), wants to maintain flexibility to be able to respond to changes needs and requirements over time.

The strategic partnership and 3 year AGREEMENT is based on holding annual reviews in December each year to review developing priorities and ensure that the work programme for each subsequent financial year can be directly linked to the priorities and needs of the Department of Health, and particularly its Health Improvement Directorate, at that time.

The NSM Centre work plan and its inter-linked programme areas, have specifically been created to provide a robust framework that can remain stable for a 3 year period while allowing detailed project plans and component work plans to respond to specific annual priorities as discussed and agreed with the Department of Health, and specifically the Health Improvement Directorate.

2: History and background context:

The Department of Health in early 2005 established a strategic partnership with the National Consumer Council to establish a National Social Marketing Strategy team (subsequently renamed the 'National Social Marketing Centre') to undertake a 2 year independent review into social marketing and health-related behavioural interventions across Government.

The independent review was subsequently published in June 2006 as an NCC report *'It's our health!'*. It's findings confirmed the potential of social marketing to help enhance and improve behavioural interventions at national and local levels, highlighted the historical lack of investment in developing capacity and skills in social marketing across the country, and included over 50 practical recommendations for Government on ways to improve the application and utilisation of social marketing.

The Government subsequently confirmed their acceptance of the review findings and has begun to work to address and implement its key findings.

3: Premise for the further development of the National Social Marketing Centre

One of the reports recommendations was to formally establish and launch a National Social Marketing Centre to **further develop capacity and skills in social marketing at national and local levels across the NHS, local government, voluntary and private sectors**. This was subsequently done, and the Minister for Public Health, Caroline Flint, formally launched the NSM Centre on the 11th December 2006, alongside Ed Mayo, Chief Executive of the National Consumer Council.

At the recommendation of the National Consumer Council, and agreed with the Department of Health's Health Improvement Directorate, the next phases of development of the NSM Centre is being progressed on an initial 3 year Grant Agreement, to commence from April 2007.

It is the intention of the Department of Health and National Consumer Council that during this AGREEMENT the NSM Centre will undertake an assessment of organisational and funding models that might support the medium and longer term development of the NSM Centre.

While this may involve future Government funding support the intention is to examine in more detail the feasibility of developing a mixed funding base for the NSM Centre so as to assist its longer term existence. As part of the analysis and assessment options for the appropriate location and organisational form for the NSM Centre will be considered, and in particular the feasibility of becoming a social enterprise will be explored.

4: Describing the National Consumer Council's strategic partnership relationship with the Department of Health

The National Consumer Council is committed to lending its support and practical assistance to the Department of Health's mission to achieve a greater consumer-focused social marketing approach across its work, and in particular its PSA health improvement priorities, by helping improve the impact and effectiveness of its behavioural interventions, programmes and campaigns.

Key to National Consumer Council's engagement with the Department of Health on this work, is the importance of maintaining a strategic partnership approach, rather than a more simplistic and limited contractor relationship. The National Consumer Council as a national body does not seek to manage and deliver Government services, but rather to work with and alongside Government to assist them in delivering a consumer-focused approach to policy development and its implementation.

This relationship does not preclude establishing specific agreement's to use the National Consumer Council's unique role, expertise and skills, to develop and deliver specific work streams focused on specific outcomes. However this is only undertaken where there is a clear mutual advantage to the National Consumer Council and the relevant Government Department, and it is clear that the National Consumer Council can add real value to the Health Improvement agenda of the Department of Health.

Experience to date, particularly that gained in working with the Department of Health to deliver the national independent review, indicates that a critical success factor for effective strategic partnership is to ensure that all parties are clear about the desired outcomes, and can assess the delivery of work in terms of the extent to which specific outcomes are achieved. The independent review itself highlighted the importance of Government Department's improving the way that they work as 'expert commissioners' and so it is critical to the next phase of development, for the Department of Health to be specific about their own expectations and outcomes they want the strategic partnership to achieve.

The National Consumer Council is keen to continue to work with the Department of Health strategically and to plan on a medium and longer-term basis.

Key issues for the strategic partnership:

- ensuring a shared strategic approach
- building a shared understanding of a partnership model

- planning on a medium and longer-term basis (initial 3 year framework)
- minimise potential for frequent in-year changes to aims or plans
- building a flexible 'problem solving' approach that can respond rapidly to changing environments, while maintaining a consistent overall approach
- achieving a genuine 'outcomes' focused approach
- ensuring clear accountability and appropriate reporting arrangements
- building and maintaining a critical mass of flexible human resource skills and capacity
- ensuring clear arrangements and timetable for annual objective setting, review and agreement about grant allocations.

5: "Rules of Engagement"

This section sets out the terms of the working relationship between the Department of Health and the NSM Centre, based at the National Consumer Council. The main, but not exclusively contact with the Department of Health will be via the Health Improvement Directorate.

Status of the NSM Centre

The NSM Centre is a strategic partnership between Government and the National Consumer Council. Its current main source of funding is from the Department of Health via the Health Improvement Directorate. The National Consumer Council is a public body which champions the consumer and customer-focused policy and practice across Government and more widely. The National Consumer Council's main funding is received from the Department for Trade and Industry. The National Consumer Council is not therefore directly accountable to the Secretary of State for Health, nor is the Secretary of State for Health accountable for its actions as a corporate entity. This strategic partnership and bilateral relationship between the Department of Health and the National Consumer Council in relation to the NSM Centre work, is governed by this core Grant Agreement and is specifically focused on building capacity and skills in England.

Style of Interaction

The Department of Health and National Consumer Council share a common purpose in relation to social marketing and using it to increase consumer/customer-focused policy and practice at the national and local levels. The annual NSM Centre Work Plan will underpin this AGREEMENT between the parties, and will be reviewed each December so that specific plans can be revised to meet on-going and changing needs and requirements. The Department of Health and the National Consumer Council aim to continue its existing collaborative and collegiate style of engagement.

Governance and Accountability

The NSM Centre therefore has joint accountability to the Department of Health (via the Health Improvement Directorate) and to the National Consumer Council.

- Corporately within National Consumer Council the NSM Centre is accountable to the NCC Board for its performance, and conduct of its staff, and for its overall budget and expenditure and adherence to National Consumer Council governance arrangements. NCC is responsible for day to day staff management and overall delivery of this agreement.

- Within the Department of Health the NSM Centre is accountable to the Deputy Chief Medical Officer through her appointed representative. The delivery of the annual NSM Centre work programme commissioned by the Department of Health, is overseen by the Director of Public Heath in the Health Improvement Directorate, via the internal Department of Health Social Marketing Programme Board. The NSM Centre is a member of this Board and will provide regular reports to it, with routine engagement via the secretariat to the Social Marketing Board (current held with the Social Marketing Development Unit). The NSM Centre will provide quarterly reports of spend and

delivery of work programme to the secretariat, against the agreed Department of Health funded budget for NSM Centre activity. The specifics of these arrangements may vary from time to time but the principles will be maintained.

Any issues concerning the performance of the NSM Centre and its staff in delivery of the agreed Department of Health funded programme that cannot be resolved through the Social Marketing Development Unit, or the Social Marketing Board, or which are inappropriate to that Social Marketing Board will be resolved through bilateral discussions between the National Consumer Council Chief Executive, and the Deputy Chief Medical Officer or their representative.

Policy and Communications

The Department of Health and National Consumer Council recognise that the NSM Centre needs to be sensitive to wider political and ministerial issues around NHS and Department of Health health policy and in its relations with other government bodies, the devolved administrations and European Agencies. The principle of "no surprises" will be paramount and supported by the following further principles:

- The Department of Health will respect the intellectual objectivity and independent role of the National Consumer Council & NSM Centre. The default position for communications should be that the National Consumer Council & NSM Centre is independent of government and speaks with its own voice and not on behalf of the Department of Health, avoiding the use of the Department of Health brand, other than where consistent with an agreed joint branding strategy.

- Subject to the more general conventions governing the conduct of Government business, the Department of Health's Health Improvement Directorate will, as far as possible, work with the National Consumer Council & NSM Centre in a spirit of openness, informing the NSM Centre of developments material to its work and will expect the National Consumer Council & NSM Centre to respect the confidentiality and sensitivity of discussions with the Department of Health in the evolution of policy.

- While it is envisaged in enacting the strategic partnership that the National Consumer Council & NSM Centre will necessarily engage with and comment on developing policy and practice, they will nevertheless make clear in any external communications (oral or written) that they do not formally represent the Department of Health or Government, and therefore their comments will not be presented in a way that might imply they are.

- The NSM Centre to ensure that any statements it makes in relation to the agreed programme of work are consistent with Department of Health approved policy documents and statements, or where they are not, have received specific approval.

- To avoid ambiguity the National Consumer Council & NSM Centre will use or print a disclaimer making it clear that the views expressed are those of the National Consumer Council or NSM Centre and not the Department of Health, and avoid the use of the Department of Health's brand, unless part of the agreed joint branded strategy. However the National Consumer Council & NSM Centre will recognise that when it is, speaking or acting explicitly on behalf of the Department of Health, under the arrangements agreed, it must do so consistently with expressed Government policy or strategy and with prior consultation with the Department of Health, via the Health Improvement Directorate.

- Where the National Consumer Council is responding to consultation by Government on policy on areas relevant to the NSM Centre it will ensure that there is no inference that the views expressed by the National Consumer Council or NSM Centre are those of the Department of Health.

Department of Health

Ambitions for health

A strategic framework for maximising the potential of social marketing and health-related behaviour



NHS

DH INFORMATION READER BOX

Policy		Estates	
HR / Workforce		Commissioning	
Management		IM & T	
Planning		Finance	
Clinical		Social Care / Partnership Working	

Document Purpose	For information		
ROCR Ref:		**Gateway Ref:**	8883
Title	Ambitions for Health		
Author	DH, HIP, Social Marketing and Health Related Behaviour Health		
Publication Date	10 July 2008		
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Local Authority CEs, Directors of Finance, Communications Leads, Business Leaders		
Circulation List	Voluntary Organisations/NDPBs		
Description	Ambitions for Health sets out our formal response to the recommendations contained in It's Our Health!. This was an independent report commissioned jointly by the National Consumer Council (NCC) and the Department of Health (DH) as one of the commitments set out in the public health White Paper Choosing Health. This new action plan for DH sets out our priorities for building on the work of the Health Challenge England roadshow learnings and provides a clear steer on next steps for social marketing in order to ensure we build on the increasing appetite for its wider adoption throughout public health delivery systems. This new action plan for DH does not contain any requirements for the NHS or Social Care.		
Cross Ref	Health Challenge England: next steps to choosing health and Health Challenge England Regional Roadshows: Final Report		
Superseded Docs	N/A10		
Action Required	N/A		
Timing	N/A		
Contact Details	Julie Alexander, Head of Social Marketing and Health-Related Behaviour Health Improvement and Protection Directorate Department of Health Area 627, Wellington House 133–155 Waterloo Road London SE1 8UG 0207 972 4513		
For Recipient's Use			

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Foreword by the Minister of State for Public Health

In today's fast-moving, information-hungry society, people want and expect convenience, choice and personalised advice in all areas of their lives. People want their health, education and social services to help them to lead healthy lives. These services need to deliver world-class care and treatment, early intervention when problems arise, and protection from health threats.



This strategic framework sets out how we plan to make sure that our policy development and all of our public health interventions are informed by our understanding of what motivates people. This will mean that we can build on our successes and ensure that we become a world leader in promoting health.

People's choices – and how they lead their lives – play a crucial part in how healthy they are. The good news is that most people are now wealthier, healthier, better educated and living longer, and they expect to remain active for longer.

Such changes represent a huge step forward, but there are still too many people across the country who do not enjoy the good health experienced by the majority and these health inequalities are unacceptable. In some areas (and among some groups) the health gap between the better off and less well-off is not closing. Huge health challenges are posed by issues like obesity, drug and alcohol misuse, smoking, sexual health and teenage pregnancy, and poor mental health. Our task is to ensure that we use the evidence and our understanding about people to design and deliver interventions that help as many individuals as possible.

Tackling today's threats to health means examining how we live. We must be sensitive to people's needs and work with them to make the changes that they can and want to make. People's behaviour is influenced by a wide range of factors – some of which they have control over, and some of which they don't.

Future interventions will help people to manage their own health challenges, and to enjoy the rewards of better health. We will listen to what people say when developing these interventions, and will put more effort into providing them with direct practical support. We will also make it easier for partners from the private and third sectors (such as non-governmental organisations (NGOs) and

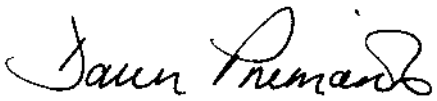
voluntary organisations) to make a greater contribution to working with us.

We will make it as easy as possible for more people to adopt healthier behaviour and, where appropriate, we will focus on small but realistic and achievable steps towards healthier lives. People need to feel that they can start to make a difference and that better health is something they can aspire to achieve.

We will take a 'whole person' approach: rather than running multiple separate campaigns, for example, we want to join up support and advice about sexual health, alcohol misuse and safety. This strategic framework sets out how we will test out where and when this approach is appropriate – and how it can work in practice.

By working with a broad range of partners, our efforts to make England healthier will gain momentum, and we will be able to build a nationwide social movement for health.

Social marketing is not just the latest fad – it underpins our efforts to ensure that the consumer is always at the heart of policy-making and service delivery. This framework illustrates our long-term commitment to a new way of working and to adopting a systematic approach to the promotion of public health. It will ensure we have a meaningful impact on reducing health inequalities and reducing the burden of lifestyle diseases on society. I commend it to everyone leading and delivering health-related behavioural interventions across the commercial and public sectors, as well as to those whose activities have an impact – either positive or negative – on people's health.



Dawn Primarolo
Minister of State for Public Health

The social marketing strategic framework

Health Challenge England – Next Steps for Choosing Health **(a progress report published by DH in October 2006) set out seven key principles that will guide our approach to improving health and that have fed into this new strategic framework:**

Providing strong leadership across government and joining up policy development

Developing a stronger focus on understanding people

Forging new partnerships with industry, the voluntary sector and communities

Personalising support

Providing protection where needed

Focusing on key priorities for delivery and quantifying the benefits of change

Ensuring that system reform is aligned to improve health and tackle health inequalities

We commissioned a series of regional roadshows to give key stakeholders an opportunity to discuss how to deliver these seven principles. Workshops were held for between 50 and 80 key decision makers from strategic health authorities (SHAs), primary care trusts (PCTs), local businesses, local authorities, academies and the third sector (e.g. voluntary groups). Their feedback (particularly on partnership working) has been fed into this new strategic framework.

Responding to the health challenge

Choosing Health led to *It's Our Health!* (an independent review published by the National Consumer Council (NCC) in June 2006), which set out the Government's commitment to social marketing and examined the potential of social marketing to help improve the impact of health promotion interventions. For more information about social marketing, take a look at the accompanying booklet *What is social marketing?*.

It's Our Health! confirmed there was growing evidence that social marketing can help more people to lead healthier lives. It also highlighted gaps in capacity and skills in social marketing; provided a range of practical recommendations on how the Government could build capacity, integrating social marketing into policy and practice; and illustrated where good practice could be built into future learning.

This new strategic framework constitutes the Government's response to *It's Our Health!*, and sets out how we will use social marketing and other behavioural change activities to put the consumer at the heart of health improvement and delivery.

This framework is also closely aligned to the recommendations arising from *Our Health, Our Care, Our Say: A new direction for community services* (the White Paper published by DH in January 2006), which recommended a radical and sustained shift in how services are delivered. The emphasis was on ensuring that services are more personalised and that they fit into people's busy lives. The White Paper underlined the need to give people a stronger voice so that they become the major drivers of service improvement.

This framework provides us with an opportunity to update readers on where we are with our social marketing work, and to set out our programme of actions to embed social marketing approaches in public health.

Counting the cost

Securing Good Health for the Whole Population (written by Sir Derek Wanless and published by HM Treasury in February 2004) set out a challenge to move towards a 'fully engaged scenario' in which most people were taking active steps to improve their own health. The document made it clear that increases in NHS funding would be cancelled out by increasing numbers of people with chronic diseases and largely preventable ill health unless we can reach this position. The potential cost of inaction was said in the review to run to a staggering £187 billion.

A new social movement for health

DH (or even the whole of government) cannot change people's behaviour without the support of individuals themselves, or active help from the commercial and third sectors. But the Government can encourage, enable and create the conditions to build a social movement for health.

Social movements for health have existed in the past and spring from a widely held perception that something is wrong and that something must be done.

Social movements take off when issues are serious and touch everyone's lives: we now face such a situation in this country.

Although we are a comparatively healthy country in relation to many European nations, we face a continued challenge in terms of obesity, drug and alcohol misuse, smoking, sexual health and teenage pregnancy, and poor mental health. But we will work to create a network of health champions who can ensure that we put in place consumer-focused measures to prevent ill health over the long term.

What people think about their health

While the Government does have a role to play in improving the health of the nation, it cannot achieve this in isolation and does not have all the answers. We can help to set the scene for improved health, and can support community efforts – but people are ultimately responsible for improvements to their health. And many of them acknowledge this.

It is evident from the surveys that people are ambitious for their own health and for the health of their family. We share those ambitions for health.

89% of people agree that individuals are responsible for their own health (King's Fund, 2004)

93% of parents agree that they are more responsible than anyone else for their children's health (King's Fund, 2004)

83% of people want to take more responsibility for maintaining their own health (BUPA and TNS, 2005)

89% of people claim that healthy eating is important to them (*Consumer Attitudes to Food Standards*, published by the Food Standards Agency in February 2007)

88% of people believe that parents should be strict with children and make them eat healthily (*Consumer Attitudes to Food Standards*, published by the Food Standards Agency in February 2007)

79% of people say that parents themselves have a great deal of responsibility for the current problems with children's diets (Ofcom and GfK NOP, 2005)

What people think about the Government's role in improving health

33% of people believe that the Government has an important role to play in promoting health (Ofcom and NOP, 2005)

86% of people say that the Government should intervene to prevent illness by providing information and advice (King's Fund, 2004)

37% of people do not trust government advice and 20% completely ignore it (GfK NOP, 2005)

33% of people believe that the Government has an important role to play in promoting health (Ofcom and NOP, 2005)

Introducing the framework

This strategic framework is part of a long-term programme of action at the national, regional and local level designed to improve health and reduce health inequalities. This new strategic direction also forms part of the Government's 'Engage' strategy, which is designed to put people and their needs at the centre of all policy development and related service delivery.

The primary aim of social marketing is to achieve a particular social good (such as reducing childhood obesity) rather than a commercial benefit. It is a systematic process that uses a range of marketing concepts and techniques to address short-, medium- and long-term issues with clearly identified and targeted behavioural goals.

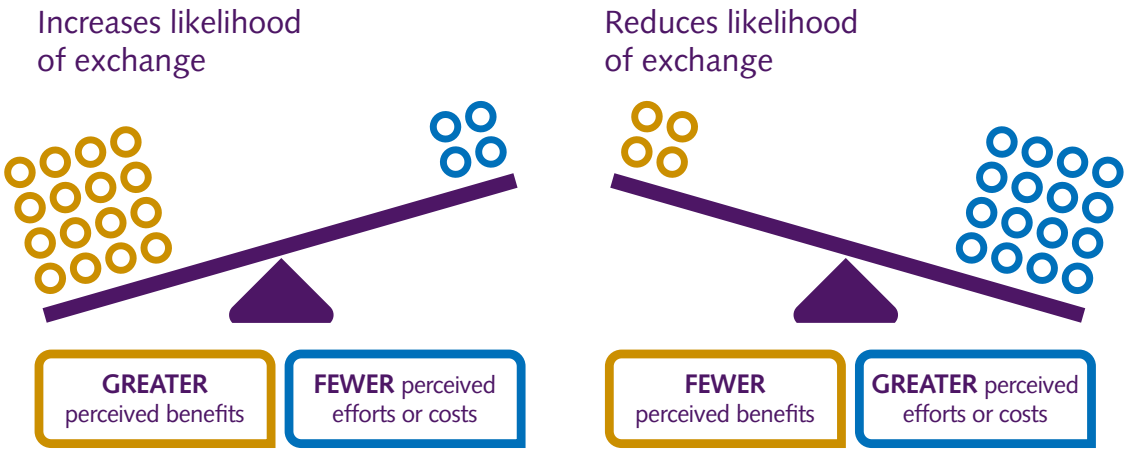


Social marketing concepts

The following six features and concepts underpin social marketing:

- **Consumer orientation:** gaining deep insight and understanding about the consumer, their knowledge, attitudes and beliefs, and the social context in which they live and work.
- **Behaviour and behavioural goals:** understanding existing behaviour and key influences on it in order to enable the development of clear behavioural goals. These goals should be divided into actionable and measurable steps or stages, phased over time.
- **'Intervention mix' and 'marketing mix':** using a range of different interventions or methods to achieve a particular behavioural goal. When used at the strategic level, this is commonly referred to as the 'intervention mix': when used operationally it is described as the 'marketing mix' or 'social marketing mix'.
- **Audience segmentation:** making use of audience segmentation in order to target effectively.
- **'Exchange':** using and applying the exchange concept (what people must give up or pay in order to receive the benefit). Understanding the real cost to the customer will enable a more effective exchange, whereby the potential benefit can be optimised and the 'cost' to the customer minimised.
- **'Competition':** understanding all the factors that compete for people's attention and willingness to adopt a desired behaviour (e.g. the influence of other people or organisations, or the internal drivers of pleasure, habit or addiction).

Figure 1: The 'Exchange' concept



Listening is the bedrock

Social marketing is not a panacea. It is rooted in a deep understanding of what people think and how they act, and can be a powerful tool for bringing about behavioural change. While many of our health promotion efforts have already drawn on some marketing approaches, the systematic application of social marketing is still relatively new in England.

In order to encourage people to change their behaviour, we need more of an insight into what moves and motivates them, and into what will help them to make changes. We will build on our strong epidemiological and demographic information systems to develop our understanding of why people behave in ways that lead to poor health outcomes, and of what will help people to adopt positive health behaviours.

Engaging everyone in promoting health

The 2012 Olympic Games – together with the public's increasing desire for healthier lifestyles, and better health products and services – offer tremendous opportunities to promote healthy behaviours. We will encourage everyone to make changes to improve their own and their family's health.

By establishing meaningful partnerships, we will also make it easier for private sector companies, social enterprises and charities to play their part. We will support local communities, local government and the NHS to put more emphasis on prevention and positive health promotion.

We will develop a comprehensive system to track and evaluate all of our future health promotion programmes, and will put in place systems to record any new information gleaned. This can then be shared widely so that we can continue to develop insight into our knowledge of our target audiences.

A global first

The Government's approach to the strategic integration of social marketing has already won national and international recognition. While this work is still at a relatively early stage in the UK, there are indications that it is already beginning to improve the effectiveness of a range of national and local interventions.

This framework sets out how we will use our understanding of what motivates people to inform our policy development, and all of our public health interventions, in order to build on our successes and ensure that we become a world leader in promoting health.

> To talk about integrating social marketing into policy development is one thing, but in the UK you've actually started to do it. To see both the Department of Health and the Department for Environment, Food and Rural Affairs in England leading the debate is marvellous. It offers hope that we will see real impacts on some of the most significant behavioural challenges we face.

Professor Ed Maibach, Director of the Center of Excellence in Climate Change Communication Research, George Mason University, Virginia, USA

Strategic framework programmes

This strategic framework sets out how DH will embed social marketing approaches in health improvement programmes and policy development.

Based on consumer insight, our aim is to embed social marketing principles in all health improvement interventions. This will:

- empower people to build healthy lives for themselves and their families;
- ensure that those individuals who are currently in good health continue to maintain their healthy behaviours; and
- encourage change in those whose behaviour is harmful to their health.

We have put in place four programmes of action to achieve our aim:

Health capacity: the goal of this programme will be to work with public health professionals (such as those working in the NHS, at DH, in local authorities and in other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions. The programme will principally be delivered via the National Social Marketing Centre (NSMC) and will include a series of conferences and seminars, a range of resource materials, and work with the academic sector.

Health insight: the goal of this programme will be to use public health consumer insight to inform local and national health improvement activities. Our Healthy Foundations Life-Stage segmentation model is an innovative piece of work that provides a three-dimensional analysis of people's behaviour. It should enable us to develop better targeted interventions to address those who are most at risk of adopting unhealthy behaviours. It will be supported by a set of practical tools and products.

Health innovations: the goal of this programme will be to put social marketing principles into action in local, regional and national settings and to create a central resource for sharing knowledge on effective behavioural interventions across local, regional and national settings. To explore how the segmentation model can be applied in practice, we will commission a number of new behavioural interventions to explore the links between high-risk behaviours, and to look at how to reduce their impact on health inequalities. This will build on pioneering working already under way in the North East, Yorkshire and the Humber, the North West and London.

Health partnerships: the goal of this programme will be to establish effective local and national partnerships with the private and third sectors to promote good health. This will include allocating £1 million per annum in funding, which will be made available to support delivery on the ground. We will ensure that health interventions are fully integrated nationally and locally.

Health capacity

Goal: the goal of this programme will be to work with public health professionals (such as those working in the NHS, at DH, in local authorities and in other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions.

Our aim is to equip people in the NHS, local authority and other public sectors with the skills and knowledge to use social marketing in everyday work, and to embed social marketing in to people's consciousness. To achieve this we recognise that we must provide the necessary programme of support and training.

The National Social Marketing Centre (NSMC) is a strategic partnership between the Department of Health and the National Consumer Council. This partnership is based on a three-year Grant Agreement from April 2007 to March 2010.

The NSMC was established to assist the Department of Health to deliver its national health improvement social marketing strategy and to deliver a work programme focused on building capacity and skills in social marketing.

Its priority audiences include:

- Department of Health staff working on national strategies, programmes and campaigns (including policy, programme, communications and research).
- NHS staff involved in commissioning and developing health and well-being strategies, programmes and campaigns, including relevant staff within Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs).

The key aims of the NSMC are to:

- support those leading and developing national and local health improvement programmes;
- capture learning and spread good practice; and
- provide hands-on support for local delivery using social marketing principles.

Training and support

The NSMC's priority is support and training for staff in PCTs, SHAs, local authorities and the third sector, but they will also develop 'masterclasses' for chief executives, directors and non-executive directors in PCTs and NHS trusts. The NSMC also works with professional marketing bodies and training institutions to ensure that social marketing is incorporated into both undergraduate and postgraduate coursework material.

The Department of Health is working, via the NSMC at the National Consumer Council, to establish a network of regional support and development managers based in each of England's public health regions. This infrastructure will support the implementation and adoption of social marketing as a tool for effective public health behaviour change at a local level.

Workshops, conferences and forums

Since April 2007, the NSMC has provided training for over 5,000 public health professionals. Its 28 one-day 'What is social marketing?' workshops, aimed at PCT staff, covered the principles of social marketing and gave attendees the opportunity to start putting together a social marketing plan that would be relevant to their current work.

The NSMC has presented at more than 60 conferences and events across the country, including the Faculty of Public Health Annual Conference, the UK Public Health Association Conference, the Cheshire Smoke-free Conference and the World Health

Organization Rennes Healthy Cities Conference.

Following the completion of national obesity insight research, the NSMC is in the process of developing resources and workshops for the Obesity National Support Team. We have produced a short guide for managers to help them to understand how the national insight work can be applied or adapted to guide the development and commissioning of local social marketing interventions to reduce childhood obesity. A practical step-by-step guide to developing and implementing a social marketing intervention is also being developed for field practitioners.

These resources are all part of a training programme that includes a series of regional seminars and training workshops (which began in April 2008). The programme will show practitioners how to combine marketing know-how with a systematic approach to planning, managing and commissioning effective interventions.

The centre also runs Advanced Practitioner Development workshops for those who have 'social marketing' in their job title or job description (the first was held in December 2007).

In collaboration with trainers from the Tobacco Control National Support Team (TCNST), the NSMC recently delivered a one-day workshop for TCNST staff. The sessions covered case examples and exercises related to smoking. Another seven were run for different regions across the country between October 2007 and January 2008. In addition, a one-day 'Train the Trainer' course for delivery managers of the TCNST was held in September 2007.

> Public health thinks it understands what makes people tick, but clearly we don't. We need to develop the workforce to have greater understanding of the concept of social marketing – with limited resources, we need to make our spending count. Looking into social marketing, we quickly realised that there were practical things that we could learn that could really improve what we do.

Dr Diana Forrest,
Director of Public Health
Knowsley PCT

In September 2006 the NSMC managed the inaugural National Social Marketing Conference, which was attended by DH staff and staff from PCTs. Delegates were asked what help they wanted to enable them to apply social marketing principles to their everyday work, and their views have informed the current programme.

A second conference followed in 2007, which was attended by 242 delegates drawn from a wide range of professional disciplines – from professional marketers through to public health consultants. A symposium of international experts was held immediately afterwards to discuss the future of social marketing. Plans are under way for the first ever international conference, the World Social Marketing Conference, in Brighton in autumn 2008.

Every year the NSMC runs three knowledge-sharing forums to share international best practice; speakers from the UK and abroad discuss a variety of social marketing topics.

Tools and resources

In autumn 2008 the NSMC plans to publish a range of practical resources and tools for national and local practitioners and commissioners to use when applying social marketing principles. These include a social marketing planning guide, a compendium of case studies.

In addition, the NSMC publishes a quarterly e-bulletin. It is currently distributed quarterly to over 2,000 subscribers, but this number is increasing each month.

Towards the end of 2008 the NSMC plans to establish a national learning archive, which will act as a central repository of consumer insight research generated by government programmes and the academic, commercial and NGO sectors. We will encourage local community groups to contribute to the archive, and will make available examples of good practice, lessons learned, campaign material, tools and guides. The archive will enable people to search for material relating to specific geographical areas or topics.

Building an evidence base

The NSMC is committed to developing a robust evidence base for social marketing, and has set up ten learning demonstration sites, based in local PCTs and local authorities. A NSMC associate supports each learning demonstration site, and each site follows the systematic process which is key to good social marketing practice. In-depth training on the social marketing process and marketing techniques is provided for all PCT/LA staff involved in the learning demonstration sites.

As part of the initiative, the NSMC has provided guidance to ensure that clear behavioural goals are set at the start, that any relevant stakeholders have been engaged, and that there is a genuine understanding of the target audience.

All PCT/LA staff involved in the learning demonstration sites have access to a

dedicated area on the NSMC website where they can share reports, download resources, and discuss issues. Communication between the sites is supported by a monthly newsletter that lists any recent developments, new resources and upcoming events.

For eight of the sites, the scoping work, pre-testing and intervention development and refinement was completed in spring 2008. The actual interventions are ready to be piloted during summer/autumn 2008. The NSMC is commissioning an independent institution to do a through outcome (including a cost-effectiveness analysis) and process evaluation.

Academic work

Integrating social marketing into the academic sector will help build long-term capacity and capability. In March 2007, the NSMC established a National Academic Advisory Group to help build social marketing knowledge and skills in the UK academic sector, and to enhance its teaching, training and research capacity.

The Group will also encourage knowledge sharing by putting academics from the business, social and medical disciplines in touch with each other. More ideas will be generated, and joint research bids will be developed between academic centres.

Systematic planning, implementation and learning

As part of the 'Health capacity' programme, the NSMC will develop clear planning standards and budget allocation procedures. No new national programmes will be launched without first having gone through a thorough scoping phase and programme development phase. All new programmes will be required to produce a scoping report, development plan and evaluation report that will be available in the public domain (via the National Learning Archive). These will inform national and international learning about what works and what does not, and decisions to invest in new national programmes will be based on their findings and recommendations.

Local practitioners will be encouraged to adopt similar rigorous processes for programme development and learning.

Celebrating success

The 'Health capacity' programme will emphasise celebrating success by introducing a national system of awards to recognise contributions from commercial organisations, the third sector and social enterprises. We will also recognise contributions by community groups, the NHS, local government and individuals.

Listening not lecturing: How North Tyneside PCT is tackling the public use of alcohol by young people

In 2007 North Tyneside PCT began laying the foundations for an initiative aimed at decreasing kerbside drinking among young people in the area. The initiative followed a process that adheres to the principles of social marketing.

"We knew we wanted to use the social marketing approach, because it puts the consumer right at the centre of the issue," says Jan Southern, a Public Health Specialist with the PCT. "Social marketing also helps to counter the common tendency to reach for a solution too early in the process."

Existing data

An initial review of the data pointed to several possible reasons for young people's continued presence in public spaces:

- a lack of private space of their own;
- a desire for spatial autonomy from adults;
- family breakdown;
- a lack of leisure opportunities; and
- unemployment.

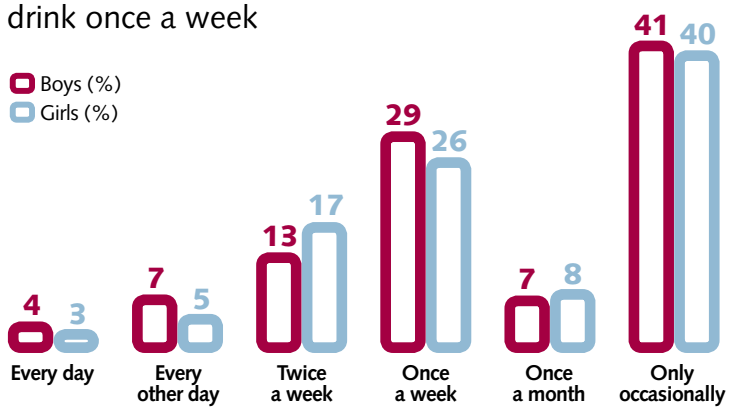
There was little evidence that school-based, or large-scale education or promotional campaigns had any effect on young people when used as the main means of countering alcohol misuse. Drinking was seen by many to be their main or only leisure option, and was also considered to be a safe alternative to drugs. On the downside, however, the concerns of young drinkers included crime and anti-social behaviour, fights, involvement with the police, vulnerability and the danger of unprotected sex.

On the advice of the alcohol steering group, the PCT carried out an initial audience segmentation (by geographic, demographic or psychographic, and behavioural factors).

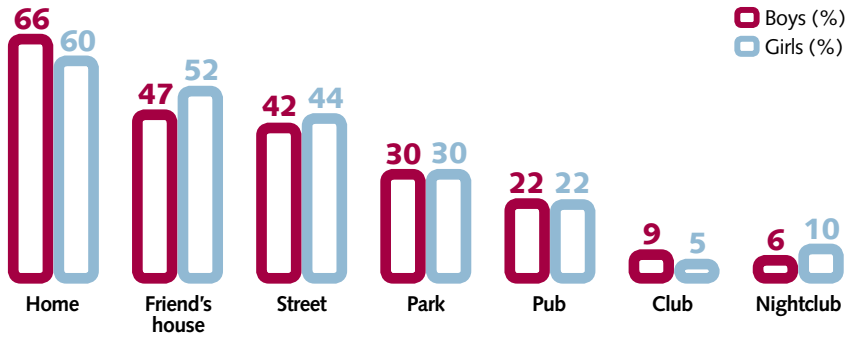
"We needed to determine the main geographical focus, age band and gender [of the problem group]," Jan explains. "We already knew that more girls than boys drank alcohol locally; that the majority drank at home, at a friend's house or in the street; that alcohol was obtained from corner shops and parents; and that young people were receiving inaccurate messages regarding the consequences of drinking alcohol. There was a general perception that young people are able to access alcohol quite freely, particularly in designated 'neighbourhood renewal areas'. We reached the initial conclusion that girls aged 11 to 15 might be our key priority."

Figure 2: Background and problem description

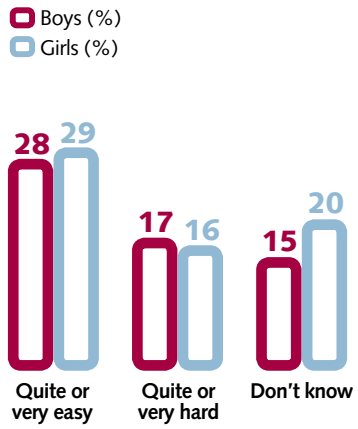
A large proportion of underage teens drink once a week



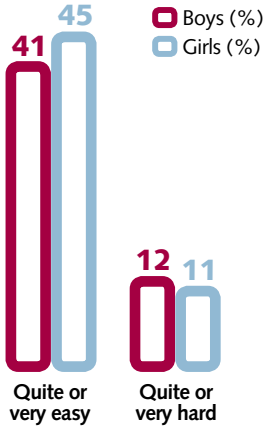
Many of them drink unsupervised on streets rather than indoors



How easy or hard it is for young people to buy alcohol



How easy or hard it is for young people to get others to buy their alcohol



Gaining insight

To gain the insight crucial to any social marketing exercise, focus groups were set up with young people, their parents and key workers. There were also one-to-one interviews with parents and local authority staff.

"Rather than inventing something brand new, we decided to use existing services and structures to gain access to the young people and their parents," says Jan. "The police operated a service that returned young drinkers to their homes, and we were able to tap into that. Importantly, we also worked with the local youth offending team and a local youth service called The Base, which is run by Barnardo's. All of this meant we got much better access to the young people and their families than we would have done had we tried to do it alone.

Figure 3: Analysis framework 2 – alcohol use

The consequences of drinking for young people and their families were felt across a number of domains:



Nearly all of the young respondents reported having had some contact with the police while drinking in public places:



"What we found was not surprising or new, but it was very focused. The young people spoke of their need for a space of their own where they would be respected for who they were. In the absence of such a space, they felt they had no option but to be outside. When they tried to be creative with the available space, this was often removed – leaving them with the issue of finding new space or rebuilding what they had previously.

"Hearing this message put so powerfully was an important lesson for the team, and one that we might not have heard so clearly had we not taken the trouble to talk to our audience directly."

The focus groups pointed to the exchange that needed to take place for the audience to make the desired behavioural change. In return for a place to go, with safety and activities, they would reduce their drinking in public. "But they were going to need to own and deliver the exchange themselves," says Jan. "We could set it up, and facilitate and empower the young people, but beyond that they had to be in control of the solution, with their rules, or it would fail."

Going forward

The PCT team concluded at an early stage that a multi-faceted, cross-sector approach involving the local authority, parents and the young people themselves was most likely to be effective, and this is the course that is being followed as they go forward with the project.

"The intervention mix has yet to be arrived at," says Jan. "But by taking the approach we have, I believe we have more chance of effecting behavioural change than if we had simply adopted the old-style, top-down messaging of the past. Putting the customer at the heart of the process has undoubtedly yielded dividends – even at this early stage."

Key milestones

The following are the key milestones for the 'Health capacity' programme:

- Spring 2008: publish social marketing ethics guidelines.
- Autumn 2008: first World Social Marketing Conference takes place.
- Autumn 2008: publish social marketing planning guide and compendium of case studies.
- Ongoing: implement capacity, training and skills programme for those working in public health.

Health insight

Goal: the goal of this programme will be to use public health consumer insight to inform local and national health improvement activities.

> Developing a real understanding of what citizens and businesses want from the public sector creates the opportunity to provide services through channels that will best respond to their needs.

Service Transformation: A better service for citizens and businesses, a better deal for the taxpayer (by Sir David Varney, published in December 2006)

> The drive to improve our understanding of the needs and wants of our audiences is what makes social marketing stand out from other health promotion programmes. DH's work to use this enhanced customer understanding to inform policy at the national government level is truly groundbreaking.
>
> Ian Potter, Health Sponsorship Council, New Zealand

People's motivations and decisions about how to live their lives are rarely driven by single issues, but rather by a complex range of overlapping behaviours and life circumstances. One of the key principles of social marketing is to develop programmes that are based on a deep insight into people's behaviour (this includes their motivations for change, their environment, their social network, their peers and their life experience). These programmes can then be used to shape interventions on both a local and a national level.

Employing such insight will result in a more holistic way of helping people to change their unhealthy behaviour or to maintain healthy behaviour – rather than always taking a disease- or issues-based approach.

Insight is a revelation about what compels people to act, think or feel the way that they do. Policies, campaigns or communications that are based on or shaped by insight are much more likely to ring true with audiences and to deliver the desired results.

Insight is built from demographic, behavioural and epidemiological data. It applies prior evidence and intelligence about what has worked elsewhere, together with data about what motivates people, what they say will help them and any perceived barriers.

There is rarely a 'one-size-fits-all' solution that will work across the population. Our future health promotion programmes will be built on shared insight into audiences, clearly defined through segmentation analysis, to bring about specific behaviour.

Smoking cessation in pregnancy: what Newcastle University is doing about it

With the assistance of the North East Strategic Health Authority, the School of Dental Sciences at Newcastle University recently undertook a project to reduce the number of women smoking during pregnancy.

The negative impact of smoking in pregnancy is well documented and includes a higher rate of miscarriage, pre-natal mortality, low birth weight and sudden infant death syndrome (to name but a few). About 30 per cent of women in the UK who smoke continue to smoke during pregnancy. The *Smoking Kills White Paper* (published by DH in 1998) set a target to reduce the percentage of women who smoke during pregnancy from 23 per cent to 18 per cent by 2005, and 15 per cent by 2010.

Methodologies used

- **Defining the target audience:** smoking during pregnancy seemed to be less prevalent among women from ABC1 backgrounds than among those from C2DE backgrounds (women from deprived areas).
- **Market research/generating 'insight':** extensive market research was conducted with the target population. The research adopted a qualitative focus group method, and subjects were recruited to take part in one of 12 focus groups on a door-to-door basis by trained and experienced market research interviewers. A total of 12 groups were segmented by age, social class, smoking behaviour/history and cohabitation status.
- **Pre-testing:** the posters and leaflets were pre-tested with participants from the focus groups.
- **Engaging stakeholders:** extensive developmental work was undertaken with the Institute for Social Marketing at the University of Stirling, with the University of Strathclyde and with the North East SHA.

Findings

- **Health professionals:** a major barrier to overcome was the lack of enthusiasm and empathy among healthcare professionals towards their key customers.
- **Information needs:** women already knew about the potential harmful effects of smoking during pregnancy, so the material focused instead on strategies for giving up (how to deal with cravings, how to cope with anxiety about weight gain, etc). Posters were not designed to scare the mother-to-be.

Outcomes and learning

The number of pregnant (and non-pregnant) smokers recruited to the new smoking cessation intervention increased tenfold during the intervention phase. The number of pregnant smokers recruited also increased following the role-play sessions (especially those that were held with midwives), and was higher than that of neighbouring services (in which different interventions were being undertaken).

Professional actors were used for role-play work with staff: by participating in this way, staff were given a sense of how it might feel to be one of the target women, and of what approaches might work more effectively.

The following products were developed to support health professionals and services:

- A magazine
- Leaflets
- Posters
- Training for health professionals

Insight and understanding

Our knowledge of the way people live their lives and of what can help them to make healthy choices will be at the heart of all of our 'Health insight' programmes. We will ensure that all programmes go through a thorough scoping and development phase that draws on the available data and evidence, and all programmes will pre-test interventions before they are scaled up nationally.

We will produce scoping reviews for all future programmes, as well as data on interventions and evaluations (as part of the national learning archive). This will help those working to improve health outcomes to build their knowledge of what works and what does not.

Customer-focused organisations embrace insight to guide not only their product and service decisions but their basic strategy and organisational structure as well...

Harvard Business Review,
April 2006

Humour drives home health behaviour change: Knowsley's PITSTOP initiative helps men to get their health checked out

Knowsley PCT and Knowsley Council employed insight effectively when raising awareness of health among local men aged 50 to 65 by encouraging and supporting positive behavioural change.

The approach

First, desk research revealed some key insights: men don't like talking about their health, they are reluctant to go to a doctor and late diagnosis can be a factor in early death. The team then held focus groups, which revealed that any health campaign for this group must be hard-hitting, humorous and non-judgemental, and that NHS and local authority branding needed to be very subtle.

A programme of health checks called PITSTOP was set up in 'non-health' venues (including pubs, social clubs, community centres and workplaces) and publicised with a motoring-inspired publicity campaign. Spoof road signs carried the message 'Endangered species – it's never too late to get healthier' and 'Don't ignore the warning signs – get a free health check', and there was further ambient publicity in the form of beer mats, washroom posters, stickers, pens, stress toys and car air fresheners.

In addition, a comedy play toured local venues, an ex-Everton FC player fronted PR activity and a 'Knowsley Man Maintenance Manual' was created in partnership with the Men's Health Forum.

Outcomes and learning

Over 3,000 local men had health checks, with 85 per cent of them reporting lifestyle changes some weeks later.

Awareness of men's health campaigns was shown to have increased overall.

Major long-term social marketing-driven programmes in adult stop smoking services, cardio-vascular disease prevention services and a range of other public health and corporate business areas are now under way as a result of the success of PITSTOP.

> Insight is a deep truth about the citizen – based on their behaviour, experience, beliefs, needs or desires – that is relevant to the task or issue and rings bells with the target audience.
>
> Government Communication Network 'Engage' programme

Sharing intelligence

A great deal of potentially useful data already exists, but at the moment it is not accessible in one place. Practitioners and public health champions are faced with digesting multiple streams of information and evidence before they can take any action on an issue.

PCTs, health authorities, NHS trusts, DH and other government departments all commission a considerable quantity of market research each year, and much of it could be helpful to those developing interventions or delivering services.

It is vital that any insights gained are shared widely: in winter 2008 the NSMC plans to establish an online 'one-stop market research shop' for the findings of DH- and NHS-commissioned market research. This will ensure that research is not unnecessarily duplicated, and ensure that a wider audience has access to previously unpublished DH research.

Health insight and planning service

We plan to set up a new customer insight and behaviour planning service to improve public health programme and policy planning. Specialists will provide internal consultancy services to policy leads – particularly in terms of marketing planning – to ensure that social marketing principles inform policy, and that customer insight is placed at the heart of policy making. The new service will produce a series of tracking surveys for health knowledge, attitudes and behaviour.

Details of the new service model (and any associated learning) will be published in spring 2009, and the structure will then be offered for use at both the regional and local level.

NB: The 'one-stop shop' will be password protected and open to all NHS public health professionals working to improve public health

Patients contribute to service design: How sexual health clinics in Gateshead have become more accessible to hard-to-reach groups

Gateshead PCT wanted to investigate how the overall design of sexual health services could be made more accessible to hard-to-reach groups. It planned to create a genito-urinary medicine (GUM) service with a clear treatment path that was suitable for users. The aim was that patients would be seen within 48 hours of first contact.

The approach

Better prevention, Better services, Better sexual health: The National strategy for sexual health and HIV (published by DH in July 2001) revealed that users often find GUM services disjointed and stigmatising. As part of this project, the Gateshead team worked with designers and held extensive interviews and community discussions with local people about this issue.

The focus was on young people, gay and bisexual men, Asian women and others who do not traditionally use health services. A range of design solutions were made available for comment and reaction, and subjects for discussion included:

- the design of waiting areas;
- how GUM services are promoted to the public; and
- how users and consultants interact in GUM services.

Outcomes and learning

The consultation process yielded several groundbreaking ideas for service design. These included:

- the use of cards to help people to find the right words to describe their symptoms; and
- multiple waiting areas to give patients a sense of moving forward through the system.

Gateshead PCT is currently coming to the end of the planning stages for its revised GUM service.

Healthy foundations life stage segmentation model

The use of segmentation itself is not new, but in 2006 we carried out an intensive exercise across three overarching 'dimensions' (we consulted key policy makers, health professionals and academics in order to identify these):

- age or life stage;
- people's circumstances or environments; and
- their beliefs about and attitudes towards health and health issues.

The healthy foundations life stage segmentation model provided a sophisticated '360-degree picture' of the population in terms of individual behaviour across issues including obesity, drug and alcohol misuse, smoking, sexual health and poor mental health.

A project team (incorporating representatives from DH's public health, social marketing, mental health policy and communications teams) worked with the NSMC, and academic, public and private sector marketing experts to develop the model. More information about it is contained in the attached supplement, *Healthy Foundations: A segmentation model*.

Age or life stage

The suggested life stage model below reflects the (at times complex) journey that people take through life. For example, it is possible for people to move between the 'settler', 'juggler' and 'alone again' stages as they experience different life events.

People's circumstances or environments

Published epidemiology data and work in health inequalities demonstrates a correlation between poor circumstances and multiple health issues. Research indicates that environmental factors have a critical influence on 'at risk' health behaviour, and also on people's ability to change their lifestyle to benefit their health.

Environmental factors can be categorised into three groups.

- **Social:** whether someone is surrounded by positive or negative social norms.
- **Physical:** if someone lives in a deprived community, this affects the quality of the local facilities.
- **Economic:** people who survive for long periods of time on low incomes and/or who are long-term unemployed tend to be more likely to suffer from poor health.

Those suffering in all three of these areas are the most at risk and the least able to make positive changes in their lives.

Figure 4: Suggested life-stage model



Beliefs about and attitudes towards health and health issues

Life stage and circumstances are not the only determinants of unhealthy behaviours. There are many examples of people at a certain life stage who live in poor circumstances and yet actively look after their health, and people at the same life stage who live in positive circumstances can suffer from multiple health issues. Clearly, people's beliefs and attitudes about their health influence their health status.

Combining the three dimensions

The three dimensions work together to determine people's ability to live healthily and their likelihood of doing so.

Motivation and environment determine people's approach to health, and this can then be mapped against their life stage to develop a more fully rounded understanding of behaviour.

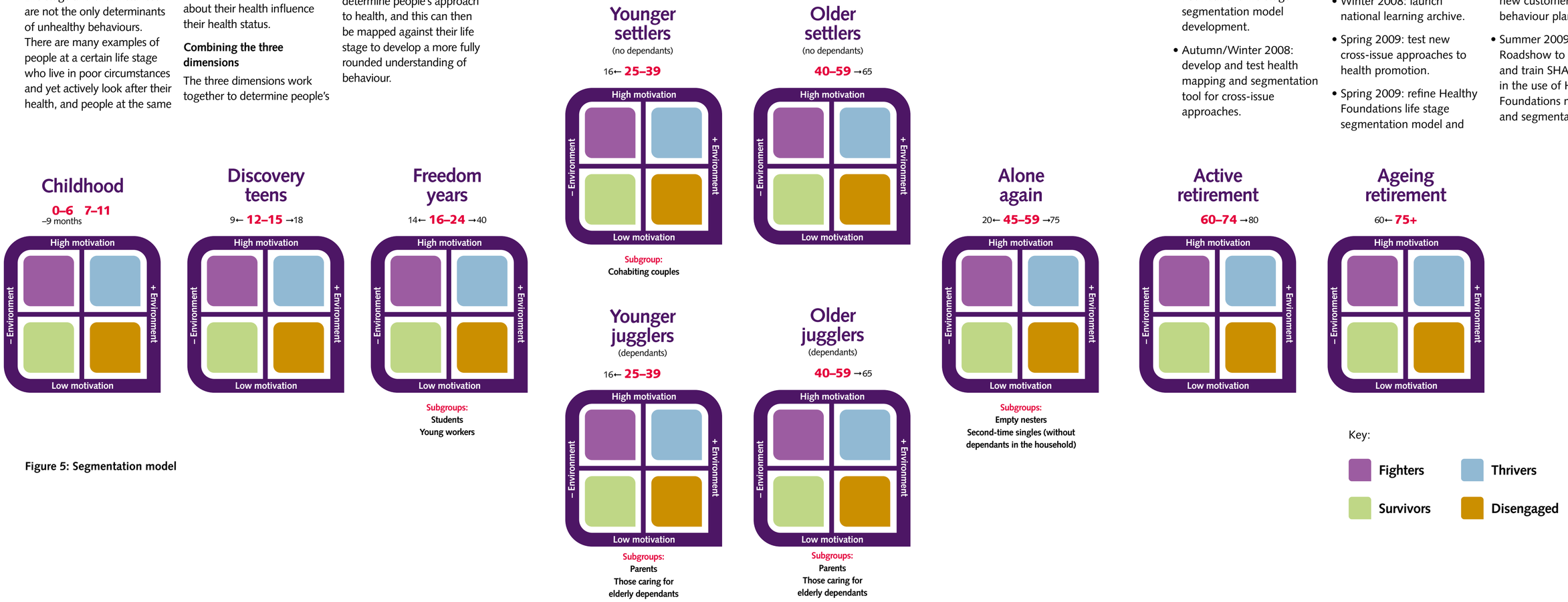


Figure 5: Segmentation model

Health insight programme

- Autumn 2008: first stage validation of Healthy Foundations life stage segmentation model development.
- Autumn/Winter 2008: develop and test health mapping and segmentation tool for cross-issue approaches.
- Winter 2008: NSMC establishes 'one-stop market research shop'.
- Winter 2008: launch national learning archive.
- Spring 2009: test new cross-issue approaches to health promotion.
- Spring 2009: refine Healthy Foundations life stage segmentation model and share insight with SHAs and PCTs.
- Spring 2009: establish new customer insight and behaviour planning service.
- Summer 2009: Regional Roadshow to promote and train SHAs and PCTs in the use of Healthy Foundations mapping and segmentation tools.

Health innovations

Goal: the goal of this programme will be to put social marketing principles into action in local, regional and national settings and to create a central resource for sharing knowledge on effective behavioural interventions across local, regional and national settings.

Social marketing is a way of working – not a strategy in itself. It can be used alongside other behavioural interventions to address public health issues. We need to learn which evidence-based interventions work best and then share that knowledge.

We will continue to demonstrate innovation with behavioural interventions that make the best use of new technologies (NHS LifeCheck and the NHS Choices website, for example). We will learn from and build on the roll-out of key community initiatives like the NHS health trainers programme (which provides one-to-one supports to help individuals tackle health issues).

We will also explore:

- new models of health learning (via the health literacy programme);
- new and emerging health behaviour change tactics; and
- tools used in the commercial and public sector.

Activmobs: Local residents get active

Activities focused on people's interests improve health outcomes

In collaboration with the Design Council, Kent County Council is pioneering an innovative approach to help people to get active. The Activmob scheme empowers people to take exercise at a time and in a place that suits them.

The approach

A team including officers from Kent County Council, representatives from the Design Council and residents of a Maidstone housing estate consulted youth club leaders and a community support officer (among others). Workshops were held to identify the issues that were of greatest concern to residents: residents' daily routines were mapped out and activity 'flashcards' were used.

The process revealed that there are barriers to activity in traditional settings for many residents, and that new services should support the integration of activity into residents' everyday lives.

The solution was 'Activmobs', a radical new initiative designed to support self-organised groups of people to maintain an active life. As part of the pilot, residents created three 'mobs':

- one for people who walked their dogs and wanted to lose weight;
- one for individuals with back problems; and
- one for people interested in guided walks.

There are now four mobs registered on the website (www.activmob.com), and several others are in the process of being developed and supported.

Quantitative and qualitative feedback has been gathered, and the benefits of these mobs have been recorded. Findings have helped the local authority to better understand how to go about tackling changing health issues and lifestyles.

Outcomes and learning

The Activmob scheme increased opportunities for physical activity, which is proven to have significant health benefits and to result in long-term savings to health and social care services. Involvement in the scheme produced tangible, measurable improvements in personal well-being, such as improved sleep and greater physical flexibility.

Testing out our insight and segmentation hypothesis

The healthy foundations life stage segmentation model research looks at behaviour across a number of our key priority areas: obesity, drug and alcohol misuse, smoking, sexual health and poor mental health.

We will be carrying out bespoke research to fully explore, populate and validate the segmentation parameters. This will be completed by autumn 2008.

Addressing related health issues

The relationship between harmful behaviours (such as eating too many energy-dense foods, drinking too much alcohol or having unprotected risky sexual encounters) is often not explored. Even when there is evidence that certain behaviours (for example, binge drinking and sexual health) are related, mechanisms are not always in place to combat the link.

We will be commissioning and funding innovative local and regional programmes that address cross-cutting issues by focusing on the individual rather than on the health issue in isolation. This will help us to build up an evidence base for what works. There will be a particular focus on marginalised groups (particularly black and minority ethnic groups), and on how social marketing interventions can reduce health inequalities among them.

This work will complement the NSMC's demonstration projects (part of the 'Health capacity' programme).

Creating a knowledge base

Building on the experience gained as a result of the smoking, sexual health and healthy eating programmes, we will strengthen communication between national health promotion programmes and regional and local efforts.

We will ensure that all front-line public health staff know about national efforts, and equally that national programmes are built on intelligence and experience gained at the local level. This will involve creating a robust system for information sharing across all public health programmes and ensuring a cohesive central point of contact for Public Health interventions across DH. This system will be scoped in Summer 2008.

Using the Healthy Foundations life stage segmentation model, we will create a network of social marketing champions who will work within and across local and regional areas and sectors to champion this approach. The network will be in place by autumn 2008.

We will work with those already delivering social marketing and health improvement interventions in the NHS to create a new central resource. It will be a place to access social marketing know-how and to share knowledge, and it will be of crucial importance to the social marketing champions.

Healthy choices for kids: Brighton's childhood obesity campaign

Brighton and Hove City Teaching PCT commissioned a campaign aimed at tackling obesity in children aged 8 to 11. It was delivered by Brilliant Futures, a social marketing organisation, and The Priory Partnership, a media and PR company. The objectives of the campaign were to change children's attitudes and behaviours in relation to healthy living, to increase parents' awareness of the causes of obesity and to encourage lifelong participation in healthy activities.

The approach

Focus groups and questionnaires were used to gain an insight into existing levels of knowledge about healthy eating, into motivation and into attitudes towards healthy eating among children and teachers.

A variety of events and initiatives took place as part of the campaign:

- There was a high-profile campaign launch, with a letter sent to all local primary heads and personal, social and health education co-ordinators.
- One-day workshops took place in schools and community venues, featuring fun and practical activities based around healthy lifestyle choices.

- A three-week healthy challenge was held, featuring a 'passport' (promoting the Active for Life website at www.activeforlife.org.uk), with prizes for children who completed all of the tasks.
- A half-term 'fun day' took place, at which children and parents had the opportunity to try cooking healthy food, to receive a free recipe book, to play football with Brighton & Hove Albion, and to buy fresh fruit and vegetables at low prices.
- A local PR campaign was run.

Outcomes and learning

A post-campaign evaluation showed that children had retained knowledge, and introduced new food and exercise into their home and school lives.

The question 'Did the workshop encourage children to make healthy choices?' produced a high mean score (4.7 out of a maximum of 5), and there was a substantial increase in the numbers of people accessing the Active for Life website.

Behaviour change – theory into action

We plan to create a learning culture at DH that will draw on the experience and knowledge of practitioners and experts. This will provide practical, evidence-based support for exploring new approaches to health improvement.

Our first step will be to commission a review of current health behaviour change interventions. We will also set up a system for gathering information about what is being done abroad and for keeping up to date with innovations.

We will build on the three developing personal health projects that place the consumer at the heart of their development:

- NHS health trainers programme;
- Health literacy; and
- NHS LifeCheck.

NHS health trainers programme

This community participation scheme, run by PCTs, recruits and trains individuals to become health trainers who are drawn from the local community or are knowledgeable about the community they will serve.

These individuals are then able to offer one-to-one support and training on health issues, and to provide advice on accessing appropriate health services.

NHS health trainers are a visible and accessible link between health practitioners and disadvantaged communities. The majority of the NHS has signed up the scheme, and 1,200 health trainers are already in place.

Prisons have made great strides with the programme (there are currently around 80 health trainers working in prisons) and the Army has trained 2,450 physical training instructors. Boots, National Pharmacies, the Royal Mail and the Football Foundation have all signed up to the programme, and there are two national awards (City & Guilds Level 3 and Royal Institute of Public Health Level 2).

Health literacy

The core principle of the health literacy programme is that learning about health can be combined with improving basic skills in literacy, language, and numeracy – as part of a 'two for one'-type method called 'embedded learning'. The programme is a partnership between two government departments – DH and the Department for Innovation, Universities and Skills (DIUS) – and the health and education charity ContinYou.

Learners' responses to the programme have been inspiring, and the results have already been encouraging: individuals have been able to develop their literacy skills at the same time as improving their diet and losing weight.

The second phase – involving projects in prisons, local government, libraries, museums and Royal Mail – began in autumn 2007, and further phases are planned.

NHS LifeCheck

The NHS LifeCheck programme was conceived as a result of the *Your health, your care, your say* public consultation (published by DH in January 2006), in response to people's desire to take more responsibility for their own health and well-being. Three LifeChecks are under development – for Early Years, Teenagers and Mid-life – adopting a similar process of an easy-to-use health assessment and behaviour change tool that helps people to assess and manage their own health through the major life stages and beyond.

By helping people to see how their current lifestyle choices might affect their health,

Personal trainers for health

Bolsover District is ranked 31 in the bottom 50 (most deprived) local authorities (IMD 2004) in England. With such high rates of deprivation and ill health within its boundaries, the populations of Shirebrook, Creswell and Langwith experience the worst health outcomes within the district.

Health trainers and the development of a network of community volunteers for health have been seen as a positive step in improving lifestyle within the district and a key strand in driving down the heart attack rate in North East Derbyshire.

supporting them in setting *SMART* behaviour change goals, and pointing them in the direction of useful information and resources (including their GP or health professional), NHS LifeCheck is giving individuals the opportunity to make positive health changes at their own pace.

The Teen and Early Years LifeChecks are being prepared for the start of a phased national roll-out, starting in autumn 2008. It will initially focus on the 83 Community for Health areas followed by all other areas in England in January 2009. The Mid-life tool is currently being prepared for a series of pilots. The tools have the potential to be used to great effect in deprived areas, encouraging those at highest risk of ill health to carry out an assessment and to act on the results, where available with the support of health trainers.

Ultimately, the intention is that people will be able to access NHS LifeCheck in a wide variety of settings, including local surgeries, pharmacies, voluntary organisations, leisure and community centres, children's centres, sheltered housing and schools.

NHS Choices website

The NHS Choices website (www.nhs.uk) has been developed to offer consumers better choice, greater convenience and more control over their health. It aims to personalise healthcare by providing people with a wealth of practical information about health-related issues such as smoking, drinking and exercise, as well as offering guidance on finding and using NHS services.

The website draws together the knowledge and expertise of NHS UK, the National Library for Health, NHS Direct, the Information Centre for Health and Social Care, the Healthcare Commission, and numerous other health and social care organisations.

Key milestones

The following are the key milestones for the 'Health innovations' programme:

- Autumn 2007: second phase of health literacy programme launched.
- December 2007: NHS LifeCheck pilot began.
- Spring 2008: launch NHS LifeCheck on NHS Choices website.
- Spring 2008: scope knowledge-sharing resource.
- Spring 2008: commission horizon-scanning service.
- Autumn 2008: validate Healthy Foundations life stage segmentation model.
- Winter 2008: launch NHS Mid-life and Early Years LifeChecks.
- Autumn 2009: national evaluation of health trainer programme takes place.

“

For those of us who've worked in social marketing for many (many) years, what is now happening in the UK – particularly within the Department of Health – is extremely exciting, and an inspiration to the US. Learning from each other is vital in the development of social marketing; learning what works – and (if not more important) what doesn't work – helps social marketing practitioners to develop and improve their work.

”

Nancy Lee, President of
Social Marketing Services Inc,
Washington DC

Health partnerships

Goal: the goal of this programme will be to establish effective local and national partnerships with the private and third sectors to promote good health.

Who do the public trust?

Last year's Edelman Trust Barometer showed that trust in the Government had dropped by nearly half – from 33 per cent in 2006 to just 16 per cent in 2007. The UK also shows declining levels of trust in traditional and new media, and advertising is the least trusted information source (8 per cent).

Society is changing and people are ever more selective (and at times cynical) about the messages they are bombarded with. But partners play an essential role in influencing and shaping people's behaviour. Action by individuals and by the Government must be aligned with that led by communities, third sector organisations and business.

There is already a broad range of partnerships in place between the public sector and the private and third sector, and much good work is happening. The Business in the Community (BiTC) scheme proves how cross-sector partnerships are already working to improve people's lives, and the Communities for Health programme is another example of how local authorities and the NHS are working together to improve health and reduce health inequalities.

Although partnership working is not new, more needs to be done to embed it into what we do. We need to set up robust yet flexible frameworks that will enable partnerships to fulfil their potential. We will invest more effort in proactively building working partnerships at the national, regional and local level.

A '**partnership for health**' is a short- or long-term working relationship between two or more organisations to inform strategies and related actions to improve health. The partnership must function within a set of open and transparent operating parameters and in line with government guidance relating to good practice and governance.

The diagram opposite sets out the three broad areas of strength that organisations can bring to a partnership: infrastructure, content and organisational reach.

Figure 6: Partner typologies



Team approach to tackling young people's health: Nationwide initiative builds partnership between sports clubs and communities

The BiTC scheme helps companies to maximise their positive impact on society. It created the 'Clubs that Count' programme as a way of helping professional sports clubs to develop and share best practice in social and environmental responsibility, and to improve their positive impact on local communities.

Approach

Professional sports clubs traditionally have close links with their local communities, many of which are disadvantaged (64 per cent of professional football and rugby league clubs are in deprived neighbourhoods, and 61 per cent of football league clubs are in areas with significant or high black or minority ethnic populations).

The Clubs that Count initiative uses sporting brands to make contact with people who are normally difficult to reach and unreceptive to health messages. As well as advising and supporting clubs in their community activities, it also measures how successfully they are implementing their corporate social responsibility policies, identifies gaps in delivery and gives advice on how they can improve.

Clubs that Count has engaged over 50 football, rugby and basketball clubs over the last two years, and these clubs are tackling a wide range of health issues in innovative ways. Manchester City FC has a track record of using a combination of its brand appeal, football and partnerships to tackle social issues such as ill health, drug use, sexual health and unemployment. The club was awarded a 'Big Tick' in BiTC's Health Communities Award (sponsored by BUPA and supported by DH) for its City in the Community initiative.

Outcomes and learning

Participating clubs report on their work to BiTC annually via the Clubs that Count online tracker. By doing so, they demonstrate their commitment to improving their positive social impact, and prove the value of sports clubs as partners for promoting healthy lifestyles – particularly to people who are usually hard to reach.

Identifying the challenges and perceived barriers to partnerships

In response to the publication of *Health Challenge England*, we put together a series of regional roadshows to give key stakeholders (senior figures drawn from the public, private and third sectors) the opportunity to discuss how they could work together to deliver its seven key principles – one of which was forging new partnerships.

Some very useful feedback emerged from the roadshows:

- Stakeholders feel that there is a need for greater investment – in terms of time and resources – in partnerships.
- Although there was a great deal of enthusiasm for developing partnerships, there was a perception that there is an apparent lack of funding – from PCTs and the third sector – for these projects.
- There is a desire to find common ground to work with the private sector.
- Working with the private sector can add real value, as it can provide access to resources, expertise and key target groups.
- There was also some unease about working with the private sector: stakeholders don't know how to approach companies, or feel nervous about being seen to condone certain products (such as alcohol, food or tobacco).
- There was also concern that national partnerships with private organisations do not always meet local needs.

Understanding our partners

In September 2006, we commissioned research to gain more of an understanding of the motivations for and barriers to working in partnership. We were particularly interested in exploring the issues involved with partnering with HID to deliver social marketing initiatives for health improvement.

The research involved a series of one-to-one interviews and five in-depth case studies. These were carried out with senior executives from organisations from the private and not-for-profit sectors, including Pepsi, Tesco, Cancer Research UK, Sky and Barclays.

The resulting research paper, *Health Improvement Partnerships*, showed that DH has a pivotal role to play in improving health outcomes in England – through policy and regulation, and through delivery. It found that 90 per cent of respondents were willing to work with DH, as long as the terms of engagement were clearly defined. Respondents emphasised that the key to success was an effective, streamlined and well-managed process, with all partners involved from early on in designing initiatives and delivery mechanisms.

The following concerns emerged as a result of the roadshows, and need to be addressed:

- There is not enough of a coherent, joined-up government strategy on

other issues that affect health outcomes.

- 'Short-termism' on the part of the Government – frequent, mid-stream changes in policy and cautiousness about committing resources for the long term – is a worry.
- There is too much of a focus on treating ill health rather than on promoting good health.

Responding to the challenge – developing effective partnerships

We have set in motion a collaborative process for coming up with recommendations on how to develop and sustain effective cross-sector partnerships. Acting on the feedback from the roadshows, we have commissioned the NSMC to explore the most appropriate and consistent approach to developing partnerships. This primarily focuses on partnerships led by the Health Improvement and Protection Directorate for the Minister of State for Public Health.

We propose to develop a working group and a steering group at the national level in order to come up with recommendations on how to develop and sustain partnerships. The key deliverables will be:

- a guidance paper that sets out the objectives, structures and mechanisms for partnership development;
- a supporting document that outlines the strengths and weaknesses of the options considered, and the rationale for selecting the preferred one; and
- clear evidence of stakeholder support for these recommendations.

These are all due to be produced by summer 2008.

Enabling partnerships to flourish

In response to the concerns raised as a result of the regional roadshows – particularly relating to the lack of funding – we have established a £1 million per annum partnerships capacity-building fund to provide local and regional support for building partnerships. The bulk of this funding will be distributed equally to the 10 SHAs to support partnership-building activity when the fund is launched in autumn 2008.

We also intend to use the funding to reward those social marketing intervention initiatives that are already engaged in partnership work. This will be a major boost to these organisations and will encourage other new initiatives.

The new funding reinforces our commitment to developing robust, successful partnerships across the regions. Working with the NSMC, DH will develop fixed criteria for accessing it.

ChaMPs Public Health Network 'Snack Right' project: Changing the snacking behaviour of two- to four-year-olds in the Cheshire and Merseyside area

The ChaMPs Public Health Network (the public health network for Cheshire and Merseyside PCTs, local authorities, NHS trusts and wider health organisations) social marketing group developed a project based on social marketing principles to improve the snacking habits of under-fours from lower socio-economic groups. The initiative was called Snack Right.

Approach

The project began with competition analysis of the influence of big-brand advertising on purchasing decisions. Having concluded that any ChaMPs campaign would need to wield brand power of its own, the group commissioned the creation of a brand for Snack Right.

It was decided that a partnership – particularly with a company from the retail sector – would be highly advantageous to the project. ChaMPs looked at several possible partners before approaching the Aldi supermarket chain. It was considered most suitable for several reasons:

- its stores were in relevant locations;
- its own-brand goods appealed directly to the target audience;
- it had a local supply policy of fresh produce; and
- it had signed up to the Healthy Start welfare voucher scheme.

Snack Right was also supported by children's centres and local PCT practitioners, including health visitors and paediatric dieticians who were known to the target group.

The target audience took part in focus groups designed to establish which social marketing interventions would support sustained behaviour change in their children's eating habits. Interventions included a targeted leaflet drop to 113,000 households, 15 public events and a media campaign.

At the Snack Right public events, children were able to taste fruit and vegetables (provided free by Aldi), and parents learned how to prepare healthy snacks. There was also information available about health, nutrition and Healthy Start vouchers.

Outcomes and learning

Liverpool John Moores University is currently carrying out an objective evaluation of the Snack Right initiative. However, one indication of its success that is already apparent is the significant increase in applications for Healthy Start vouchers that occurred in the region during the campaign period.

Ambitions for partnerships

Partners from different sectors are inevitably going to have different strengths and different (sometimes opposing) goals – this is frequently the case with private organisations and those from the third sector. The challenge is to find common ground, maximising organisations' strengths and avoiding any potential areas of conflict.

Our health partnerships programme will make it easier for private companies, organisations from the third sector and individuals to make a contribution to health promotion programmes. By the end of 2008, we aim to have at least 15 fully developed partnerships in place. These will build on existing activity and will reflect our new model of working.

The aim is to set up a partnership framework that is broad enough to encompass a wide range of partners, and flexible enough to allow them to operate autonomously within defined parameters. The framework should identify:

- audience priorities;
- key behaviours to be influenced;
- insight into audience behaviour; and
- any technical policy issues ('rules') that we want people to operate within.

The framework should enable partners to turn their interest in an audience or an issue into some form of practical action, with the benefit of knowing that they are backed up by a national approach. The '5 a day' programme is an example of how this can work.

Learning from 5 a day

The overall goal of DH's 5 a day programme is to increase people's consumption of fruit and vegetables from an average of fewer than three portions a day to at least five portions a day. The ultimate success of the programme is largely dependent on the efforts of a range of marketing partnerships – between the Government and food retailers, caterers, food manufacturers, pubs and clubs.

While the overarching message of the campaign is consistent ('Helping you (the consumer) to enjoy the benefits of eating more fruit and vegetables'), partners will have different reasons for getting involved.

- The message for private sector partners is 'Helping you to enjoy the commercial benefits of increased fruit and vegetable consumption – you'll be missing out if you don't join in'.

- The message for non-commercial partners is 'Helping others to enjoy the benefits of eating more fruit and vegetables'.

The 5 a day framework is successful because it allows partners a great deal of flexibility in how they promote the campaign. Partners can either use the campaign logo or their own logo (as long as it conforms to DH healthy eating criteria). Equally, they can either develop their own marketing collateral (as several large retail chains have), or use that supplied by DH (an option that organisations with smaller marketing budgets are likely to adopt). The key is that the message remains consistent – however it is delivered.

Finding common ground

There are many reasons for organisations deciding to work in partnership with the Government, but they can be broadly grouped into three categories:

- **Operational impact:** for example, a private sector company might want to sell more units, and a third sector organisation might want to achieve a behaviour related goal (e.g. reducing the incidence of cancer).
- **Corporate social responsibility:** an organisation might decide that it is in the interests of corporate social responsibility for them to work with the Government – although the organisation will only ever be able to allocate a limited proportion of money to this end.
- **Employee well-being:** the vast majority of organisations recognise that their staff are their biggest asset, and that there are big advantages to keeping them healthy.

Figure 7: Organisation partner objectives



Employee well-being

Engaging a variety of partners from different sectors (often with conflicting motivations and attitudes) and encouraging them to collaborate is not easy. But figures from the Health and Safety Executive (HSE) show that 40 million working days are lost to occupational ill health and injury every year in the UK. This figure is a compelling incentive for organisations to work together to improve employee health, and is an ideal way of creating a shared goal among organisations that might otherwise be ideologically opposed.

The workplace is a neutral setting in which to reach those who are most at risk of ill health. Making sure that employees are healthy brings benefits to the employee in terms of well-being, brings corporate benefits in terms of improvements in productivity and brings public benefits in terms of reduced costs to society.

The private sector already sees workplace well-being as a non-confrontational arena in which to build effective working relationships with the Government and the third sector. It is an environment that is largely free from competitive friction, and is an area that can help to build trust across sectors, potentially allowing more challenging partnerships to be created in future.

In 2006, Dame Carol Black was appointed as the first National Director for Health and Work – a role in which she leads initiatives to promote and improve health in the workplace. Dame Carol Black will play a significant role in ensuring that the workplace health commitments outlined in *Health, work and well-being – Caring for our future* (published by the Department for Work and Pensions (DWP) in 2005) and in the *Choosing Health* White Paper are delivered.

> People who work are healthier, wealthier and live longer than the unemployed. The benefits to the individual are clear; but employers also have much to gain. A motivated and engaged workforce is far more productive and efficient. It also dramatically cuts the cost of unnecessary sickness absence, which is no better for the individual than it is for business. Ultimately, investment in workplace health will yield multiple returns.
>
> Dame Carol Black

Working towards better health: Investors in People (IiP) focuses on employee well-being

Absenteeism caused by workplace stress is commonly regarded as the clearest indicator of an 'unhealthy' organisation. DH has created a partnership with IiP in order to start to tackle the issue, and this has given the department access to a wide range of businesses.

Approach

The IiP Standard is a business improvement tool designed to improve organisations' performance through their people. DH saw the advantage of teaming up with IiP to try to develop a health and well-being element within the existing Standard.

The resulting Health and Well-being Framework has already been tested in pilots with over 200 organisations, including Unison, Scottish Provident, the Royal Liverpool Children's NHS Trust and Peterborough City Council. More than 100,000 employees were involved.

The second phase of the pilots was completed at the end of February 2007, and a third phase will test the robustness of the final framework. There is now an online health and well-being self-check tool on the IiP website, along with a database providing a wide range of good practice examples (including cost-free options).

Outcomes and learning

This blend of government and industry skills and experience is producing work that neither sector could have developed alone. And evaluation of the first pilots revealed that 78 per cent of the organisations feel that the new health and well-being criteria should be integrated into the IiP Standard when it is next revised.

Pledging our support for health partnerships

We plan to publish recommendations on how to maximise the private sector's contribution to improving health. We will also develop clear terms of reference and a charter for business support for health promotion programmes.

We will scope an idea for organisations to commit to a 'health pledge' and to become recognised health partners, and will publish a list of commercial and third sector organisations that are already working with the Government to promote and improve people's health.

We will also emphasise the development of long-term relationships with the third sector, and will strengthen the third sector Public Health Forum so that it can act as a national resource for developing

partnership programmes between the Government and the third sector.

Action on partnerships – a fully integrated approach

Although there is much good work already happening at the local, regional and national levels, real steps forward will only be made when there is cohesion between all of these levels.

Building on the health programme leads briefing process that is already in place, DH plans to set up a new system through which those leading national programmes will be able to communicate with those delivering health improvement programmes at the local level. This will ensure that national programmes are informed by knowledge from the front line, and that local staff are fully aware of national programmes (and can plan to work with them). The network of health champions will also have a role to play across both the public and private sectors.

Given the thousands of organisations involved, we will not attempt to control this broad coalition or to ensure perfectly joined-up delivery – this would be a vast and cumbersome task. Rather, we will encourage organisations to take part (making it easy for them to do so) and to make a public pledge of their commitment.

In addition to guidance on joint working between the NHS and the private sector, we will also publish guidance on commissioning and evaluating social marketing initiatives.

DH will actively seek out and build partnerships with other government departments, and establish stronger systems for making sure that its efforts are co-ordinated with NHS-led efforts. We will develop proposals with the private sector that will help local companies, the NHS and other stakeholders to work together to improve health.

We will also celebrate success with the BiTC Awards for Excellence. These are designed to recognise the best company, charity, social enterprise, community and individual efforts to improve health.

Connecting national and local activity

We need to work across the regions in order to link national-level partnership activity with what happens at the local level. But there are already effective mechanisms in place for regional communications and delivery – rather than reinventing these, we aim to replicate or build on them.

Regional development agencies (RDAs) offer an excellent opportunity to engage more closely with organisations from third sector and with commercial private sector companies. And we can gain access to the RDAs by working closely with BiTC's regional arm, with our Regional Directors of Public Health (RDsPH) and with Government Office Directors.

We will also explore the role of local area agreements and local strategic partnerships to help to encourage local authorities to consider partnership approaches. And involvement from the Department for Communities and Local Government will be essential.

Working with the Department for Business, Enterprise and Regulatory Reform (previously the Department of Trade and Industry), we will identify the regional networks of the Federation of

Small Businesses and the Confederation of British Industry, building on our regional reach and our engagement with the local private sector. This approach will enable us to target small and medium-sized enterprises (SMEs) – specifically those with between 10 and 50 employees. Engaging SMEs will be a crucial element of our partnership strategy.

The agenda set out in *Health, work and well-being* has been a compelling incentive for the private sector to engage with public health. The joint work carried out in this area by Dame Carol Black, the HSE and the health, work and well-being team at DH is already well established.

At the regional level, sound financial arguments are clearly a good way to engage the private sector. The recent Judge Business School cost-benefit analysis, which counts the true cost of ill health, will provide an opportunity to develop a dialogue with the private sector on employee well-being and its relationship with increased productivity.

Key milestones

The following are the key milestones for the 'Health partnerships' programme:

- Summer 2008: have in place draft proposals for joint NHS, third sector, social enterprise and private sector partnerships.
- Summer 2008: scope proposal for partnerships capacity-building fund.
- Summer 2008: scope and review existing health improvement partnerships within DH.
- Autumn 2008: draft proposals for the commissioning and evaluation of social marketing initiatives.
- Autumn 2008: build on the NSMC's national partnerships development project.
- Winter 2008: launch the partnerships capacity-building fund.
- Spring 2009: have in place 10 new models of partnership working.

Action plan

Health capacity

Health capacity programme

- Spring 2008: publish social marketing ethics guidelines.
- Autumn 2008: first World Social Marketing Conference takes place.
- Autumn 2008: publish social marketing planning guide and compendium of case studies.
- Ongoing: implement capacity, training and skills programme for those working in public health.

Health insight

Health insight programme

- Autumn 2008: first stage validation of Healthy Foundations life stage segmentation model development.
- Autumn/winter 2008: develop and test health mapping and segmentation tool for cross-issue approaches.
- Winter 2008: NSMC establishes 'one-stop market research shop'.
- Winter 2008: launch national learning archive.
- Spring 2009: test new cross-issue approaches to health promotion.
- Spring 2009: refine Healthy Foundations life stage segmentation model and share insight with SHAs and PCTs.
- Spring 2009: establish new customer insight and behaviour planning service.
- Summer 2009: Regional Roadshow to promote and train SHAs and PCTs in the use of Healthy Foundations mapping and segmentation tools.

Health innovations

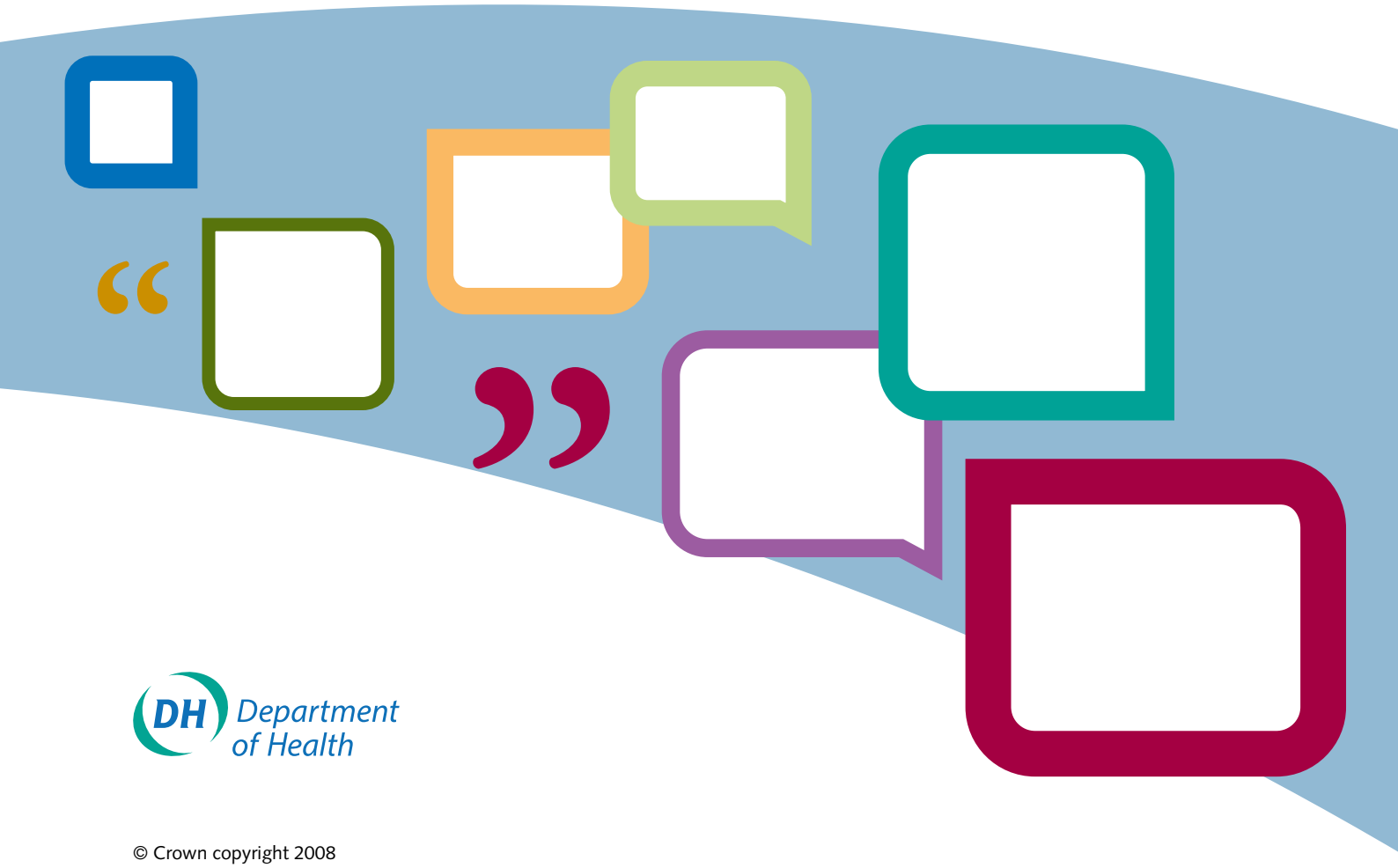
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- Autumn 2007: second phase of health literacy programme launched.
- December 2007: NHS LifeCheck pilot began.
- Spring 2008: launch NHS LifeCheck on NHS Choices website.
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288118a 1p 1k July 08 (ESP)
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Social marketing: putting people at the heart of policy, communications and delivery to encourage behaviour change

Action Plan

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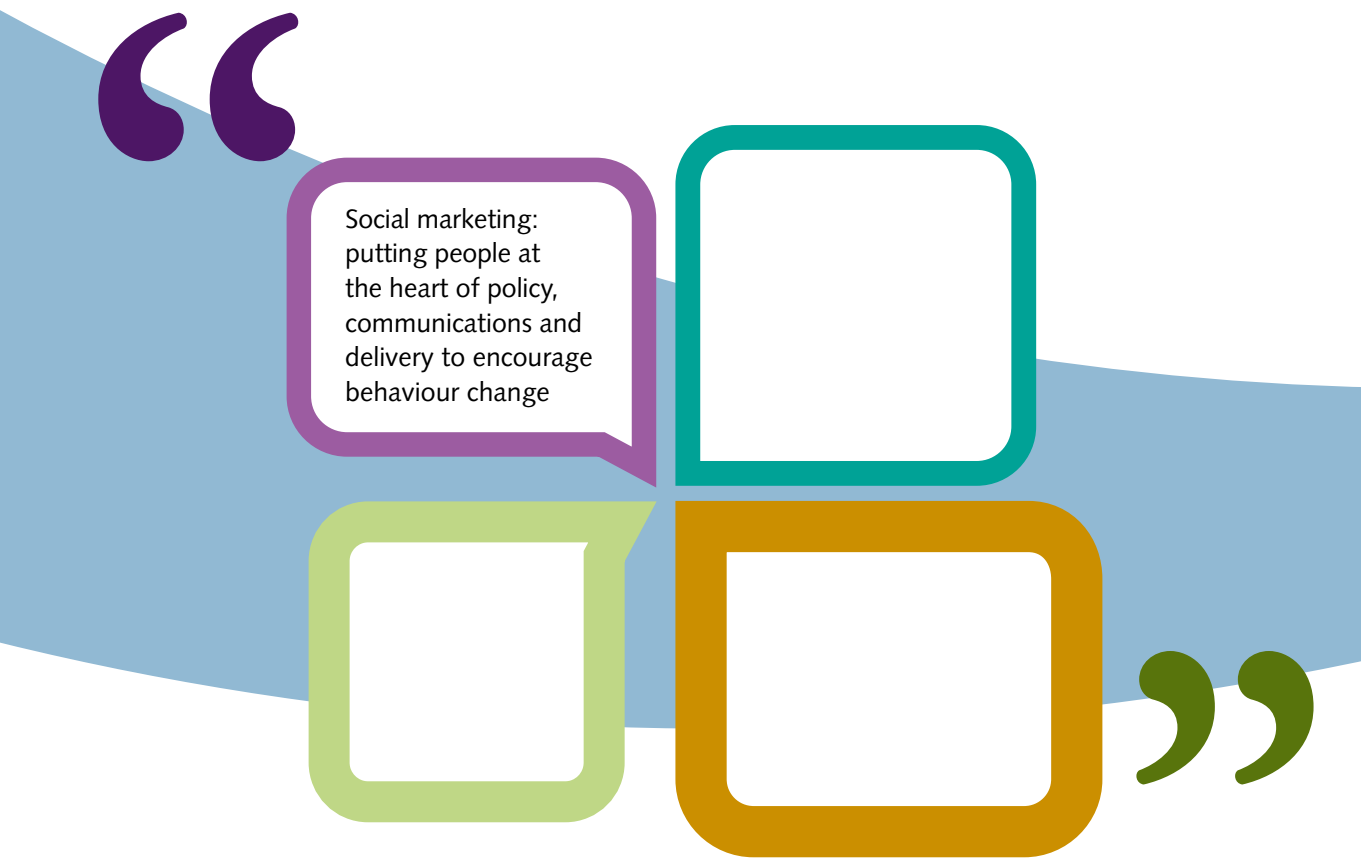
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Department of Health

Healthy Foundations

A segmentation model



NHS

Introduction

This is a summary of a segmentation exercise carried out in 2006 by a dedicated Department of Health (DH)/COI blended team.

The research team comprised social marketing experts from DH public health and mental health policy and communications teams, the National Social Marketing Centre (NSMC), academics and private sector marketing experts including Leslie Butterfield CBE and Sarah Heard.

The aim was to build on existing research and knowledge within DH and academia to arrive at a segmentation of the population of England, looking at the drivers of behaviour across the six public health priority areas.



The research used epidemiology, social and consumer research and the public health targets to produce a model to target audiences.

The model is intended as a building block for a customer-focused approach to the development of health behaviour change interventions. It should *not* be viewed solely as a segmentation for informing communications.

The use of segmentation is not new to DH. However, at present there is no single consistent approach to segmentation across different public health target areas.

One of the objectives of this project was to develop a segmentation framework or model that can be applied across issues, thereby giving a '360 degree' picture of the population rather than a series of overlapping views of people from the perspective of each issue.

Pulling the three dimensions together we are able to create a rich picture and model and a consistent approach for DH. It should be acknowledged that working with three dimensions rather than two is relatively unusual in health segmentation models, although the approach is frequently used in commercial applications. It is clear from the research that the task of looking at the entire population in terms of a range of motivations, environment and life stage requires this extra level of sophistication.

Insight is built from demographic, behavioural, psychographic and epidemiological data, prior evidence and intelligence about what has worked elsewhere, together with data about what motivates people, what they say will help them and perceived barriers. There is rarely a 'one size fits all' solution that can be appropriately applied across the population.

Our future health promotion and social marketing programmes will be built on shared insight into audiences, clearly defined through segmentation analysis, to bring about specific behaviour. The approach should lead to a more cost-effective and integrated approach to future research and targeted health interventions within DH.

Producing the model

The research team reviewed more than 80 reports, mapping behavioural drivers and barriers, to identify commonalities across existing target audiences and health issues.

The following factors were considered:

- behaviour/lifestyle;
- attitudes towards health, decision-making priorities, aspirations (and other shared attitudes which may affect health behaviours); and
- knowledge, attitudes and beliefs forming the basis of current behaviours.

The team then interviewed DH stakeholders with an expert understanding of the target audiences currently addressed in campaigns to find out whether the drivers identified matched the stakeholders' own understanding, prioritised them and identified further research. They also held review workshops with

key members of DH, health professionals, academics and segmentation experts.

In this way the team identified three overarching 'dimensions' that had the greatest significance when identifying population segments most likely to adopt 'at-risk' health behaviours, and which work collectively to determine people's ability to live healthily and their likelihood of doing so. These were:



Age/life-stage

It was felt that life-stage is a more realistic measure than age alone, primarily because the concept of a life-stage acknowledges that people develop at different rates. Also, thinking about health from a life-stage perspective provides a view of the population along a health continuum 'from cradle to grave' with a clear role for DH – keeping people on a good health journey or helping them get back on track should they deviate.

The team identified the most critical life-stages and life events to create this model.

Figure 1: Suggested life-stage model

The outer ages form the maximum and minimum ages for that life-stage, while the ages in red form the main or core of that stage. The journey through stages will typically be linear in the first three and last two stages, whereas it is possible for people to move between the 'settler', 'juggler' and 'alone again' stages as they experience different life events.



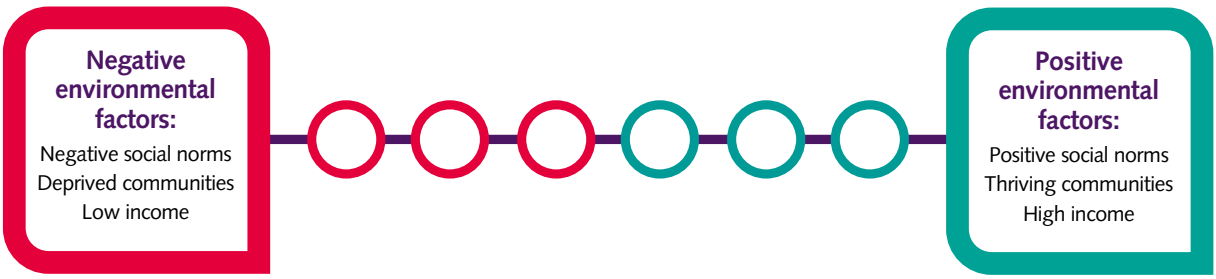
Circumstances/ environments

Environmental factors play a critical part in individuals' at-risk behaviours in relation to their health, as well as on people's ability to make beneficial changes to their lifestyle. These factors fall into three groups:

- social – being surrounded by positive/negative social norms;
- physical – such as living in a deprived community; and
- economic – such as surviving for long periods on a low income (there is a distinct correlation between long-term unemployment and poor health).

For the purposes of this model groups of factors were placed on an axis resulting in those experiencing the most social and material deprivation at one end and those in better circumstances at the other end of the axis.

Figure 2: Circumstances/ environments axis



Attitudes/beliefs towards health and health issues

The team highlighted a number of cross-cutting attitudinal drivers influencing at-risk behaviours in relation to the public health priority areas. These included short-term attitudes towards health, complacency about health and lack of self-confidence (which can translate into a lack of belief in one's ability to take positive action in regard to one's health). Some of the measures included were:

- the extent to which they hold a long-/ short-term life view;
- the extent to which they are complacent about the relationship between at-risk behaviours and their health;
- the extent of their confidence in their own ability to make positive changes to their health and wellbeing; and
- the extent to which they take part in at-risk behaviours.

The team highlighted a number of cross-cutting attitudinal drivers influencing at-risk behaviours in relation to the public health priority areas (PSA). These included, amongst other things, attitudes about health and well-being and their belief in their ability to take positive action.

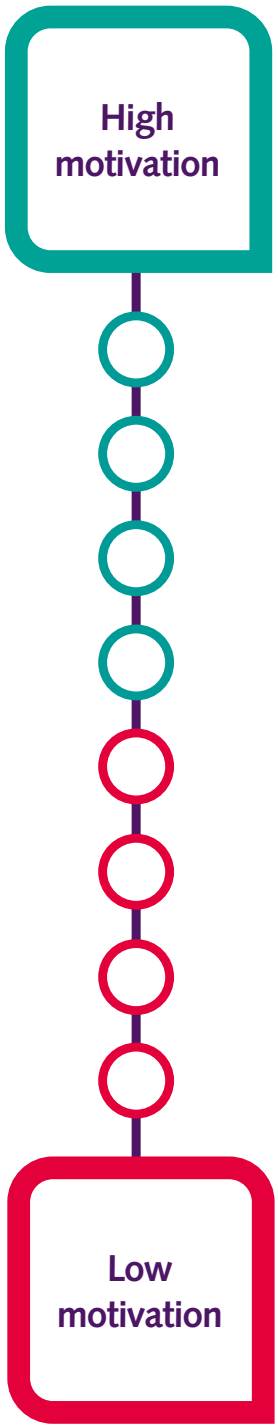
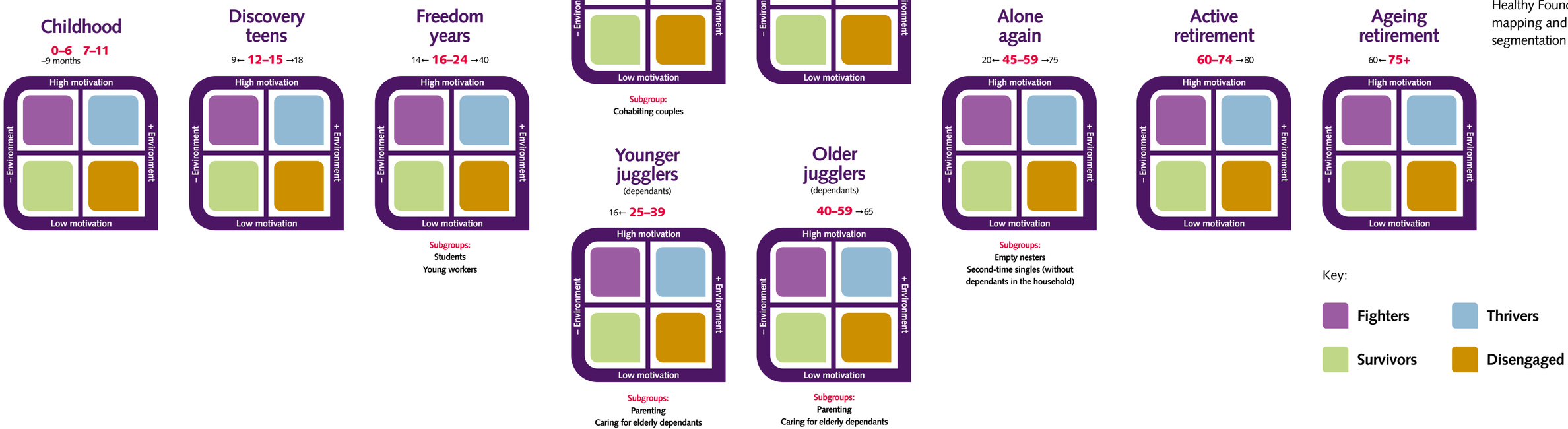


Figure 3: Motivational axis

The segmentation model

The segmentation model pulls together all three dimensions: age/life-stage, circumstances/environments, and attitudes/beliefs. The life-stage is the foundation, with each life-stage then segmented further by circumstances and attitudes into four categories that the team named 'fighters', 'thrivers', 'disengaged' and 'survivors'.

Figure 4: Segmentation model



Health insight programme

- Autumn 2008: first stage validation of Healthy Foundations life stage segmentation model development.
- Autumn/Winter 2008: develop and test health mapping and segmentation tool for cross-issue approaches.
- Winter 2008: NSMC establishes 'one-stop market research shop'.
- Winter 2008: launch national learning archive.
- Spring 2009: test new cross-issue approaches to health promotion.
- Spring 2009: refine Healthy Foundations life stage segmentation model and share insight with SHAs and PCTs.
- Spring 2009: establish new customer insight and behaviour planning service.
- Summer 2009: Regional Roadshow to promote and train SHAs and PCTs in the use of Healthy Foundations mapping and segmentation tools.

Fighters are people living in negative environments but who are standing above their norms, and have a high level of motivation to look after their health. The task with fighters might be to support their efforts in leading a healthy lifestyle despite the challenges facing them.

Thrivers are people living in positive environments and who have a high level of motivation in looking after their health – the group who appear to be on the right track and who are probably least in need of attention. The task with thrivers might be to reinforce their efforts in leading a healthy life, keeping them on the right track.

Survivors are people living in negative environments and who have a low level of motivation in looking after their health. The task with survivors might be to arm them – giving them the confidence and the tools to rise above their environments and improve their motivation to look after their health. Survivors may also be living in such poor circumstances that it is difficult to rise above them. Therefore improving their material circumstances and the quality of the services available to them may be the most important priority.

Disengaged are people living in positive environments but who for some reason have a low level of motivation in looking after their health. This might be conscious rebellion for those in their 'freedom years', or it might reflect putting other responsibilities first to the detriment of their own health (e.g. 'jugglers' putting children or careers first). The task with those who are disengaged might be to alarm them – and raise their awareness of the consequences of their current behaviour.

As part of the segmentation model the research team created a number of notional pen portraits of fighters, thrivers, disengaged and survivors within each life-stage. Here, for example, is a typical younger juggler/thriver.

Younger juggler/thriver: Alice (36, Godalming, Surrey)

Alice and Deepak are expecting another baby. Rahul's just one year old, but when they decided to have children they decided to have them close together to minimise the length of Alice's career break.

They had both put a lot into getting their careers established, so having children sooner wasn't something that they really considered – it was only really after they moved from the city that they began to think about it seriously. The house move and preparing for the pregnancy brought about many changes in their lifestyle.

Prior to starting a family they had both tried to keep active, Alice with exercise classes at the gym and Deepak with squash. But Deepak was still overweight and smoked regularly, while Alice smoked a couple of nights a week when she went out with friends, and they had both maintained the habit of drinking heavily on a Friday and Saturday night.

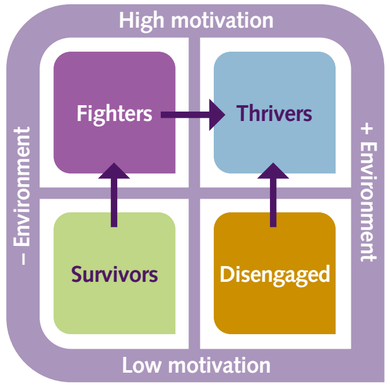
They are now taking their health more seriously. They have both stopped smoking and exercise more frequently, and now that Alice is at home they are eating less processed food. Alice has found the change of lifestyle easy to sustain, she has always been conscious of her weight and knows that the changes will keep her looking good as well as healthy in the long term. Having Rahul has also been a great opportunity for her to meet more people in the local area and she now feels that there are many friends locally she can rely on for support.

Younger juggler



Please note that this is an example only. Detailed pen portraits will be produced as a part of bespoke research in 2008.

Figure 5: Overall aim of the segmentation



The overall aim is to facilitate improvements in people's health and wellbeing in the context of public health priorities and PSA targets. This means moving people up the motivation axis – giving survivors the right tools and prompts to become fighters and giving the disengaged the right tools and prompts to become thrivers.

Moving people along the horizontal axis, i.e. improving their environments, represents a more substantial challenge, given that income and social circumstances are unlikely to improve through promoting health alone. Nonetheless, in the long term the ideal is to improve people's overall environments, both in the sense of social norms and improved access to services, amenities etc. Indeed, there will be some issues for which the key to improvement lies mainly in addressing environmental factors such as poor services or lack of access to exercise facilities.

Older juggler/disengaged: Alan (46, Exeter, Devon)

Alan lives with his two children Max, 17, and Sophie, 15. He and Vanessa finally got divorced last year, because she wanted to move in with a new partner. Vanessa wanted to move outside the local area, so they agreed that the children would live with Alan – although in reality they spend just as much time with Vanessa.

Before the divorce Alan and Vanessa were already drinking most days, at least half a bottle of wine each. The atmosphere was difficult at home, so Alan felt he needed something to help him unwind. After the divorce Alan's drinking increased again, but he doesn't think his consumption is unusually high and he doesn't think it is a problem as he doesn't get drunk and it doesn't interfere with his work.

Although he has yet to make changes to his lifestyle, Alan does worry about his health. He was quite active when the children were young, but doesn't exercise these days. He also knows that he should probably pay more attention to his diet, but he isn't interested in cooking and thinks health food is for fanatics. A recent workplace health assessment told him that his blood pressure was high and he was advised to visit his GP to get the reading confirmed. He hasn't done this yet as, although he sometimes worries about it, he isn't really motivated at the moment.

Older juggler



Please note that this is an example only. Detailed pen portraits will be produced as a part of bespoke research in 2008.

Quantification and profiling

Going forward, bespoke research will be conducted to fully explore, populate and validate the segmentation parameters.

In order to build authority in this work prior to embarking on such a major task, an outline quantification of the segmentation to inform the work-stream was developed using BMRB's Target Group Index, a quarterly survey of over 22,000 English adults.

The validation of the segmentation model will be completed in 2008.

For the full version of the *Healthy Foundations Research Hypothesis Report* (2006), please e-mail: social.marketing@dh.gsi.gov.uk

Over

22,000

adults surveyed



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288118b 1p 1k July 08 (ESP)
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What is social marketing?



NHS

Introduction Explaining social marketing and what it means for the health sector...

How is social marketing different from other approaches? Exploring the benefits of social marketing...

The potential of social marketing Realising the impact it could have...

Social marketing benchmark criteria Developing clear criteria for applying the principles...

Introduction

Social marketing is the systematic application of marketing concepts and techniques to achieve specific behavioural goals relevant to a social good.

Social marketing takes lessons from commercial marketing and social sector marketing and applies them to the social and health sectors. It puts a detailed knowledge of consumer behaviour at the very heart of the development of behaviour change interventions, campaigns or programmes.

In the health sector the foundation of social marketing is the recognition that simply giving people information and urging them to be healthy is not enough. We need to understand why people act as they do and, therefore, how best to support them in their life choices. As well as merely giving information, it means supporting and encouraging people, fostering in individuals and communities the desire for good health that they already have.

This core idea – starting from where people are and focusing on what help they need to make changes in behaviour – means moving our approach to behaviour change interventions from focusing only on awareness raising strategies to a social marketing approach.

A social marketing approach does not replace other measures. It is not a separate programme of work, it is part of the toolkit that can be used in a strategic way to inform the mix of intervention options, including regulatory action through legislation.

Most definitions of social marketing include three key elements:

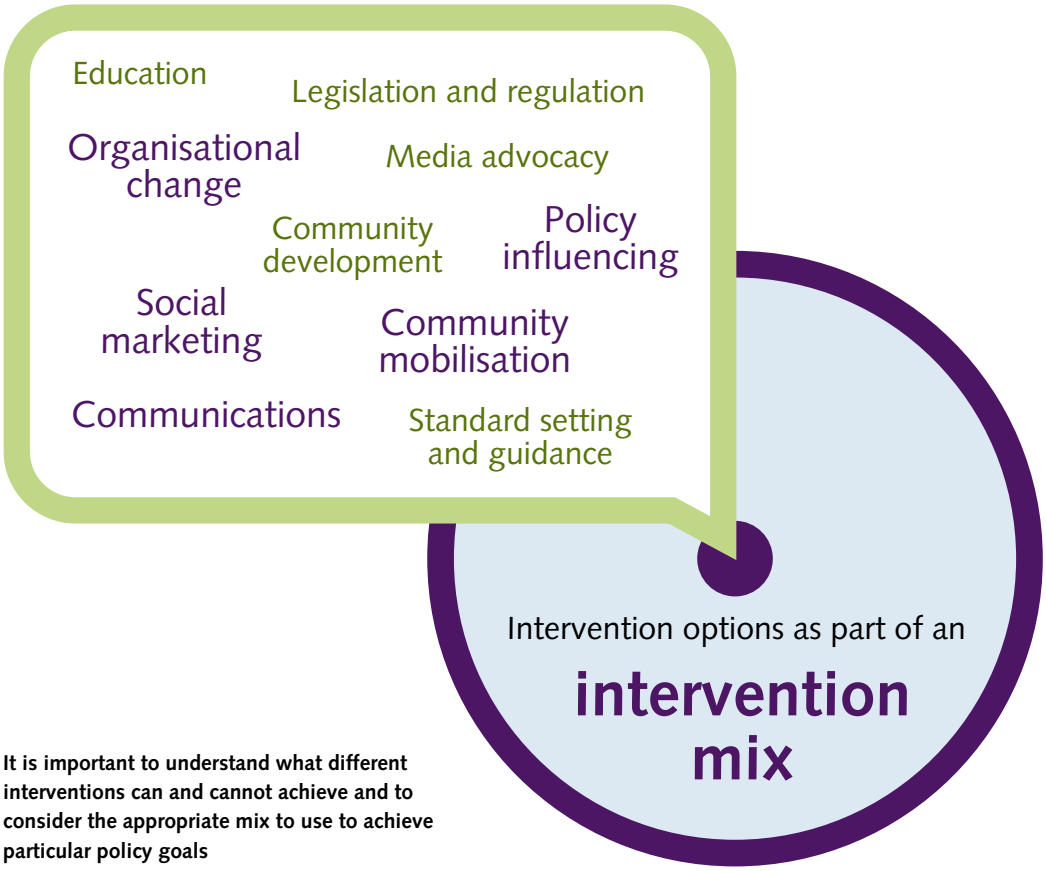
1. it is a systematic process that can be phased to address short, medium and long-term issues
2. it uses a range of marketing concepts and techniques (a marketing mix)
3. its aim (which in the case of health-related social marketing is improving health and reducing health inequalities) has clearly identified and targeted specific behavioural goals

Social marketing can help shape policy and its implementation, to promote and encourage positive behaviours and influence the provision of services. The behavioural analysis may indeed result in a need to focus on 'upstream' targets such as professionals and stakeholders to re-orientate health services and service provision.

And with its focus on establishing unambiguous behavioural goals, social marketing can also improve effectiveness measurement and allocation of public funds.

Figure 1: Keeping social marketing in perspective

One of a range of potential intervention options, which could include:



It is important to understand what different interventions can and cannot achieve and to consider the appropriate mix to use to achieve particular policy goals

We will develop future interventions that help people manage the many health challenges they face, and enjoy the rewards of better health through the choices they make. In developing this new approach we will put more effort into helping people take the steps that they can to improve their health. We will listen to what people say will help, and put more effort into providing direct practical support. We will also make it easier for partners from the private sector and NGO sector to make a bigger contribution to working with us to improve the nation's health.

Professor David Harper CBE,
Director General, Health Improvement and Protection, and
Chief Scientist,
Department of Health



How is social marketing different from other approaches?

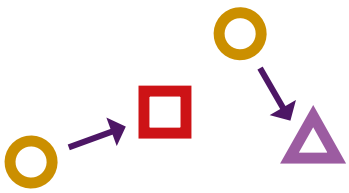
Tackling today's threats to health means examining the way we live. This is a challenge that we have to embrace. We have to see the world as it is. We have to understand the realities of how people live their lives, not make assumptions about how things are.

Personal behaviour is a key determinant of health. We know that people behave in the way they do due to a wide range of influences, some of which they have control over, some of which they cannot directly control. We also know that people do not compartmentalise their lives or their view of health. We need to accept this and recognise the reality that every aspect of our lives relates to health – work, food, education, transport and leisure activities.

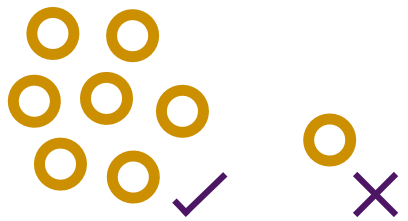
We must be sensitive to people's needs and work with them to make the changes that they can and want to. Why? Because once we do this, we really are better equipped to support people in changing their lifestyles.

In trying to influence health behaviour, it is vital to learn from what has and has not worked. It is now widely understood that just telling people what to do is not enough. It is also clear that most people want to live healthy lives and that the biggest influence on them is their family, friends and peers.

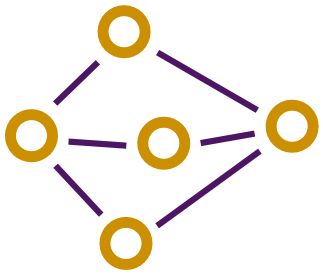
Some of the benefits of social marketing…



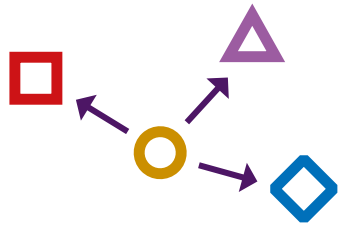
Change is voluntary – people are more likely to change their behaviour if they recognise the benefits and they choose to change voluntarily.



Multiple approaches work better than single interventions.



Using intermediaries or partners builds trust – as people can often be distrustful of messages from the Government.

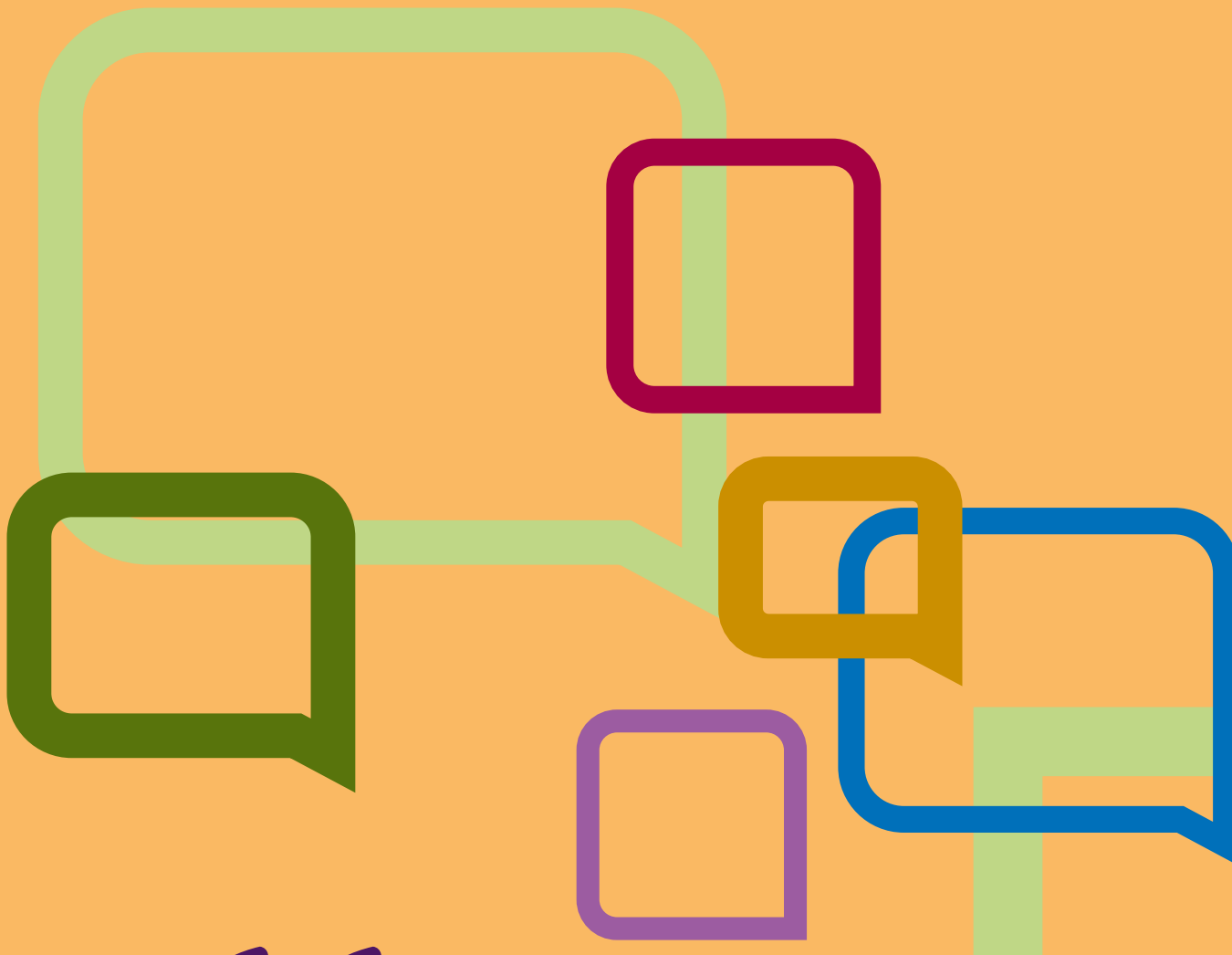


Greater acceptance – by adapting the message to the audience and targeting information and messages in ways people want to receive it.

People only decide to change when they realise that the reward is worth the cost or effort of making the change. So a modern approach to health behaviour improvement must put people firmly in the driving seat. Social marketing is about listening to people, understanding how they want to live their lives, then using that insight to develop behaviour change interventions that they will be able to take on board.

A crucial learning from single-issue campaigns is that people's behaviours are multiple and complex. Research shows that the multiple message or approach often favoured in social marketing will have a greater impact on the ability to influence people and support lasting change.

For example, many negative behaviours are symptomatic of deep-rooted issues relating to self-esteem, and those issues need to be addressed before behaviour change can come about.



Social marketing is not about smarter campaigns or a new function for government departments – it is about a long-term cultural change agenda built on deep user insight that will deliver significant benefits to society and the efficient management of public services.

Ed Mayo, Chief Executive,
New National Consumer Council

Recognising some of the differences between:

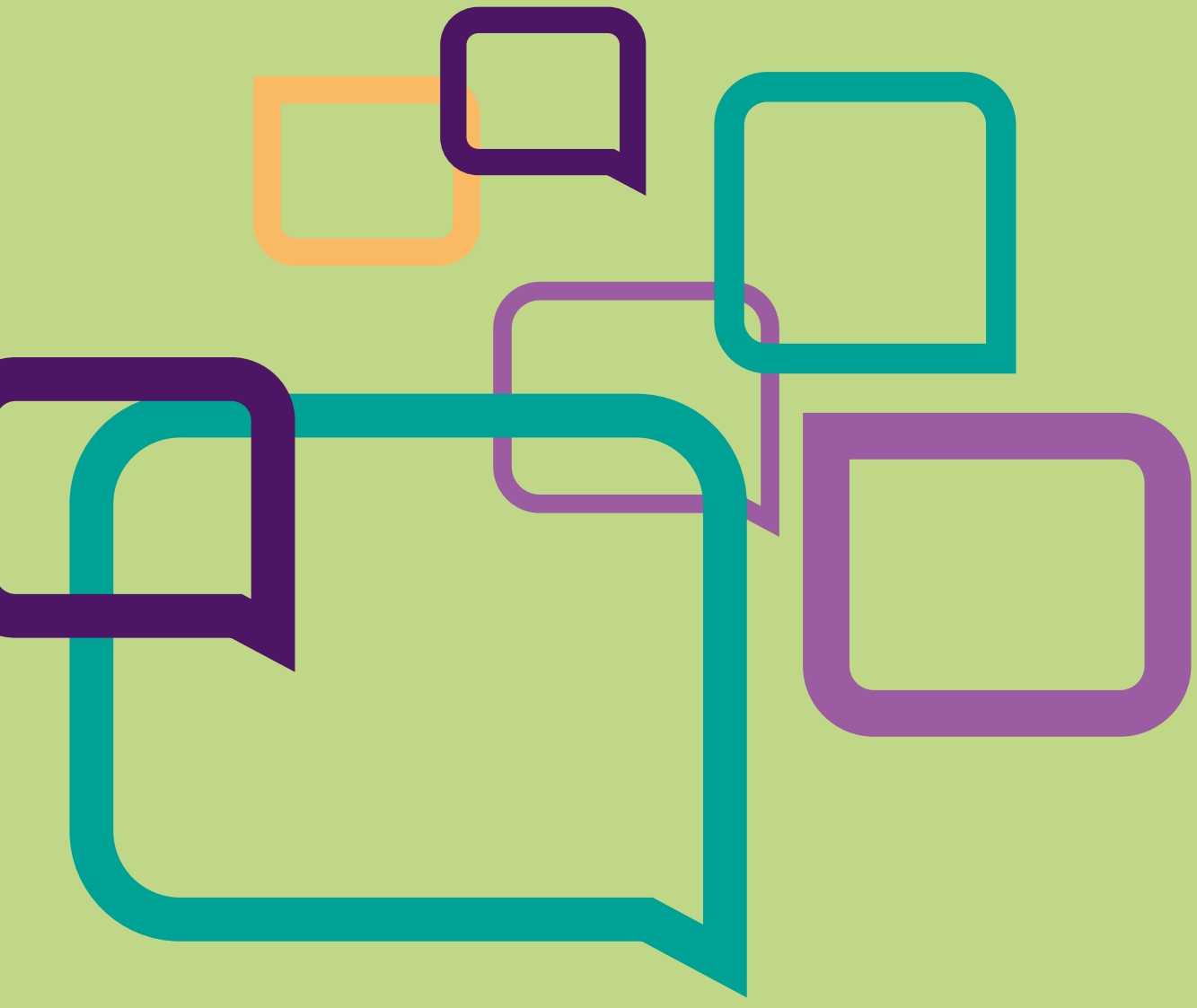
Commercial marketers	Social marketers
Primary aim: sales, profit and shareholder value	Primary aim: achieving a 'social good'
Funded from investment and sales	Funded from public funds (e.g. taxes and donations)
Privately accountable (e.g. to shareholders and directors)	Publicly accountable
Performance measured in profits and market share	Performance measures often complex and longer term
Behavioural goals – often clearer to define and more immediate, with stronger short-term measures	Behavioural goals – commonly more complex and challenging, with sustained action over the longer term
More clearly defined products or services which are less complex to market	Products or services often focused on addressing complex, challenging or controversial behaviours
Often accessible targets and audiences	Often challenging high-risk targets and audiences
Commercial culture – risk-taking culture often evident	Public sector culture – risk-averse culture often evident
Hierarchical decision-making widely assumed	Participatory decision-making valued
Relationships commonly competitive	Relationships often based on building trust

The Choosing Health White Paper recognised that business, the media and third sector organisations are often more successful in getting information across to people than governments or public sector-led campaigns. A key component of social marketing is the leveraging of partnerships with non-governmental organisations through new and innovative ways of working.

The Drinkaware Trust, a partnership between government, the devolved administrations and the Portman Group, is one example of this. This new-model organisation represents a unique opportunity for industry and non-industry stakeholders to work together in common cause to tackle alcohol-related harm. Another example is the Food Standards Agency's 'traffic lights' food labelling initiative, which has been adopted by several major retailers including Sainsbury's, ASDA, Co-op and Waitrose.

Social marketing offers practitioners and policy-makers a toolkit of approaches and interventions with which to empower individuals and communities, and create the conditions in which they can make healthier choices.

In today's world people expect choice and convenience in the advice and support available to them to prevent ill-health. They don't like being nagged, nor receiving advice 'from on high'.



The potential of social marketing

In 2006, in response to *Choosing Health, It's Our Health!*, an independent review of the potential of social marketing to help promote health throughout England, was produced in partnership with the National Consumer Council. The review's recommendation in formed the basis of the Department's social marketing strategic framework, and puts this country at the forefront of social marketing practice in having the world's first systematic approach to applying social marketing principles to health improvement.

It's Our Health! was compiled after discussions with a wide range of policy-makers, practitioners and academics across different sectors at national, regional and local levels and a research programme of 12 individual reviews. The team gave 148 workshop sessions and seminars that reached over 5000 people. Participants were encouraged to give their views about how individual and collective work to promote health could be enhanced, and how social marketing could support them.

For the full report go to **www.nsms.org.uk/public/default.aspx?PageID=16**

It's Our Health! found that social marketing had real and significant potential to improve the impact and effectiveness of health behaviour change interventions at all levels.

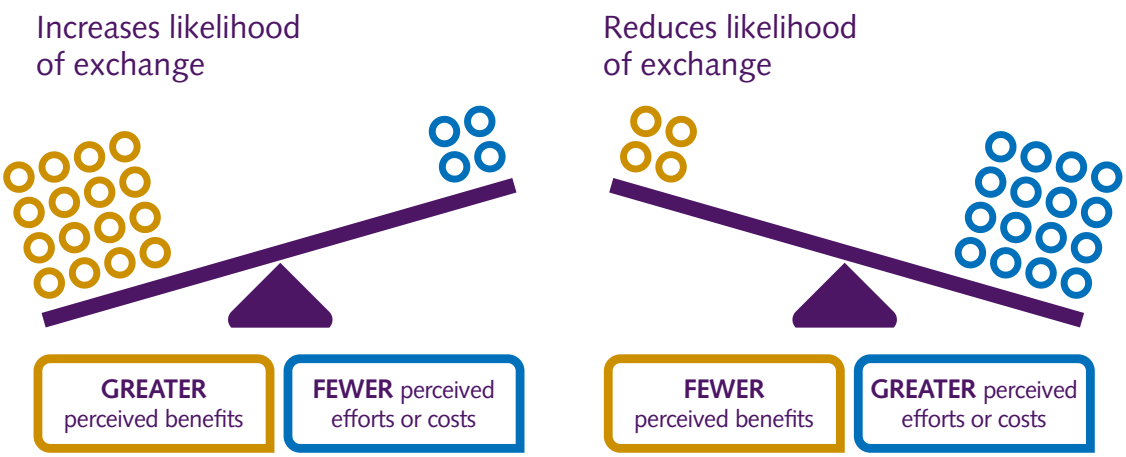
Social marketing benchmark criteria

Working with the Department of Health, the National Social Marketing Centre has developed a tool for England for identifying social marketing in practice. French, Blair-Stevens (2006) based this on the original benchmark criteria developed by Alan Andreasen (2002).

Benchmark	What to look for
1. Clear focus on behaviour, with specific behaviour goals	• Intervention clearly seeks to impact on behaviour with specific and measurable goals • Key performance indicators have been established • Fuller approach adopted (beyond just changes in behaviour)
2. Uses consumer and/or market research	• Formative consumer/market research used to identify audience characteristics and needs • Range of different research techniques and data synthesis methods used, from public and commercial sector sources, to inform development
3. Is theory based and informed	• Transparent use of theory – the theoretical underpinning of work is clear • Mixed theory-based approach used to underpin and inform the development of interventions

Benchmark	What to look for
4. Is insight driven	• Focus is clearly on gaining a deep understanding and insight into what moves and motivates the consumer • Approach based on identifying and developing 'actionable insights' using considered judgement, rather than simply generating more data and intelligence
5. Uses exchange concept (see Figure 2 below)	• Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, etc.) • Analysis of the perceived costs versus perceived benefits • Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences

Figure 2: The 'Exchange' concept



Benchmark	What to look for
6. Uses competition concept	• Both internal and external competition addressed • Strategies employed to minimise the potential impact of competition
7. Uses a segmentation approach (not just targeting)	• Beyond a simple demographic or epidemiological targeting • Segmented approaches that focus on what motivates the target audience using psycho-graphic data • Interventions tailored directly to specific audience segments • Future lifestyle trends addressed
8. Integrates a mix of methods ('intervention mix' or 'marketing mix')	• Range of methods used to establish an appropriate mix of marketing methods • Avoids reliance on single methods or approaches used in isolation • Methods and approaches developed taking full account of any other interventions in order to achieve synergy and enhance the overall impact



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Social marketing
National Benchmark Criteria

National Social Marketing Centre

Benchmark	What to look for
1. CUSTOMER ORIENTATION ***'Customer in the round'*** **Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources**	• A broad and robust understanding of the customer is developed, which focuses on understanding their lives in the round, avoiding potential to only focus on a single aspect or features • Formative consumer / market research used to identify audience characteristics and needs, incorporating key stakeholder understanding • Range of different research analysis, combining data (using synthesis and fusion approaches) and where possible drawing from public and commercial sector sources, to inform understanding of people's everyday lives
2. BEHAVIOUR **Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals**	• A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for both *– the 'problem' behaviour* *– the 'desired' behaviour* • Intervention clearly focused on specific behaviours *ie not just focused on information, knowledge, attitudes and beliefs* • Specific actionable and measurable behavioural goals and key indicators have been established in relation to a specific 'social good' • Intervention seeks to consider and address four key behavioural domains: *1: formation and establishment of behaviour;* *2: maintenance and reinforcement of behaviour;* *3: behaviour change;* *4: behavioural controls (based on ethical principles)*
3. THEORY **Is behavioural theory-based and informed. Drawing from an integrated theory framework**	• Theory is used transparently to inform and guide development, and theoretical assumptions tested as part of the process • An open integrated theory framework is used that avoids tendency to simply apply the same preferred theory to every given situation • Takes into account behavioural theory across four primary domains: *1: bio-physical;* *2: psychological;* *3: social;* *4: environmental / ecological*
4. INSIGHT **Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'**	• Focus is clearly on gaining a deep understanding and insight into what moves and motivates the customer • Drills down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour • Approach based on identifying and developing *'actionable insights'* using considered judgement, rather than just generating data and intelligence
5. EXCHANGE **Incorporates an 'exchange' analysis. Understanding what the person has to give to get the benefits proposed**	• Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc.) • Analysis of the perceived / actual costs versus perceived / actual benefits • Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences, based on what they value
6. COMPETITION **Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience**	• Both internal & external competition considered and addressed *– Internal* eg psychological factors, pleasure, desire, risk taking, addiction etc *– External* eg wider influences / influencers competing for audience's attention and time, promoting or reinforcing alternative or counter behaviours • Strategies aim to minimise potential impact of competition by considering positive and problematic external influences & influencers • Factors competing for the time and attention of a given audience considered
7. SEGMENTATION **Uses a developed segmentation approach (not just targeting). Avoiding blanket approaches**	• Traditional demographic or epidemiological targeting used, but not relied on exclusively • Deeper segmented approaches that focus on what *'moves and motivates'* the relevant audience, drawing on greater use of psycho-graphic data • Interventions directly tailored to specific audience segments rather than reliance on 'blanket' approaches • Future lifestyle trends considered and addressed
8. METHODS MIX **Identifies an appropriate 'mix of methods'** 'Intervention mix' = Strategic SM 'Marketing mix' = Operational SM	• Range of methods used to establish an appropriate mix of methods • Avoids reliance on single methods or approaches used in isolation • Methods and approaches developed, taking full account of any other interventions in order to achieve synergy and enhance the overall impact • Four primary intervention domains considered: *1: informing / encouraging;* *2: servicing / supporting;* *3: designing / adjusting environment;* *4: controlling / regulating*

French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2002)

Social marketing
National Benchmark Criteria

National Social Marketing Centre

The benchmark criteria are essentially those elements to look for in an intervention to determine whether it is consistent with social marketing.

They have been developed to help strengthen the use of effective social marketing approaches. They were developed following a two year independent review in 2006 which examined social marketing methods and approaches. The review identified that there was an increasing tendency for work to describe itself as social marketing without necessarily reflecting social marketing core concepts and principles. The eight point benchmark criteria built on the review findings and also Alan Andreasen's previous six point benchmark from 2001.

The benchmarks are designed to support the following:

- to increase understanding of core social marketing concepts and principles
- to increase consistency of approach and thereby their potential impact and effectiveness
- to maintain maximum flexibility and creativity, to craft and develop interventions to different needs
- to assist more systematic capture and sharing of transferable learning between interventions
- to assist effective review and evaluation of different types of intervention

It is important that the benchmarks are not confused with a process of how to do social marketing. There are other models such as the 'total process planning' approach which places a strong emphasis on the front-end 'Scoping' stage. Instead the benchmarks are essentially the key elements that should be in place if an intervention is to accurately describe itself as social marketing.

The benchmarks have been framed in such a way as to ensure that they do not restrict the ability of practitioners to develop creative, imaginative and flexible solutions to the different types of behavioural challenges they face. However the criteria provide a robust framework to assist those planning and developing interventions to ensure they are consistent with best evidence-based principle and practice in the social marketing field.

Finally it is important to note the reason why other factors, which are critical to any successful intervention have not been included. Obvious examples would include: **strategic planning, partnership and stakeholder engagement, review and evaluation**, (to name a few). These are clearly all important in there own right, and key to successful interventions. The reason they are not part of the benchmarks is that they are not unique to social marketing. Their presence (or absence) does not indicate if something is social marketing or not. The eight criteria included in the benchmark are however, the things that have to be present in order to be described as consistent with social marketing.

Different ways that the National Benchmark Criteria can be used

Commissioners:
Can use them to incorporate into tender briefs and send them to people wanting to bid for specific work, with a request that all proposals or bids should clearly indicate how the work proposed will ensure it incorporates, and is consistent with, each of the criteria. They can then be used in preparing tender interview panel questions, to test out the extent to which those making bid presentations have understood and genuinely incorporated them into their proposals.

Agencies, consultants & other contractors:
Can use the benchmark as a guide to presenting bids or proposals to funders, to clearly show how their proposal or bid will be consistent with social marketing principles and practice.

Intervention planners and developers:
Can use these as a robust guide to ensure what they do is consistent with core criteria. As core criteria they have been specifically framed to allow maximum flexibility for adaptive and creative solutions. However while they are not a 'how to' process they provide a steer to ensure that, as work is developed, it can be checked to ensure it is consistent with the core components of social marketing.

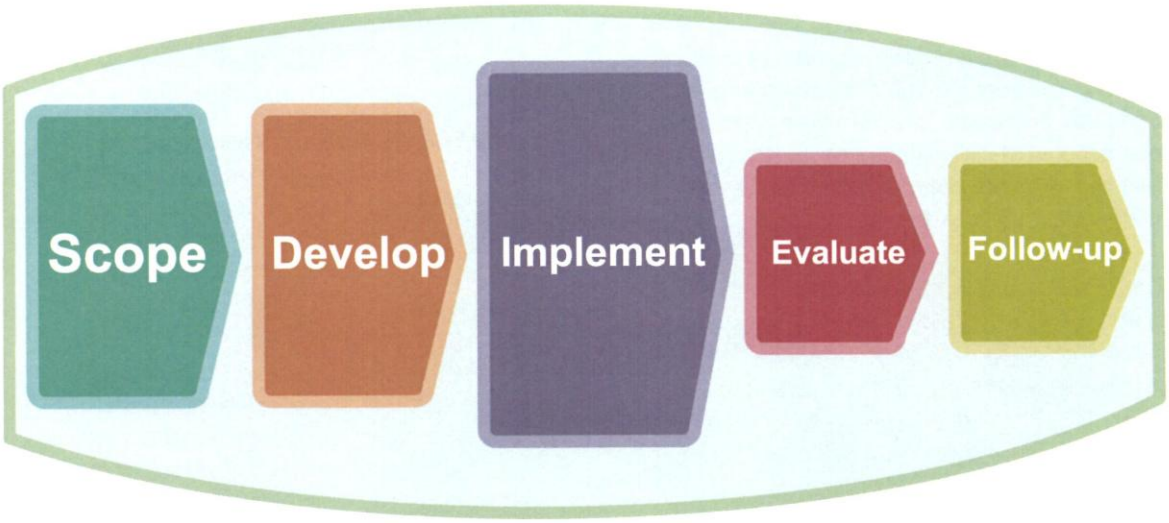
Evaluators & researchers:
Can use them when reviewing the impact of interventions, to reinforce the focus on determining if specific behavioural impacts have been achieved or not. They can also be used by those seeking to compare and contrast learning from different interventions and programmes and to help identify aspects of transferable learning.

Trainers:
Can use them to highlight key features of social marketing and provide a framework from which to examine and explore key concepts and principles.

National
Social Marketing
Centre

Planning framework

Behavioural Interventions and Social Marketing



Total Process Planning (TPP) framework

This is a short overview of a straight-forward planning framework (TPP), spotlighting some core features and tasks.

It provides a practical framework in which to plan and manage the range of tasks required when developing and delivering effective behavioural interventions, based on core social marketing principles.

While the main stages (Scope, Develop, Implement, Evaluate, Follow-up) should be considered as sequential, the way tasks are undertaken and managed within each stage are rarely such. Undertaking them requires a flexible approach tailored to different circumstances and contexts.

A fuller Planning Guide and related resources and tools are currently being developed and will be available later in the year. Visit **www.nsmcentre.org.uk** for details.



Introduction

The TPP framework begins with the premise that there are always a range of ways to develop, manage and undertake work. No single checklist or tool will be able to cover every situation.

Though there are a growing number of practical planning tools and guides available, we have found that in practice, people adjust approaches to take account of their different circumstances and their own professional skills and expertise directly influences what they do.

The TPP framework therefore seeks to respond to and reflect this reality and to provide a robust framework within which more complex coordination of tasks and components can be managed.

Key things to highlight about the Total Process Planning (TPP) framework:

- The simplicity of the core stages provide a way of managing the complexity that can be involved in developing effective interventions.
- It is important to keep the main stages clear and distinct rather than letting stages overlap. (e.g. moving into 'Developing' before proper 'Scoping' has been undertaken).
- While each stage should be clear and distinct, what happens within them rarely is. A range of tasks often need to be undertaken and coordinated in parallel so that elements of each can influence the other.

Your work, experience and expertise

The NSM Centre is always keen to hear about tools and resources people use in their work, and particularly the ones people develop or adapt specifically to undertake tasks. We are currently working on a full Planning Guide and series of practical tools and resources.

We would therefore be pleased to hear about, and learn from, you. Our own resource and tool development work has already benefited from a wide range of contributions and we will always acknowledge and highlight peoples' work where it can assist and support others.

Visit our website www.nsmcentre.org.uk for further information on our work.

Join the Social Marketing e-Network and receive an e-Bulletin every two months to update you on developments. We can be emailed at info@nsmcentre.org.uk.

Partnership and co-delivery



Some key things to keep in mind:

Investing time, effort and resources in scoping is key to success. While there can be real pressures to get started before a scoping exercise has been done, this is a sure fire way to waste valuable resources and limit the potential impact of work.

When commissioning at any level (whether a programme, campaign or intervention) we strongly recommend that this is not done as a single all encompassing contract. Good commissioning, (consistent with World Class Commissioning in England), should be based on a sound assessment of needs and a consideration of the methods most likely to achieve the given behavioural goals.

A cautious view should be taken with any agency (whether from the voluntary or business sectors) that presents a proposal without first having undertaken, or had access to, a proper Scoping exercise. For this reason we recommend that commissioners and funders of work separate out commissioning into distinct stages:

Commissioning Stage 1:
Undertaking a scoping exercise (commissioning all or part of this if necessary).

Commissioning Stages 2 & 3:
Commissioning the development work and where relevant separately commissioning the subsequent implementation and delivery work (or parts of it).

This distinction will help ensure that no assumptions are made about what will be most effective in influencing and sustaining positive behaviours amongst the given audience(s). For example, it can be easy to assume that some type of communications or social advertising approach is required before looking at what is most likely to actually influence specific behaviours. In practice it is more common to conclude that a range of different elements will be required. A proper scoping stage will help to directly inform the relevant mix of intervention methods and approaches.

The benefits of effective Scoping

As well has helping to prevent the rush to a simple 'communications' approach, undertaking a proper 'Scoping' stage can help in a number of important ways:

Proper scoping can:

a) Significantly enhance effective stakeholder engagement and involvement.
Whatever the methods or approaches being used, it is the stakeholders who represent one of the most important resources and assets available. Their effective engagement will be key to development, implementation and success, whatever approaches are adopted.

b) Directly assist subsequent review and evaluation
Scoping allows assumptions informing selection of methods and approaches to be set out, and this assists in the selection of appropriate baseline data, to aid future evaluation.

c) Help to directly enhance the evidence base and help others learn and benefit from the work
Access to Scoping reports can assist others in being able to consider and plan their own interventions. Many people are addressing identical challenges. Being able to readily access the work and intelligence drawn together by others, can be a hugely valuable resource. This has the potential to speed up the planning and development of future work.

A strong focus on the individual…

but always in their wider social context



Understanding what will ‘move and motivate’ people

SCOPING



Where you examine the issue or challenge, build a robust understanding of the audience and the behaviour involved. You consider the resources (human and financial) available, and select the intervention approaches and options believed most likely to have a positive impact on the lives of those being addressed.

Typically Scoping will include:

1: Getting Started – getting people together; reviewing expectations / requirements; writing a 'Challenge statement'

2: Assessing the Assets

3: Engaging and mobilising Stakeholders

4: Understanding the audience(s) / customer(s)

5: Understanding the behaviour and what influences it

6: Intervention option selection

7: Writing up a 'Scoping Report'

Key tasks include:

'EXPECTATIONS REVIEW' & 'CHALLENGE STATEMENT'

- Reviewing the expectations and drivers for action, and writing an initial 'Challenge Statement'.

TEAM & STAKEHOLDER development

- Investing time and effort in the people who will be crucial to the success of any work undertaken

S.W.O.T. & S.T.E.P. ANALYSIS

- Examining the **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats (SWOT)
- Informed by assessment of key **S**ocial, **T**echnological, **E**nvironmental and **P**olitical (STEP) factors.

EXISTING KNOWLEDGE REVIEW

- Identifying existing knowledge and learning, e.g. literature reviews as well as capture of stakeholder views and intelligence.

ASSETS AUDIT

- Identifying what resources (human and financial) can be mobilised.

Initial AUDIENCE(s) PROFILING & SEGMENTATION

- Establishing a rounded picture of the people's lives, what is important to them.
- Identifying what intelligence and data sources exist and the ways to bring them together to aid in understanding people's lives.
- Identifying key influences and influencers on the relevant audience(s).
- Developing targeting and deeper segmentation of the audience(s).
- Establishing initial audience 'insights' into what is likely to 'move and motivate' them.



Initial BEHAVIOURAL ANALYSIS – looking at

- The WHAT? Establishing an understanding of both the current desired and the current problem behaviours (including any anticipated trends or patterns).
- BEHAVIOUR CLUSTERING – Identifying clusters of similar types of behaviour.
- The WHY? Examining reasons why both the desired and the problem behaviours occur.
- Initial EXCHANGE, ANALYSIS & REWARDS & COSTS REVIEW (Benefits/Rewards & Costs/ Barriers) – assessing what rewards people get for both the desired and the problem behaviour and:
  - For desired behaviour = increasing rewards /benefits and decreasing barriers / costs to the behaviour
  - For problem behaviour = decrease the rewards / benefits and increasing the barriers / costs to the behaviour

COMPETITION ANALSYIS

- Considering what other behaviour may be competing for the time and attention of the audience (may have nothing to do with the target behaviour itself).
- Considering whose influence is competing – specific people or organisation or forces.

INTERVENTION OPTIONS REVIEW & 'mix' selection

- Considering what intervention options to progress and 'the mix' or balance between different elements given available resources.

BEHAVIOURAL POSITIONING & GOALS establishment

- Behavioural Positioning – Considering how to position the desired and problem behaviours.
- Behavioural Goals – Developing SMART behavioural goals: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound.

DEVELOPMENT

The stage where the behavioural goals and audience insights from 'Scoping' are taken and developed into a programme, campaign or intervention. This includes specific pre-testing of ideas and options with the audience(s), and checking if the evidence and assumptions made during Scoping are relevant and actionable.

The details of this stage will vary according to the intervention options selected during Scoping. While this might include a media campaign approach it is equally important to consider other options such as: service development/design; physical environmental changes; policy and strategy changes etc.

Key here is ensuring it is *customer understanding and insight* that drives selection of the intervention options and the mix of these. Rarely are single interventions enough to influence and sustain behaviour.

It is important at this stage to avoid addressing people in isolation, and always consider them in their wider social, community and societal contexts. Consider the factors both within, and outside of, their immediate control.

Key tasks include:

Further STAKEHOLDER ENGAGEMENT

- Focusing on their contribution to the Development stage and preparation work ahead of future Implementation stage.

Further BEHAVIOURAL ANALYSIS

- Building on work done in Scoping, to ensure more detailed understanding of, and agreement to, the behavioural goals.

INTERVENTION or 'PRODUCT' development

- Examining whatever methods and approaches have been selected and developing these in a way that will be appealing and motivating to the audience(s).
- Drawing on 'Exchange' theory to consider the potential 'Marketing Mix' sometimes described as the '4 P's of marketing:
  - Product: Useful to consider what is being proposed as if it were 'a product'. It is useful to distinguish between:
    - *Core product* Direct benefits to the audience for undertaking the desired behaviour.
    - *Actual product* The features of the product (eg clinic service, community campaign, etc)
    - *Augmented product* Specific things that support, service or assist adopting and maintaining the behaviour.
  - Price: Reducing the cost (not just financial also time, effort, social impact etc) and increasing the value or benefits of the desired behaviour.
  - Place: Considering both a) where the behaviour occurs and what can be done to address the context, as well as b) where the audience can most effectively be engaged e.g. different settings and geographic locations.
  - Promotion: Putting together a tailored package to communicate, promote or encourage the desired behaviour.

COMMUNICATIONS approaches

- It should not be assumed that these will be required, but where they are, they need to consider:
  - 'MESSAGE(S)' development – Crafting empowering and actionable messages. But only if judged likely to impact positively on the relevant behaviour.
  - BRANDING and positioning issues – Considering how to present issues and ideas and review who are best placed to be the 'message givers' (Not always the lead agency or those leading the development work).

PRE-TESTING

- Ensuring all evidence-based assumptions made to date are tested out with the audience, and plans adjusted as required. Always allowing for the possibility of radical adjustment to plans where audience feedback indicates this is necessary if goals are to be achieved.

Working to develop deeper understanding and insight into peoples lives to inform and drive all development



IMPLEMENTATION

Going 'live' with the programme, campaign or intervention. This will vary according to what approaches and methods were selected in the Scoping and Developing stages.

Key tasks include:

Tracking initial and on-going responses

- Covering both the primary audience (those being targeted) and secondary audiences (those around them as key influences, eg: family, community leaders, different types of media). Adjusting and tailoring approaches based on feedback.

Opportunity spotting

- Typically during 'Implementation' new opportunities and possibilities become available and need to be actively considered and capitalised on.

Threat management

- Looking at factors that may be negatively impacting on the Implementation stage and ensuring handling strategies are in place to remove or minimise their impact.

Continued stakeholder engagement and mobilisation

- Maintaining and developing key stakeholders (relevant to the implementation stage) including active 'praising and thanking strategies'.

Information and data recording and capture

- Ensuring intelligence and data is captured ready for future review and evaluation.

EVALUATION

The stage at which the aim(s) and objectives of the work are revisited and the data captured is examined to assess the impact of the work so far.

In practice evaluation is as much a 'mind-set' as it is a formal stage. Scoping properly from the start provides one of the most valuable factors to assist effective review and evaluation.

A key output here should be an evaluation report. This should set out the original aims and objectives, the methods used, the impacts identified and a provisional set of recommendations for further action.

Ultimately in social marketing this should always focus on tracking actual impacts on behaviour. While this can present real challenges, particularly if assessment may need to stretch over many years, nevertheless it is important to move beyond just relying on knowledge or attitudinal indicators. Sometimes it is possible to look at proxy indicators that help indicate movement towards behavioural goals.

While researchers and academics can provide help in evaluation it is also valuable to include participative evaluation approaches to the input from key stakeholders. Some aspects of evaluation to consider include:

IMPACT evaluation

- Assessing the extent to which the stated aims and objectives – and specifically the behavioural goals – of the work have been achieved, drawing on short, medium and longer term indicators.
- Considering each of the following:
  - Knowledge – the extent to which information was understood.
  - Attitudes – the extent to which information was valued and incorporated into people's attitudes and values.
  - Behaviour - the extent to which people have made changes to behaviour or been able to sustain positive behaviours.

PROCESS evaluation

- Assessing the process and capturing learning from the work (at Scoping, Development and Implementation stages).
- Considering such factors as: efficiency; effectiveness; equity; quality; engagement and management processes.
- Engagement and views of key parties, e.g. the funders and commissioners of the work; the team undertaking the work; and key stakeholders.

COST BENEFIT ASSESSMENT

- As well as trying to assess how effective work has been, it is also important to consider the cost-effectiveness and cost-benefit of how resources have been used or assets mobilised



FOLLOW-UP

Where the results of the evaluation are considered and can inform future work, as well as help promote learning and enhance the evidence-base.

This stage can commonly be lost or overlooked. Often the relief at completion of work and the pressures from other on-going priorities means that this stage gets merged into general discussions and it can be difficult subsequently to see how the review and evaluation findings were responded to and how this influenced further development work.

Examples of what this can involve include:

- Holding a dedicated review session when key stakeholders are brought together with the researchers who completed any formal evaluation to review the findings. Providing an opportunity for those involved to comment on and question findings.
- Holding key decision-maker and/or commissioner sessions to discuss the findings and provide opportunity to reflect on findings and implications for on-going strategy development and future commissioning.
- Actively considering achievements to date and ways these can be maintained and further built on.
- Looking into the medium and longer term and how next steps can build on the work so far.
- Recording and capturing stakeholder views (including funders and commissioners) to sit alongside any formal evaluation report.
- Taking dedicated time to acknowledge and thank those involved for their contributions.
- Promoting and increasing access to the learning from the work. For example:
  - Getting information on the work onto relevant practice databases or similar resources, looking at formal publishing opportunities, for the evaluation and other articles or reports.



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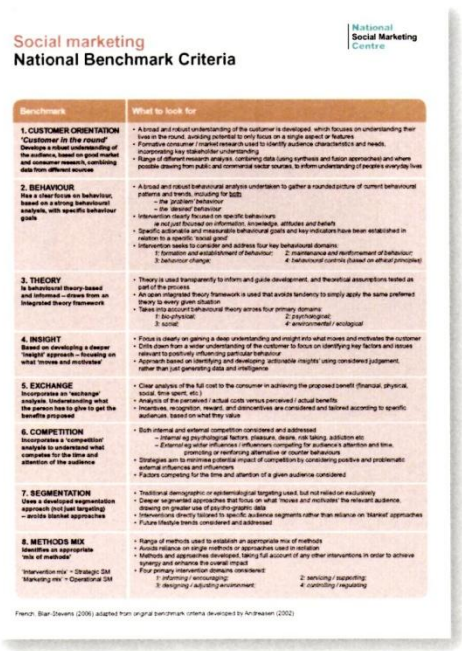
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Help us develop this and other resources

We are always keen to work with people who would like to trial our resources and tools and help us continue to refine and development them.

If you would like to trial this Planning Framework in your work please email us at the address below so we can discuss possibilities

Social Marketing – 8 point National Benchmark Criteria


Social marketing
National Benchmark Criteria

National Social Marketing Centre

Benchmark	What to look for
1. CUSTOMER ORIENTATION 'Customer in the round' Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources	• A broad and robust understanding of the customer is developed, which focuses on understanding their lives in the round, avoiding potential to only focus on a single aspect or features • Formative consumer / market research used to identify audience characteristics and needs, incorporating key stakeholder understanding • Range of different research analyses, combining data (using synthesis and fusion approaches) and where possible drawing from public and commercial sector sources, to inform understanding of people's everyday lives
2. BEHAVIOUR Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals	• A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for both: – the 'problem' behaviour – the 'desired' behaviour • Intervention clearly focused on specific behaviours *ie not just focused on information, knowledge, attitudes and beliefs* • Specific actionable and measurable behavioural goals and key indicators have been established in relation to a specific 'social good' • Intervention seeks to consider and address four key behavioural domains: *1: formation and establishment of behaviour; 2: maintenance and reinforcement of behaviour;* *3: behaviour change; 4: behavioural controls (based on ethical principles)*
3. THEORY Is behavioural theory-based and informed – draws from an integrated theory framework	• Theory is used transparently to inform and guide development, and theoretical assumptions tested as part of the process • An open integrated theory framework is used that avoids tendency to simply apply the same preferred theory to every given situation • Takes into account behavioural theory across four primary domains: *1: bio-physical; 2: psychological;* *3: social; 4: environmental / ecological*
4. INSIGHT Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'	• Focus is clearly on gaining a deep understanding and insight into what moves and motivates the customer • Drills down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour • Approach based on identifying and developing 'actionable insights' using considered judgement, rather than just generating data and intelligence
5. EXCHANGE Incorporates an 'exchange' analysis. Understanding what the person has to give to get the benefits proposed	• Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc.) • Analysis of the perceived / actual costs versus perceived / actual benefits • Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences, based on what they value
6. COMPETITION Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience	• Both internal and external competition considered and addressed – *Internal* eg psychological factors, pleasure, desire, risk taking, addiction etc – *External* eg wider influences / influencers competing for audience's attention and time, promoting or reinforcing alternative or counter behaviours • Strategies aim to minimise potential impact of competition by considering positive and problematic external influences and influencers • Factors competing for the time and attention of a given audience considered
7. SEGMENTATION Uses a developed segmentation approach (not just targeting) – avoids blanket approaches	• Traditional demographic or epidemiological targeting used, but not relied on exclusively • Deeper segmented approaches that focus on what 'moves and motivates' the relevant audience, drawing on greater use of psycho-graphic data • Interventions directly tailored to specific audience segments rather than reliance on 'blanket' approaches • Future lifestyle trends considered and addressed
8. METHODS MIX Identifies an appropriate 'mix of methods' 'Intervention mix' = Strategic SM 'Marketing mix' = Operational SM	• Range of methods used to establish an appropriate mix of methods • Avoids reliance on single methods or approaches used in isolation • Methods and approaches developed, taking full account of any other interventions in order to achieve synergy and enhance the overall impact • Four primary intervention domains considered: *1: informing / encouraging; 2: servicing / supporting;* *3: designing / adjusting environment; 4: controlling / regulating*

French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2002)

This sheet summarises eight key features to assess if work is consistent with core social marketing principles. It can be used at different stages to support effective commissioning, development, implementation and evaluation.

For this and other resources visit our website:
www.nsmcentre.orguk

