

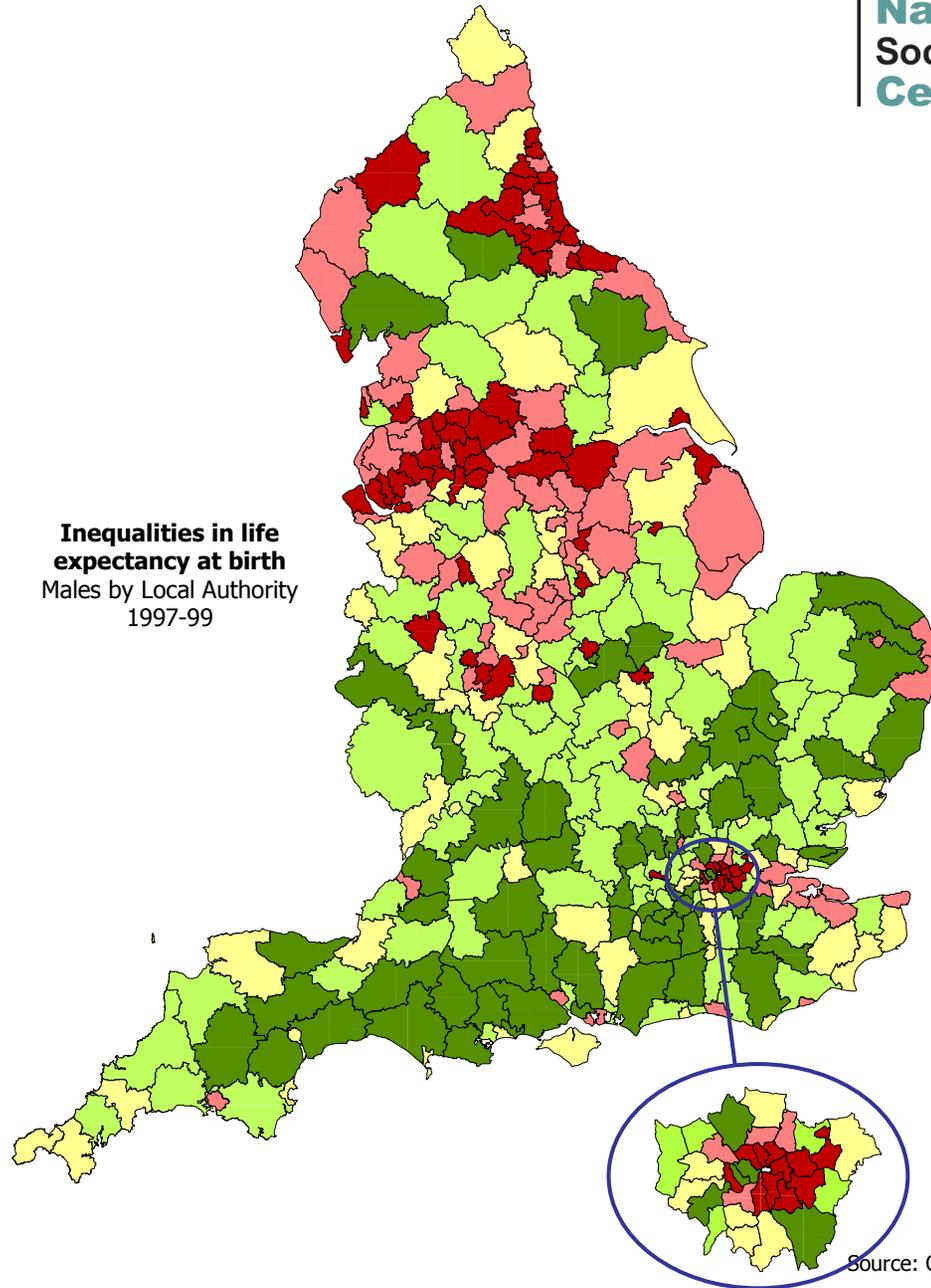
# Applying Social Marketing strategically, some lessons from England

Dr Jeff French



# England

**Inequalities in life expectancy at birth**  
Males by Local Authority  
1997-99



Source: ONS

# Contents

**1: Drivers for change**

**2: What we did**

**3: What we found**

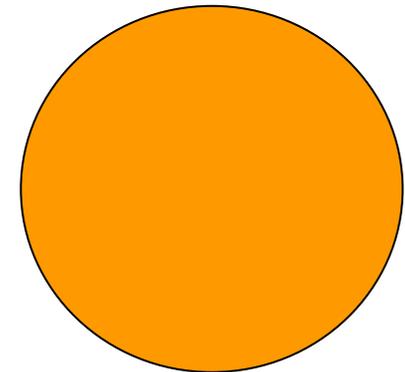
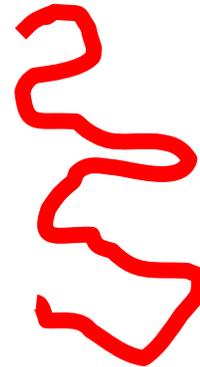
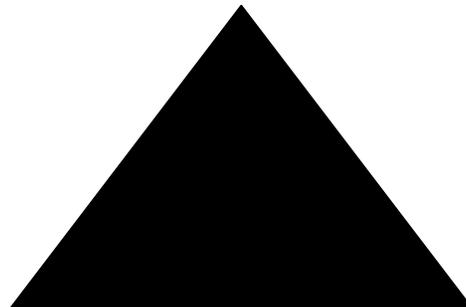
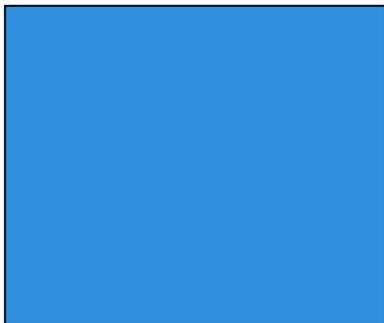
**4: Action so far**

**5: Lessons so far**

**6: Challenges ahead**

# Why social marketing has been taken up so readily in England:

- It's principles are closely aligned with democratic market economies value systems
- A focus on developing customer driven solutions reflects an unstoppable power shift away from political, policy and professional elites
- Social Marketing is seen as a practical approach that can be applied



**What kind Social Marketer are you?**

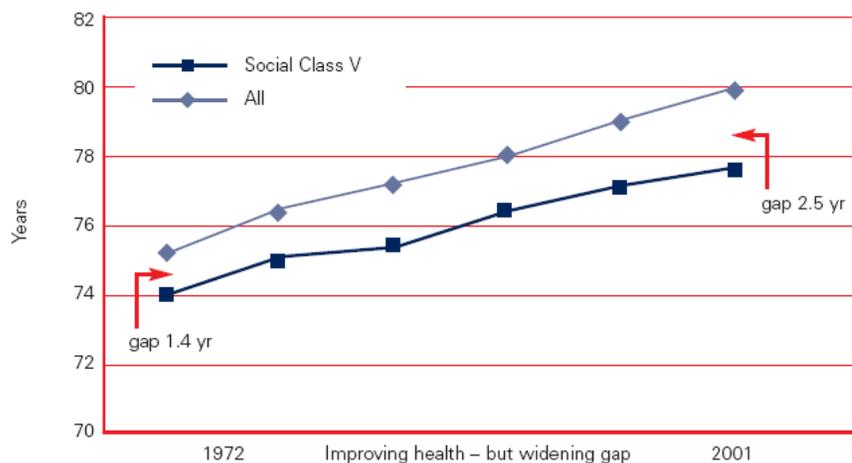
# ***1: Why we had to change***

**Technocratic and Political drivers**

# 'Tsunami of chronic disease'

# £187 billion

Life expectancy at birth, all women and women in social class V, England & Wales, 1972-2001



The risk of death is greater for lower socio-economic groups, at all stages of the lifecourse and for all causes of death

UNICEF  
Innocenti Research Centre  
Report Card 7

Child poverty in perspective:

## An overview of child well-being in rich countries

A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations



unicef

# The new citizens

## A dramatic transformation: wealthier, better educated & more demanding

When we have also witnessed huge changes in:

- Global politics
- Growth in consumerism
- Trade patterns
- Manufacturing technology
- Service industries' growth
- Home and share ownership
- Information technology
- Rights movements
- Migration
- Demographics
- Increasing concerns about the environment
- Attitudes to personal fulfilment
- Growth in cultural and ethnic diversity



# People's view of the government's role

- **37%** do not trust any government advice (NOP 2005)
- **20%** completely ignored it (NOP 2005)
- **33%** of people believe the government have an important role in promoting health (Ofcom NOP 2005)
- Only **4%** believe that government has the most important role in improving health (Ofcom NOP 2005)



# Past Public Policy (1)

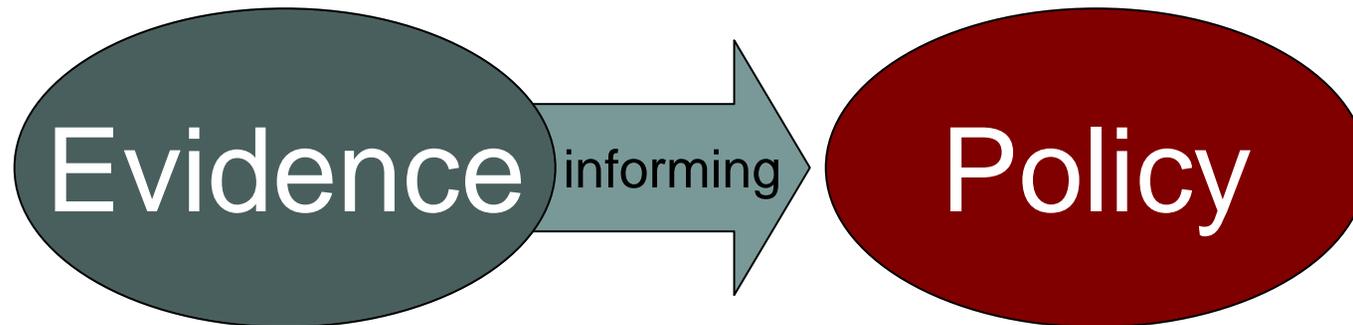
- **Constructed at the top and driven down**
- **Throw away (Short shelf life)**
- **As much about agenda management as change**
- **Not owned by recipients and filtered out**
- **Not performance managed so fades from consciousness**

# Past Public Policy (2)

9

- **Too much too often**
- **Lack of coordination and integration between the blizzard of policy directives.**
- **Grand rhetoric limited implementation**
- **Often eminence and ideologically driven than evidence directed**

## Evidence based policy?



### The reality... slightly different

- Policy with evidence 10 - 20 %
- Policy in search of evidence 30 - 40 %
- Policy counter to the evidence 30 – 40 %
- Evidence in search of policy 30 – 40 %
- Eminence based policy ?

# Shifting drivers for policy

- **80's – 90's: Ideology**

Empower people, small state, challenge public service monopoly, privatisation

- **90's – 2000: Evidence and efficiency**

Better management, ROI and VFM, performance management, evidence based policy.

- **2000+ : Customer, choice and whole systems**

Holistic solutions, insight driven, customer insight, choice and diversity of provision

# Government is in the behaviour change business big time.

- The government is a huge player in this field
- Necessarily focus on the fundamental relationship between the state and individuals

# Government & behaviour change

- Difficult because it focuses on the personal and private as well as social situations.
- In the past more of an acceptance of the right of the state to manipulate the way people behave not necessarily so today.

**What do you get when you cross  
a psychologist a sociologist and  
a member of the mafia?**

**People who make you an offer  
that you can't understand**

# Conspiracy of passive failure

Information giving is often the default

**Why:**

1. To be seen to be acting
2. Desire to help
3. Short term policy planning and budgeting



# State paternalism a reflection of a: Product Focus

- Policy is developed through the political process
- But strategy is often driven by policy experts
- This product focus stands in contrast with the consumer orientation of successful commercial enterprises who are obsessed with listing

# The fatal conceit believing that the state and experts know best

- **Failed policy** delivery occurs when interventions developed according to a rational plan derived by experts
- **Interventions work when** citizens have been involved in the process of problem identification, solution generation, delivery and evaluation



*“We are proposing to put an entirely different dynamic in place to drive our public services: **one where the service will be driven not by the managers but by the user – the patient, the parent, the pupil and law-abiding citizen.**”*

*Tony Blair 2004*



# Our new boss

The best  
preparation for  
governing is  
listening to the  
British people

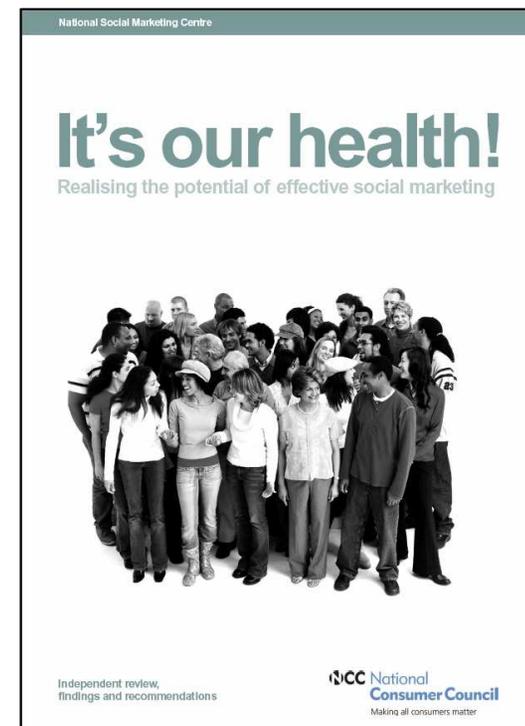
Speech by Rt Hon Gordon Brown MP, accepting the  
nomination as Leader of the Labour Party, 17 May 2007



# ***2: What we did***

# Aims of the review

- Review the potential of social marketing
- Recommend ways to enhance impact using social marketing principles



# ***3: What we found***

# Social marketing can help!

- Social marketing has potential to improve the impact and effectiveness of behavioural interventions
- Current understanding, and as a result utilisation, of social marketing is limited

# Recommendations

- Apply social marketing principles
- Adopt a delivery coalition approach
- Prioritize and synergise
- Build capacity & understanding
- Reconfigure research and evaluation



# ***4: Outcomes so far***

# Range of policy drivers

- public health strategy
- wider determinants of health
- health inequalities
- customer-focused government

- health inequalities

- public health strategy
- social marketing



small change  
**big difference**

- health  
challenge England

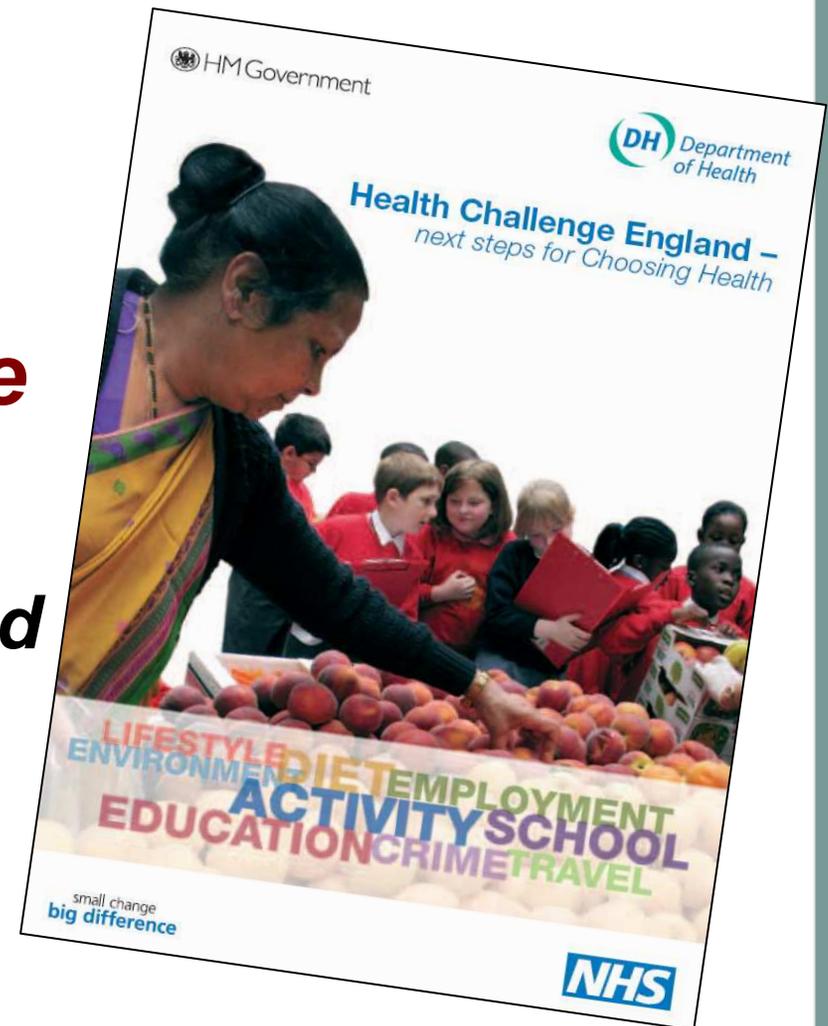
- social marketing  
- social exclusion

- community services

# ***‘Health Challenge England’***

**National  
Social Marketing  
Centre**

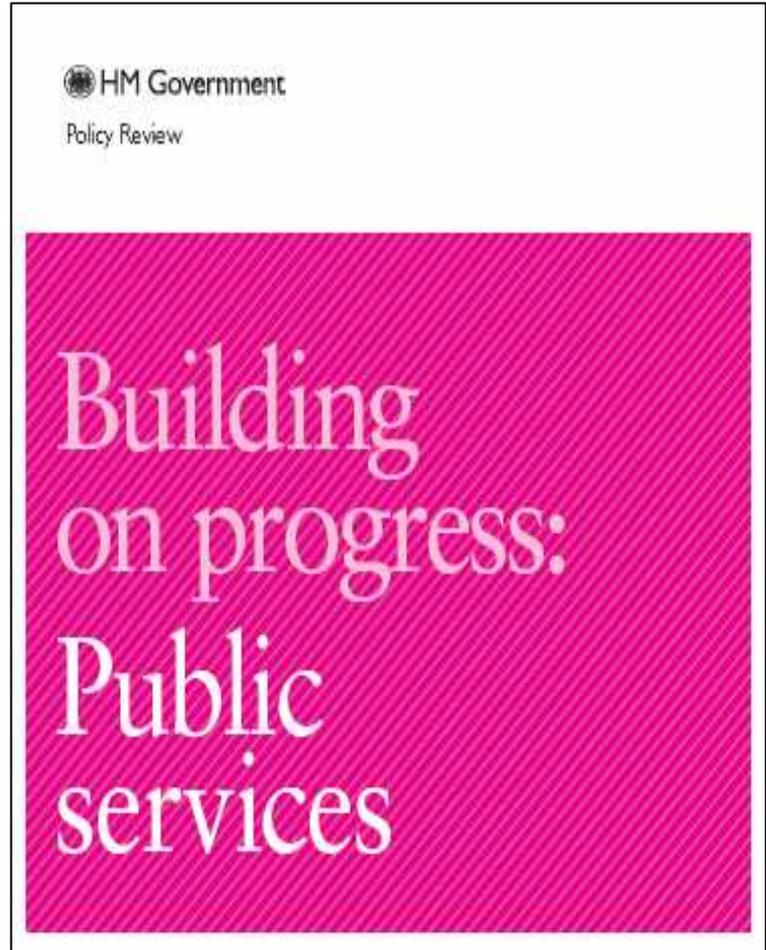
***“To achieve lasting  
Behavioural change we  
Will apply a social  
Marketing approach and  
invest in understanding  
what will help people to  
change.***

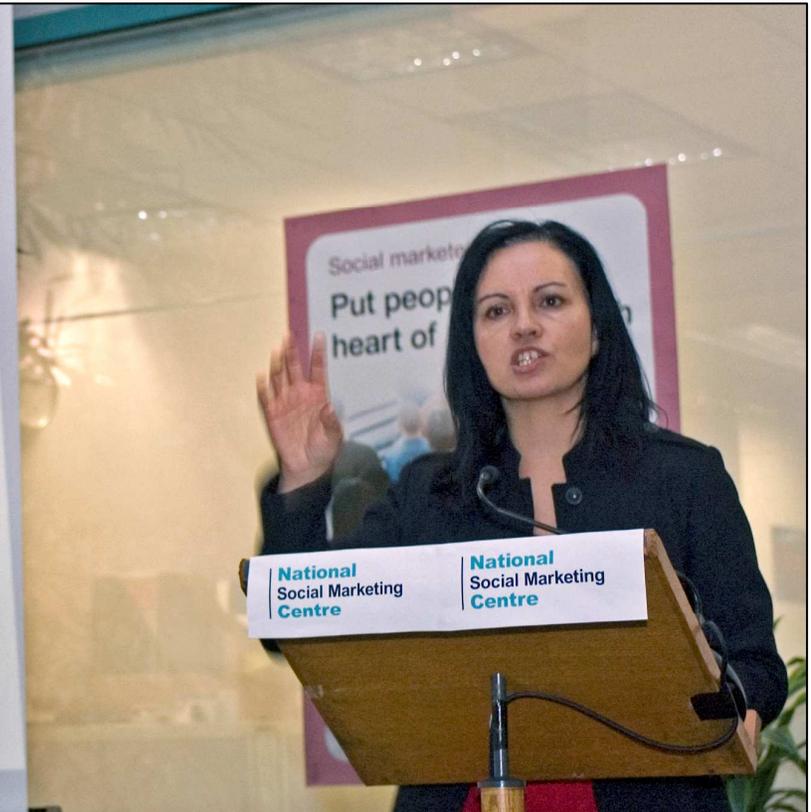
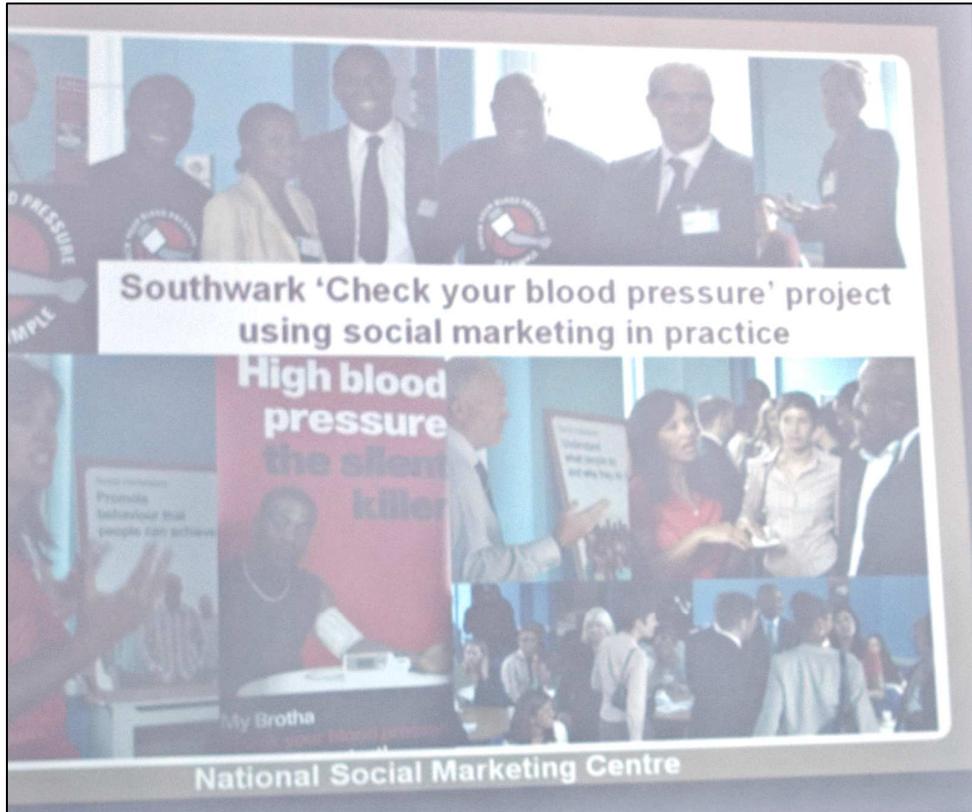


# **A new approach to personalised services and citizen driven reform**

**Social marketing recognised as a key Tool for service improvement**

**Social Marketing Challenge fund recommended**





**Caroline Flint – Minister for Public Health  
announcing launch of the National Social Marketing Centre**

## Outcomes so far

- All DH policy teams building social marketing principles into their work
- Reorganisation of DH communication and campaign functions
- Population life course segmentation in development
- DH 'People's Programme' developed

## Action so far

- Private sector partnership programme under development
- Wide range of government departments and agencies applying social marketing principles
- EU briefings and EU funded international collaborative project
- Public health funding being reviewed

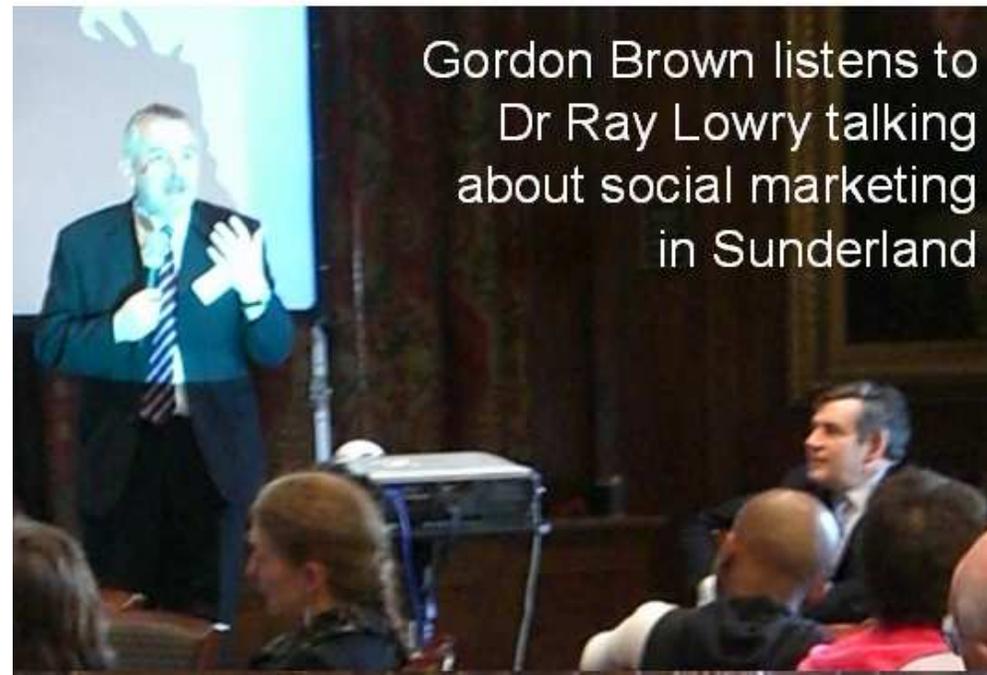
# ***5: Lessons so far***

## **Lessons so far....**

- **Build a network of senior champions:  
SATT**
- **Create a buzz, build a compelling story  
and promote it, and lobby for it**
- **Think strategic policy change not just  
operational campaign**
- **Understand the most important customer :  
the politician, and the policy maker**

# Understanding the politician , policy maker and strategist

1. Provide solutions to strategy challenges
2. Build from policy commitments
3. Build a cogent story that they can understand and tell



# Set out the 'Exchange'

## The Cost

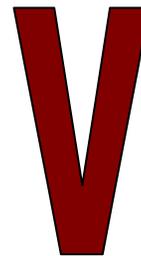
Investment in scoping  
and coordination

The potential pain  
of change

Loss of total control

Transition costs

Speed of response



## The benefits

Improved impact

Better policy coherence

Enhanced learning

Mobilise all assets

Enhance leadership and  
Prioritisation

VFM

# ***6: Challenges ahead***

# From fragile to embedded

- Achieved high level ownership and integration into government policy
- However system ownership still best described as fragile

***“it’s the way we do things”***

# Some 'rubbish' is getting in the way

Poorly written up and/or delivered social marketing

Communication projects and other interventions with little measurable impact **being called social marketing**



# Challenges ahead

- 1. Position social marketing at the heart of policy and strategy development**
- 2. Systematic application of social marketing by everyone**
- 3. Resistance from the sceptical and the complacent**
- 4. Resist the temptation to develop social marketing as a super speciality or clique**

**Our Job is be the citizens  
champion not just a technical  
expert advising on how best to  
convey a message**

**We must get policy makers and  
strategist to think like  
marketeers**

**National  
Social Marketing  
Centre**

20 Grosvenor Gardens, London, SW1W 0DH

**Phone: +44 (0) 207 881 3045**

**Fax: +44 (0) 207 730 0191**

**Email: [nsmc@ncc.org.uk](mailto:nsmc@ncc.org.uk)**

**Website: [www.nsmcentre.org.uk](http://www.nsmcentre.org.uk)**