CHSS
University of Kent

Centre for Health Services Studies

NHS
Eastern and Coastal Kent

Evaluating Social Marketing

Final Report

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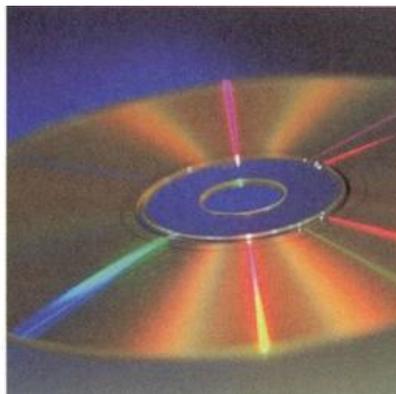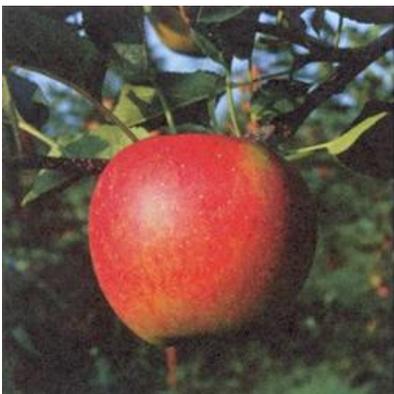
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Centre for Health Services Studies

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Contents

Part One   Identifying need

Part Two   Case Studies

Appendices

Resources

Introduction

Aims

The main purpose of this one-year project was to locate, monitor and evaluate health promotion interventions that are characterised and embedded in the use of social marketing techniques. This project was comprised of two phases –

The aims of **Phase One** were to:

- Identify and prioritise those projects that have used social marketing techniques
- Agree an evaluation plan in collaboration with local and national experts

The completion of the scoping exercise for Phase One highlighted that the research team needed to move away from any explicit evaluation activities and towards assisting projects with conducting their own evaluation.

The revised aims of **Phase Two** were to:

- Facilitate with the integration of robust evaluation methods into project planning and to advise on the collection and analysis of evaluation data
- Support the organisation in enhancing their strategic understanding of social marketing and its potential in health promotion activity
- Anticipate that projects using social marketing techniques successfully could be at the forefront of dissemination, providing illustrations of the practical application of techniques

Overview of Project

The *'Evaluating Social Marketing Project'* was commissioned and funded by Eastern and Coastal Kent (ECK) PCT to evaluate the impact of health promotion activity in the region, with a focus specifically upon the use of social marketing techniques. The overall purpose of the project was to investigate the extent to which social marketing has been effective in bringing about a positive change in behaviour. In order to achieve this objective, the research team worked in close collaboration with the PCT's Social Marketing Group and with experts in the field of social marketing based at the Institute for Social Marketing, University of Stirling. The project-lead and research team were responsible for project management, execution and co-ordination of the research and evaluation activities, that is based at the Centre for Health Services Studies.

The research work was carried out in two phases. Phase One involved scoping out 11 social marketing projects funded by ECK PCT, which was undertaken to establish the extent to which social marketing techniques underpinned each health promotion strategy. Phase One was an important stage of the evaluation process and was conducted to accumulate more detail on the projects particularly with reference to their specific stage of implementation in the life-span of the project. Furthermore, the scoping exercise showed whether there was a 'goodness of fit' between the evaluation method used and the specific nature of the project.

Phase Two involved a plethora of activities to facilitate and assist projects with conducting their own evaluation. The first stage involved the planning and implementation of two one-day workshops, where project leads were asked to attend a day of social marketing and evaluation planning activities. Any other health professionals or policy specialists who showed an interest in the area were also invited to attend the day of events. Moreover, a further aim of the workshops was to act as a forum for the projects to network and offer peer-support in the application of social marketing techniques and evaluation strategies. A follow-up workshop was held three months later to provide any additional evaluation support in response to need declared by the projects themselves (Part One).

These workshops were important, as they formed the bedrock of the second stage of research and evaluation work, where subsequent visits and meetings were arranged in the latter part of the project, which aimed at assisting with the development of evaluation instruments. By working closely alongside the projects, the research team were able to determine what evaluation strategies were needed,

2

whether the evaluation plan was achievable, assistance with developing evaluation instruments, how to undertake analysis of the findings and help with writing an evaluation report (Part Two).

This document is intended to be used as a guide or manual for future projects of this nature. Thus the final format of this report does not comment upon any of the findings from the scoping exercise or from providing assistance with project evaluation. It collates and presents all of the evaluation instruments into a series of case studies, describing the steps undertaken for social marketing development, how challenges were overcome, partnerships used, evaluation methods adopted and lessons learnt.

A Brief Guide to Social Marketing

Social marketing aims to influence and change voluntary behaviour to improve health, prevent injuries, protect the environment or contribute to the community (Kotler et al., 2002). Aspects of commercial marketing can be used to benefit a wide range of problems and effectively target the population as a whole. Therefore, social marketing has much wider benefits as its methods can help in the promotion of responsible drinking and the consumption of a healthy diet. Social marketing strategies can be used to ensure that potential efficacy levels are maximised and that behaviour change occurs.

The most widely used social marketing term draws from the work of A R Andreasen (1994). Andreasen (1994) used the following criteria to ascertain whether a health campaign can be deemed exclusively as a 'social marketing' one only if –

- it applies commercial marketing technology
- its underlying objectives are aimed at changing voluntary behaviour in individuals
- it primarily seeks to benefit individuals/families or broader society and not just the marketing organization itself

A set of six criteria have been identified to find out if social marketing practice is being employed, these include: customer orientation, behaviour goal, segmentation and targeting, mutually beneficial exchange, addressing competition and marketing mix –

1. *Consumer orientation* involves the social marketer getting to know and understand the perspectives of the target audience. This can be aided by the uses of current literature; through the Knowledge, Attitude, Practice, and Beliefs (KAPB) survey method.

2. *Behaviour goal* is when the researcher needs to develop an in-depth understanding of consumer attitudes and behaviour. As a result of this research a clear behavioural goal can be defined and included within the intervention itself to ensure that there is a clear aim and outcome for the consumer to achieve.

3. *Audience segmentation and selecting your target audience* is a critical task for social marketers to conduct, and is typically less well executed within public health compared with the

4

application in traditional marketing settings (Chapman et al., 1993). Once a target audience (a set of buyers sharing common needs or characteristics that the company decides to serve) for the intended health campaign is identified there are a further three steps that are undertaken (Kotler et al., 2002) –

i. Segmentation of the market – the target audience is divided into smaller subgroups that have similar qualities (needs, wants, motivations, values, behaviour, lifestyles etc.) who will respond to individual targeted campaigns in a similar way. Methods employed include the trans-theoretical model of change with ideal segmentation occurring using one variable.

ii. Evaluate Segments – the segment is evaluated to prioritise segments using segment size, problem incidence, problem severity, defencelessness, reachability, general responsiveness, incremental costs, responsiveness to marketing mix, and organisational capabilities.

iii. Choose one or more segments for targeting – in an ideal situation a few segments are selected to be targeted by the campaign with strategies being individually tailored.

4. *Mutually beneficial exchange* refers to the notion of exchange theory and is thought to form the basis of marketing theory. Marketing has been defined by a number of different authors with one example from Marketing News[1] (1985) as "Marketing is the process of planning and executing the conception, pricing, promotion and distribution of ideas, goods and services to create exchanges that satisfy individual and organizational objectives" (Houston and Gassenheimer, 1986). Exchange has been identified to involve "A tangible or intangible, actual or symbolic, between two or more social actors" (Bagozzi, 1975); thus each party involved both gives and receives, and exchanges are often conducted to satisfy the needs of one or both parties (Houston and Gassenheimer, 1986). As a consequence of exchange theory the social marketer needs to acknowledge they must offer benefits that the consumer truly values, recognise that consumers can pay intangible costs (time and effort) when changing behaviours, and that all people involved in the exchange must receive a valued benefit (Grier and Bryant, 2005).

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[1] *Marketing News* (1985), "AMA Board Approves New Marketing Definition" (March 1), 1.

5. *Addressing competition* is important for social marketers, as there is a degree of competition that needs to be identified, because the target audience may be confronted by two competing messages. Consumers will need to decide if they should believe any of the messages and accordingly.   As a result social marketers need to create competitive advantage for the social issue they are trying to sell. Competition has been defined as (Kotler et al., 2002) –

   i.   "Behaviours and associated benefits our target audience would prefer over ones we are promoting"

   ii.   "Behaviours they have been doing 'forever' that they would have to give up

   iii.   "Organisational and individuals who send messages that counter or oppose the desired behaviour"

   Competitive advantage can be achieved by positioning the social issue relative to the competition to allow the audience to perceive the greater benefits in the promoted behaviour than the one currently preferred, reduce costs and reduce the barriers of the desired behaviour and ensure that the behaviour has no social pressure and increase the norm of the activity.

6. *Marketing mix* also known as the four P's allows for an integrated social marketing strategy and help gain competitive advantage. Table 1 reviews the four P's: product, promotion, place and price.

Table 1 – The Four P's of marketing adapted from (Kotler and Zaltman, 1971)

The four P's	Explanation
Product	- Marketers study the wants and needs of the target population to develop desirable products - A well designed and correctly priced product will be purchased by consumers - Social Marketing is more difficult - The social problem needs to be packaged in a suitable fashion to target audiences who subsequently will find it desirable and willing to purchase - May need to design several products that make a partial contribution to the overall social problem rather than one large all encompassing product - The social marketer needs to remain clear about the main issue being targeted
Promotion	- Promotion is the art of communicating to and altering a value or belief of the targeted subject(s) - Promotion includes several distinct areas with unique problems - Advertising – the non-personal presentation of the product - Personal selling – a paid form of personal presentation by the sponsor - Publicity – unpaid non-personal presentation of the product - Sales promotion – other paid promotion designed to stimulate the target population and accept the product
Place	- The provision of adequate and compatible distribution and response channels - Therefore motivated people should know where to get the product from - For example eating a healthy diet might be unachievable outside the home as no healthy options are available, therefore preventing the consumer from eating healthy - Making a product available via definite and visible outlets allows people to obtain the product. Considerations need to be made according to potential demand and competing outlets
Price	- The price is the cost that the consumer is prepared to pay to obtain the product - Represents money costs, opportunity costs, energy costs, and psychic costs - Pricing a social product assumes the target population perform a cost-benefit analysis when considering to invest their money, time and energy in the product - The individual's motivational strength is related to the magnitude of the benefit - Need to consider how to improve the rewards of the social product relatively to costs as well as needing to carefully consider the way in which manageable, desirable, gratifying, and convenient solutions to the social problem are presented to the target population

The four P's are included into a wider model known as the social marketing planning system. Continuous economic, political, technological, cultural or competitive environmental factors are considered by the change agency that use both research to influence the planning process as well as the four P's to create a short or long term programme. The message is conveyed through several channels, mass and specialised media, paid agents and voluntary groups and organisations which are specifically designed to target specific audiences (primary, secondary, tertiary and miscellaneous target groups). Evaluation of the programme feeds back to the change agency to improve materials needed to result in the desired behaviour change (Kotler and Zaltman, 1971).

A strong emphasis in social marketing is placed upon monitoring and evaluation. Continuous monitoring and evaluation needs to be considered during the planning phase of the social marketing initiative. Each intervention needs to be individually evaluated to ensure its benefits outweigh the cost of its implementation in terms of outcomes. Typically, the marketing of a commercial product would have substantial financial resources available and continuous monitoring and evaluation forms the bedrock of this process. Thus, through evaluation social marketers can check that the programme is being received well by the target audience (Grier and Bryant, 2005).

Part One
Identifying need

Scoping the projects, facilitating the social marketing workshops & conducting our own evaluation

Scoping the projects

From the beginning of the project in April until June 2009, a scoping exercise was undertaken with 11 of the projects put forward by ECK NHS for evaluation. The results of the scoping exercise were reported to ECK NHS's Social Marketing Group. The research team found that there was a noticeable discrepancy in understanding of social marketing techniques, and furthermore, evaluation strategies were at varying stages of development (please see http://www.kent.ac.uk/chss/researchcentre/docs/Workshop_Evaluation_FINAL_Report.pdf). Drawing from this exercise, a need was identified to inform social marketing project leads of the concept and application of social marketing, and to help with the evaluation of their initiatives.

Two workshops were planned inviting projects to learn about evaluation and social marketing techniques. A discussion of these activities follows below.

Social Marketing Workshops

This section reports upon two afternoon workshops on *'Evaluating Social Marketing'*, which were conducted on the 9th and 10th September 2009. The workshops were held at the Centre for Health Services Studies, University of Kent. The aims were to increase participants' understanding of social marketing and evaluation, and to develop an action plan that will meet any training needs and identify how research support can be provided until the end of the project.

Two follow up workshops also took place in December 2009 and March 2010 that brought together attendees of the first workshops to discuss the progress of their projects with the other initiatives (discussed in Part Two and Three).

Attendees

An invitation was sent out to social marketing and health promotion projects that had been funded by Eastern and Coastal Kent NHS, and project leads and co-leads were asked to attend a one-day workshop.

The following people attended one of the workshops:

Julia Wells	Health Walks
Martyn Jordan	Health Walks
Debbie Smith	HOUSE
Barbara Fairway	HOUSE
Beverly Falconbridge	Healthy weight
Claire Buckingham	Healthy weight
Claire Johnson	Youth Bytes
James Gooch	Youth Bytes
Ray Farmer	Stop Smoking
Graham Thomas	Stop Smoking
Allan Gregory	Stop Smoking
Heather Keen	Teenage pregnancy
Louise Pantony	Teenage pregnancy
Dr Tony Martin	Triple Aim

Workshop Overview

The afternoon session used a mixture of PowerPoint presentations, (attached as an appendix) practical workshop exercises on increasing understanding of social marketing and evaluation activities; project leads and co-leads were able to apply the principles of social marketing using Andreason's benchmarks and develop an individual action plan. These activities allowed time to tailor-make information to each individual programme taking account of their needs.

After the introduction, participants were introduced to the main points of the new social marketing strategy currently under development by the ECK NHS (**Appendix 1**).

The second presentation covered information about what social marketing is, how it is different (or similar) to health promotion, the relevance to individual initiatives and how it could be used within new and existing social marketing initiatives (**Appendix 2**). At this point project leads were asked to complete an exercise in which they had to apply the social marketing benchmarks covered in the presentation to their work allowing each person to revisit their original aims and objectives. The social marketing team took time to discuss the benchmarks with each group and provide any additional information they required (an example can be found in **Appendix 3**).

11

The third presentation focused on the evaluation process and how to use evaluation tools effectively (**Appendix 4**) providing the group with a series of golden rules for any evaluation. This session was combined with a discussion of evaluation methods that have been conducted by the group participants.

The final part of the day provided the social marketing team with insights into the needs of every project as each one was required to complete an action plan (**Appendix 5**). This provided the social marketing team at the University with information of how to support the project leads until April 2010.

Creating Action Plans

Each project identified several areas that the research team could provide support and additional training for:

- Providing support in questionnaire development and evaluation tools

- Training on how to successfully run focus groups

- Providing support and training for analysis of data

- Literature reviews of past evaluation techniques in a particular project area

Feedback from Participants

Overall response to the workshops was very positive with participants rating the day from neutral to strongly agree which can be seen in Figures 1 and 2.

Figure 1

Participant Responses to Workshop Evaluation

Legend: ■ Session Increased my Knowledge? ■ Quality of education was high? ■ Time allocation was about right?

Figure 2

Participant Responses to Workshop Evaluation

Legend: ■ The Session - Well prepared and presented? ■ Session Content Relevant to needs?
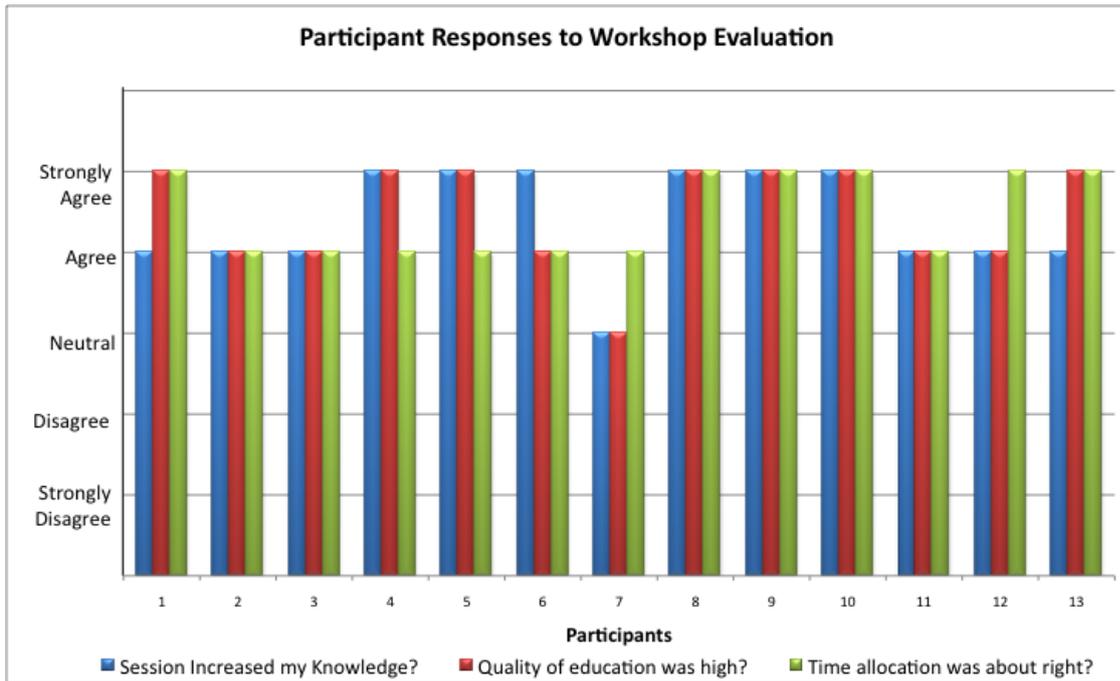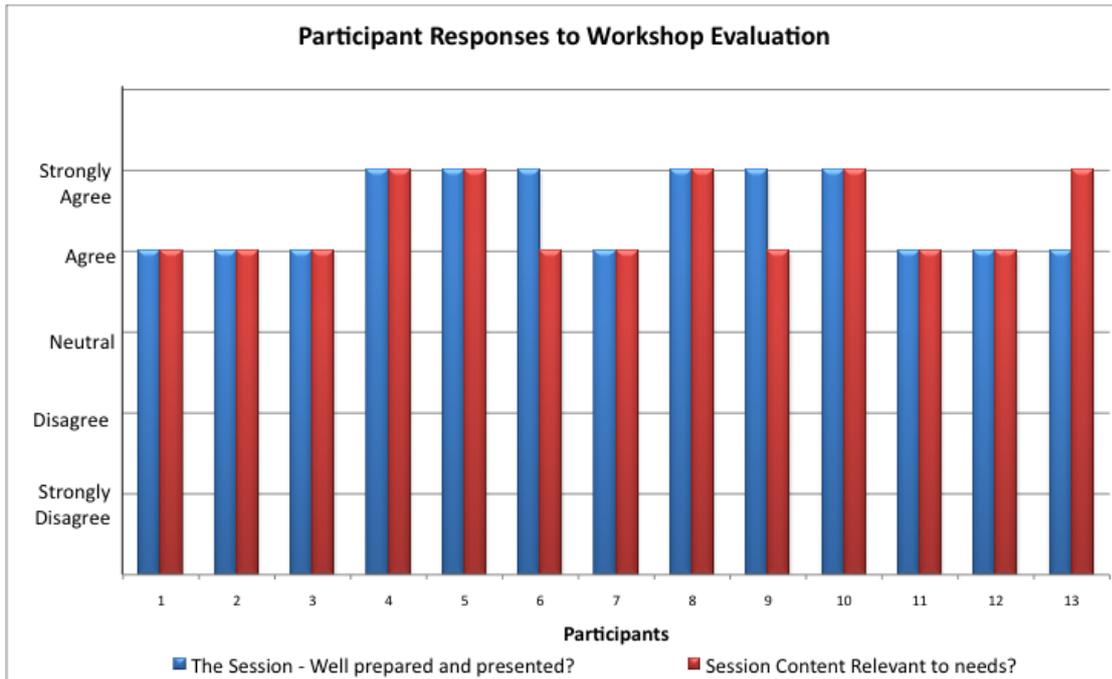
Figure 3 – Comments received from participants when asked what they liked best about the workshop

Support from the CHSS Social Marketing Research Team

Following the workshop held in September 2009, the research team provided further support to ECK's health promotion projects in order to assist with the development of evaluation strategies and encourage the use of social marketing techniques by undertaking the following actions:

- Supported and advised projects about their evaluation

- Completed further on-site visits

- Organised additional research/evaluation training initiatives

- Conducted further workshops for evaluating social marketing

Part Two
Case Studies

Case Study on 'HOUSE'

Example of 'Post-it note' feedback

Introducing the project

The 'HOUSE' project was set up to find out what social issues mattered to young people. An external adverting company was enlisted to identify the range of concerns. They found issues relating to drugs, alcohol, smoking, racism and bullying were primary concerns, and issues about difficult family relationships and handling money well were matters that young people wanted more support and information on. The findings gathered by the advertising agency were channelled into the second stage of the project, which was later renamed as 'HOUSE' and involved setting up a venue for young people to 'hang out'. The work carried forward by the agency in developing the 'HOUSE' venue has produced some interesting results. Young people have used the venue, which has proved to be a valuable service to them as a safe place to 'hang-out' and seek health information if they require it.

Aims and objectives

The evolutionary nature of the project's beginnings meant that specific aims and objectives were hard to define. Furthermore, given the project's insistence on upholding the anonymity of the young people, the project workers hesitated at openly undertaking an evaluation for fear of deterring young people away from using the service. Not only would an evaluation risk levels of attendance, project workers

The research team met the 'HOUSE' project at the initial workshop and undertook two sets of activities. The first involved using Andreasen's benchmark and applying the strategies in the context of the project. The second involved devising an individualised 'Evaluation Action Plan', which included identifying the project's aims and objectives, identifying possible data sources and stating where they felt evaluation support was required. At the end of the workshop, the research team wrote up the work that was undertaken with the project and organised a series of one-to-one visits with them.

Diagram1: Steps taken towards an evaluation design

Identify Aims & Objectives

'Raise awareness of the harmful effects of drugs, alcohol, smoking abd sexual health among young people'

Find Data Sources/Information Collected

- Data sources available on informal 'post-it' note feed-back left by young people on a notice-board after their visit

- Feedback written up onto PowerPoint

- 9 sets of data

- 7 high street locations from across the county

Develep Evaluation Method

Thematic analysis

- Reformatting data sets onto Excel

- Coding the data into general themes or multiple themes; create sub-themes if needed

- Summarise codes into histograms in the data

- Create bar charts in Excel

Analysis

The research team conducted an initial thematic analysis using the data, which highlighted several themes that could be developed further. These included:

Keep running the project	- Active - Fun - Enjoyable	Staying out of trouble	Positive environment
- Postive staff - Positive perceptions of the project	Information provision	Something to do	Meeting young people
	Behaviour change	Location	

The themes could be sub-divided to allow newly emerging information to be incorporated. For example, 'information provision' was a broad theme that encompassed comments such as 'obtaining information' and 'getting advice'. This could be sub-divided further as some young people identified what exact information they were given such as advice on drugs, alcohol, sexual health and so forth. The 'HOUSE' project lead and co-lead were shown how to continue undertaking their own thematic analysis through Excel using the example the research team had developed.

Applying thematic analysis to a second evaluation

The 'HOUSE' project lead and co-lead were able to use the skills learnt when undertaking the thematic analysis of the young people's comments to another aspect of the project's evaluation. They had begun to collect the responses of agencies that had come into each 'HOUSE' to share information and advice on locally available health and social services provision – onto a self-completion questionnaire. With this information, the project undertook a second phase of evaluation. This information was compiled into an evaluation report; guidance on writing an evaluation reported was provided by the research team at a second workshop.

Resources Available

- Resource 1&2: How to write an Evaluation Report
- Resource 3: How to undertake a Thematic Analysis

Case Study on 'Health Walks'

Introducing the project

'Health Walks' is a national strategy which aims to encourage people, particularly those who take little exercise, to do regular short walks in their communities. 'East Kent Health Walks' is a locally based health promotion agency which organises walks through the area. The HealthWalks team promote the message that:

> *HealthWalks are short, volunteer-led local walks aimed at those who wish to be more active. Walks are generally between 40 to 90 minutes and leave from accessible venues such as libraries and leisure centres throughout east Kent*

In Spring 2009 there were 145 active volunteers across Kent providing open and closed walks. It reports on being well known in the local area due the socialisation opportunities that have arisen. The project was also involved in linking up with other organisations to expand its reach.

Aims and objectives

The overall objective was to 'increase physical activity among sedentary people'. Underlying these were four further aims –

1. To get as many people active as possible

2. Whole population is really targeted as we are not meeting the recommended 5 x 30 minutes exercise

3. Mainly getting white middle aged women attending therefore aim to target those not participating

4. Try to integrate scheme into other health care pathways and the community

The research team met the 'HealthWalks' team at the initial workshop and undertook two sets of activities. The first involved using 'Andreasen's Benchmarks' and applying the strategies in the context of the project. The second involved devising an individualised 'Evaluation Action Plan', which included identifying the project's aims and objectives, identifying possible data sources and stating where they felt evaluation support was required. At the end of the workshop, the research team wrote up the work that was undertaken with Healthwalks during the session.

With the advice of the research team, the HealthWalks project identified two areas that they wanted to seek further information on from their client group on the two following issues:

Point 1:

'**Develop a process of regularly evaluating walkers using a questionnaire'.**

This would help to gauge information on:

- Levels of physical activity

- Attitudes about the scheme

- If they stopped participating – reasons why?

- What benefits they find from the walks

Point 2:

'**Help with the knowledge of how to run focus groups with their target audience'**

The research team took into consideration the ideas from the HealthWalks project, and supported them in two ways: first, providing focus group training in particular advice with following research protocol in terms of correctly informing participants about the focus group and gaining consent, recording and transcribing information and undertaking analysis; second, support was given in designing a questionnaire and focus group guide.

Diagram 2: Steps towards designing and facilitating focus groups interviews

EVALUATION AIMS & OBJECTIVES	•To encourage the older low-income group from taking part in 'HealthWalks' •To identify what their specific needs are in terms of service provision by running focus group(s)
TRAINING IN FOCUS GROUP FACILITATION	•Step-by-step plan on how to conduct focus groups •Explanation and examples of resources required: consent form & participant information sheet, recording information and undertaking analysis.
DESIGNING THE EVALUATION INSTRUMENTS	•Assistance with devising a questionaire and a focus group guide •How to gauge from participants the marketing of 'HealthWalks' using pictoral images in a focus group

At a second workshop, advice was given to the HealthWalks project on writing up the evaluation into a report.

Analysis

The HealthWalks project felt that they wanted to have the opportunity to set up and conduct the focus groups before seeking any further advice on analysis.

Resources Available

- Resource 4: Using Focus Group
- Resource 5: Participant Information Sheet (Example)
- Resource 6: Consent Form (Example)
- Resource 7: Interview schedule and Focus Group outline

Case Study on 'Youth Bytes'

Introducing the project

'Youth Bytes' is a social marketing solution that assists agencies to communicate to, and engage with, young people whilst they study. Across the past five years Youth Bytes developed software called 'YouthWire' which delivers messages to student computers in near real-time. This allows various public health, mental health, and personal development themes to be delivered in a way that supports the curriculum provision within schools. The software also enables Youth Bytes to gather feedback from the young people. Youth-Bytes software is now used in over 180 Secondary Schools and Further Education Colleges across the UK to support a wide range of objectives including Personal, Social and Health Education (PSHE), Every Child Matters (ECM), Healthy Schools and Colleges and other local and national health and welfare initiatives.

Aims and objectives

To find the right ways to communicate messages (upholding confidentiality & anonymity) esp. for young people through student services at schools and FE colleges

To identify strategic issue in public health relevant to the region and to direct public health information to allow young people to make balanced choices

To use new technologies and new creative ways to disseminate information (in a media driven environment)

To deliver change in attitudes and in behaviour in target population

The research team met the 'Youth Bytes' team at the initial workshop and undertook two sets of activities. The first involved using 'Andreasen's Benchmarks' and applying the strategies in the context of the project. The second involved devising an individualised 'Evaluation Action Plan', which included identifying the project's aims and objectives, identifying possible data sources and stating where they felt evaluation support was required. At the end of the workshop, the research team wrote up the work that was undertaken with 'Youth Bytes' during the session.

In their 'Evaluation Action Plan', Youth Bytes listed two areas of support they felt would be beneficial for the development of their project. These areas were: (1) support with evaluation design (e.g. setting objectives, using theory in evaluation), (2) support with devising a questionnaire, and input in data collection.

Diagram 3: Issues in designing evaluation

evaluation design
- realistic objectives
- attitudinal changes as first step towards behavioural change
- use of theory for setting meaningful framework

designing questionnaire
- number of response choices
- content of response choices
- clustering questions

improving data collection
- identification of individual schools
- framework of meaning for collected data
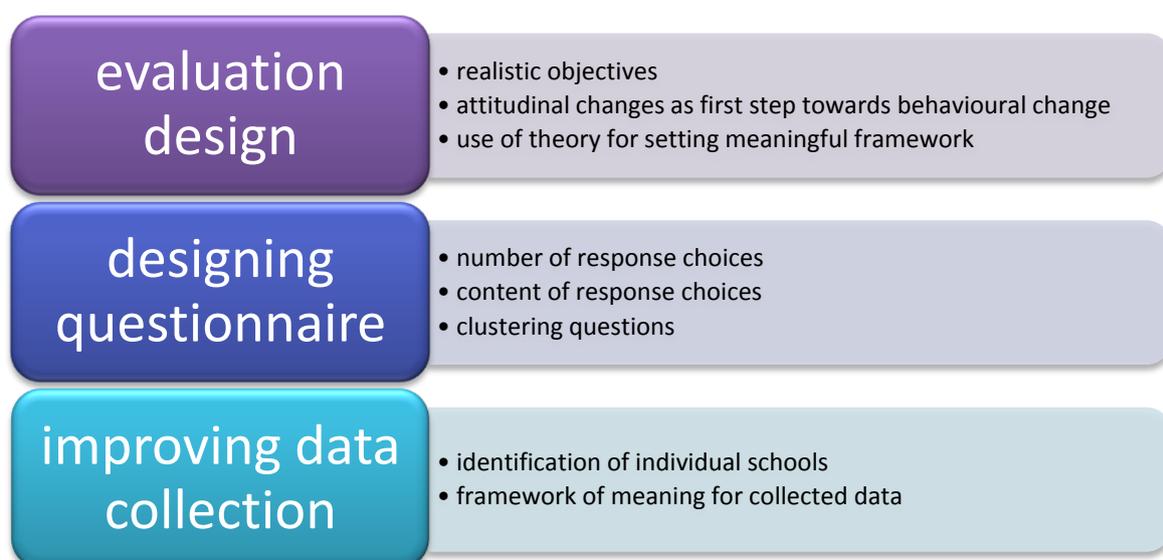
Support with evaluation design

The research team met 'Youth Bytes' to discuss issues related to designing their project evaluation. First we discussed how important it is to set **realistic goals** and how this contributes to the overall evaluability of a project.

- ▪ The main goal of a social promotion project is behavioural change. Where it is nearly impossible to verify behavioural changes, however, it makes more sense to start with aiming for **changes in attitudes** or even with **raising awareness**. This improves evaluability of a

24

project. According to some authors, changes in attitude are also the first necessary step towards behavioural change.

- Another theme directly related to evaluability of a project was whether to set **absolute or relative targets**. The choice depends on the overall aim of a project and on the level of control a project team feel they realistically have over the project delivery. At times, rather than setting absolute targets (such as a number of people who should abstain from an undesired behaviour) it is more realistic to set relative targets, such as a simple increase or a decrease compared to the current state (this can be further qualified).

'Youth Bytes' also grounded their approach in **social norms theory**, yet, they were not certain of the link between evaluation and the theory. In terms of evaluation design, theories provide an important framework helping to reflect upon the project's aims and set its objectives. Often evaluation is only meaningful if it is embedded in a theoretical model.

Support with developing tools

Diagram 4: Developing a questionnaire

number of response choices

- reduced number of response choices to 5
- devised responses so as to have the same distance between individual formulations

content of response choices

- on exercise and fruit/veg intake questions we based the response choices in the governmental and NHS advice regarding optimum levels

clusters of questions

- clustering questions according to themes

Support with improving data collection

The research team was sent a copy of the base line data for a review. The idea was to insert yet another reflective loop through which the quality of the collection exercise could be enhanced. The

research team suggested that additional data were collected about the educational colleges such as location, size. This will enable more detailed analysis according to these variables. This change will be implemented before the next data collection exercise.

Resources Available

- Resource 8: Survey design I.: Youth Bytes
- Resource 10: Modes of distributing surveys
- Resource 11: How to understand and analyse survey data

Case Study on Teen Pregnancy 'Parenteen'

Introducing the project

The 'Parenteen' magazine was created to give young parents a 'voice' – as it was felt that their views on pregnancy and parenting were neither heard nor represented; thus the magazine served as a platform for young parents to put forward their ideas. Its main remit was to improve the health of young parents.

The magazine contained information about breast feeding, contraception, healthy eating and smoking cessation. It was distributed to young parent groups, Connexions centres and to teenage pregnancy midwives. The first issue was published in August 2009 and the last in November 2009.

Aims and objectives

A need was identified to evaluate the magazine in particular –

1. To identify what the young parents thought about the magazine

2. Whether young parents were aware of its existence and had seen it before

3. To assess whether there was an ongoing demand to fulfil the information health-seeking needs of young parents through such a format

The research team first met the local teenage pregnancy partnership at the initial workshop, which involved using 'Andreasen's Benchmarks' and applying the strategies in the context of the project. Second, it involved devising individualised 'Evaluation Action Plan', which included identifying the project's aims and objectives, identifying possible data sources and stating where they felt evaluation support was required. At the end of the workshop, the research team wrote up the work that was undertaken during the session. The second workshop provided an opportunity to discuss how to assess the impact of 'Parenteen' and how to take an evaluation forward.

Diagram 5: Evaluating a health promotion magazine for young parents

1. Assessing achievements & problems

- Did the intervention meet the aims and objectives?
- Was the intervention implemented as it was originally planned?
- Were there any barriers to distribution, logistical arrangements or overall coordination of activity?

2. Devising an evaluation questionnaire

- Did it reach the target audience?
- How was the magazine distributed?
- How was it received?
- Did it have the desired affect?

3. Barriers & improvements

- Any barriers to use/reasons for non-use?
- Was there anybody who didn't find it helpful, didn't like it or didn't read it? Why?
- How could it be improved?
- Was it delivered using the right format?

The research team took into account several factors associated with evaluating a magazine targeting a specific readership – including an assessment of overall aims and objective and managerial/logistical

issues associated with a media campaign, evaluating the responses of the users, as well as considering what barriers they encountered and whether they thought there could be any improvements.

The proposed evaluation activity undertaken by the research team concerned an assessment of the responses of the young parents to the magazine (see Diagram 5 - activity 2). Although an evaluation instrument was devised following the end of the workshop, the short-term circulation (two issues) of 'Parenteen' – meant that a survey could not be conducted via the magazine.

Resources Available

- Resource 9: survey design II: Parenteen

References

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Further resources

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Appendices

Appendix 1: PowerPoint 'Social marketing & NHS Eastern & Coastal Kent NHS'

Appendix 2: PowerPoint 'What is social marketing?'

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What is Social Marketing?

www.kent.ac.uk/chss

What is Social Marketing?

Understanding what the Population wants

Identifying Competition to Behaviour

Using Marketing Techniques

Achieving a Behavioural Goal

Social Marketing

Making the Behaviour Beneficial

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The Relevance of Social Marketing to Your Projects

Health Promotion
- Professional led
- Selling / telling
- Awareness raising
- Adult – Child?
- One-off / transitory
- Operational focus
- Whole population / sometimes targeted
- Impact directly on beliefs
- Government led
- Discrete areas

Social Marketing
- Consumer led
- Marketing / relationships
- Altering behaviour
- Adult - Adult
- Sustained
- Strategic focus
- Segmented audiences (within the entire population)
- Empowerment
- Networked leadership
- Whole systems

http://www.nsms.org.uk/images/CoreFiles/NSMC_New_Health_Communications_Paradigm_Mar2007.pdf

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How useful is social marketing to you?

Seems more Relevant to People

People Identify with messages

Improves Awareness

Builds Relationships

Social Marketing

Affects Behaviour

Identifies Barriers

Addresses Competition

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Appendix 3: Applying 'Andreasen's Benchmarks'

Appendix 3 – Applying Andreasen's Benchmarks

Benchmark	Questions to ask yourself	Relevance to your project
Behaviour change Intervention seeks to change behaviour and has specific measurable behavioural objectives	What are your objectives? Are they measureable? Are they achievable / realistic?	
Consumer research Intervention is based on an understanding of consumer experiences, values and needs Formative research is conducted to identify these Intervention elements are pre-tested with the target group	How have you involved users in developing your project? Can you think of ways that you could make sure your project will be acceptable to the users? How do you get a feel for what people need?	
Segmentation/targeting Different segmentation variables are considered when selecting the intervention target group Intervention strategy is tailored for the selected segment/s	What type of people are they? Where are they? Do your target groups meet with government and PCT policies/strategies? How do you make it manageable? How do you make sure you have the right target group?	

Benchmark	Questions to ask yourself	Relevance to your project
Marketing mix Intervention considers the best strategic application of the "marketing mix" This consists of the four Ps of "product", "price", "place" and "promotion"	What technologies have you used to promote your project? Who can help you with this? Are there any costs to the user? How do you keep these to a minimum? Where are your locations? Have you identified the most accessible locations?	
Exchange Intervention considers what will motivate people to engage voluntarily with the intervention and offers them something beneficial in return The offered benefit may be intangible or tangible	How do you get people to come to your project? How do you sustain their involvement? How do you make sure they get some benefit out of coming? What are the benefits to the PCT?	
Competition Intervention considers the appeal of competing behaviours and uses strategies that seeks to remove or minimise this competition	What are the things that will keep people away? What are the risks to your project?	

Evaluation:

Measuring the impact of social marketing interventions

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ISM Institute *for* Social Marketing

UNIVERSITY OF STIRLING

Nine Golden Rules of Evaluation

1. Build in evaluation from the start
2. Be absolutely clear why and what you're evaluating
3. Choose the right methods
4. Ask the right people
5. Ask the right questions
6. Tailor evaluation to project resources and capacity
7. Educate the funders
8. Be ethical
9. Continuous evaluation

---

1. Build in research and evaluation from the start

Social Marketing……

What are the target group characteristics, beliefs, lifestyles, needs, barriers?

How can programmes, services, campaigns, be made acceptable, appealing and persuasive?

| Baseline measures: audit and research | a) Audit data: demography, numbers attending |
| | b) Behaviours, attitudes, norms, knowledge, practices pre-project |

Intervention ← Process evaluation — Is it implemented as intended? If not why not? What factors help/hinder implementation?

Modified intervention ← Process evaluation — Is the modified version working better?

Impact/ outcome evaluation — Behaviours, attitudes, norms, knowledge, practices post-project

2. Be absolutely clear why and what you're evaluating

Aims and objectives

What kinds of impacts and outcomes are important?

Accessibility and Equity
Can target consumers access/participate in it?
Do all groups participate equally? Does it narrow any inequalities?

Acceptability and Feasibility
Is the initiative acceptable/appealing?
Is it practicable? Can it be repeated or transferred?

Effectiveness and Other impacts
Does it achieve desired behavioural and other objectives?
Any unexpected effects? Does it do any harm?

---

3. Choose the right methods

Quantitative, Qualitative or both?

- Does it require before and after measures?
- What sorts of instruments are needed?
- Should qualitative approaches be included?
- How can I collect and analyse the data?

---

4. Ask the right people

- Is the sampling method appropriate?
- Is the sample big enough?
- If you're particularly concerned about reaching a key segment (eg an ethnic group), how do you do it?

---

5. Ask the right questions

- Can people understand and answer the questions?
- Can you use some existing questions?
- Beware of pitfalls:
  - People can't always explain their own behaviour
  - People tend to rationalise 'irrational' behaviours
  - Socially acceptable answers
  - Indirect and projective techniques often needed

---

6. Tailor evaluation to project resources and capacity

- Who will do the research work?
  - Data analysis, software, skills
  - Outsourcing is expensive

- Developing capacity in-house
  - Will need to be fully costed
  - Part of a job specification

7. Educate the funders

- Make sure funders know what can (and can't) be measured
    - Manage expectations

- Make sure funders realise the cost of evaluation
    - Using internal or external resources, or a mixture of both

8. Be ethical

- Protect research participants
    - Consent, confidentiality, sensitivity
    - Approval?

- Don't waste resources by reinventing the wheel
    - Consult existing evidence base
    - Build data collection/record keeping into project delivery
    - Don't test the tried and tested

9. Continuous evaluation

- Evaluation should be about progressive learning – not just *within* an initiative but from one initiative to another

- Ongoing research keeps us in touch with changing consumer needs

- Coca Cola doesn't just evaluate once…

1. Understand problem
2. Establish achievable objectives
3. Design and test initiatives
4. Monitor and adjust initiatives as they progress
5. Measure impact
6. Generate learning for future
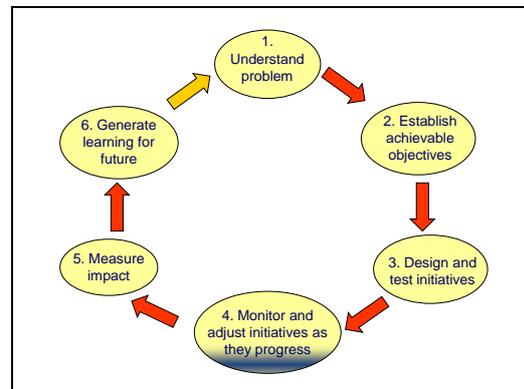
What are your evaluation challenges?

How can you make evaluation easier and better?

What are your training needs?

38

Appendix 5: Action plans

The following action plans are attached:

1. House
2. East Kent Health Walks
3. "Scoping" SM opportunity in support of Tobacco Control and Young People
4. Stop Smoking Service "Acute"
5. Long acting reversible contraception (LARC)
6. Healthy weight in schools
7. Youth bytes

Your name: Debbie Smith and Barbara Fairway	Aims & objectives: Raise awareness of the harmful effects of drugs, alcohol, smoking and sexual health among young people		
Project title: House			
Your training needs	Support required from evaluation team	Resource availability in SM projects	
Training type	Back to basics review on evaluation tools for agencies to complete	Existing evaluation tools Questionnaires	Staff & technical support
Location			
Date			
Time			
Training type	Identifying any long term behaviour changes among young people	Existing evaluation tools Proposed survey to sample of Kent population but cannot identify behaviour only if they have heard of the project	Staff & technical support
Location			
Date			
Time			
Training type		Existing evaluation tools	Staff & technical support
Location			
Date			
Time			

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NHS Eastern and Coastal Ken

Your name: Martyn Jordon and Julia Wells	Aims & objectives: Increase physical activity among sedentary people	
Project title: East Kent Health Walks		
Your training needs	**Support required from evaluation team**	**Resource availability in SM projects**
Training type: Questionnaire development	Developing process of regularly evaluating walkers • Physical activity levels • Attitudes about the scheme • If they have stopped why • The benefits they get from the walks	Existing evaluation tools	Staff & technical support
Location			
Date			
Time			
Training type: Focus group training	Help with the knowledge of how to run a focus groups with our target audience	Existing evaluation tools	Staff & technical support
Location			
Date			
Time			
Training type		Existing evaluation tools	Staff & technical support
Location			
Date			
Time			

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Your Social Marketing Evaluation Action Plan

NHS
Eastern and Coastal Kent

Your name: Allan Gregory	Aims & objectives: Too early – see outcomes from a stakeholder meeting on 1st Oct where 6 different workshops will be held on young people and tobacco control		
Project title: "Scoping" SM opportunity in support of Tobacco Control and Young People			
Your training needs	**Support required from evaluation team**	**Resource availability in SM projects**	
Training type		Assistance in developing social marketing Proposals:	Existing evaluation tools	Staff & technical support
Location		• Proposal • Delivery plan		Tobacco control manager
Date		• Implementation • Evaluation!!!!		Buy-in from alliance organisations and regional resources
Time				
Training type		How to commission social marketing proposals	Existing evaluation tools	Staff & technical support
Location		• Commission vs Buy-in • How to go through the decision making process		
Date				
Time				
Training type		FOR INFO:	Existing evaluation tools	Staff & technical support
Location		• Potential focus areas Smoking prevalence of 15-16 year olds, attitude, beliefs, etc (outcome = raised awareness and developing Youth Advocacy Capacity)		
Date				
Time		• Attitudes and beliefs towards cheap and illicit tobacco in high smoking prevalence areas of Kent (potentially have access to MHRC/UK Border Control grant to pilot)		

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Your Social Marketing Evaluation Action Plan

NHS
Eastern and Coastal Kent

Your name: Ray Farmer and Graham Thomas	Aims & objectives:
Project title: Stop Smoking Service "Acute"	

Your training needs		Support required from evaluation team	Resource availability in SM projects	
Training type	Development of action plan	• Identifying and measuring parameters • Formulating referral pathways • Establishing robust evaluation processes	Existing evaluation tools None other than referral from database	Staff & technical support Project manager Project officer 2 x project assistants Data input clerk
Location	Kent and Canterbury Hospital or University of Kent			
Date	TBA			
Time				
Training type	Implement , monitor and continual evaluation of project	• Establish monitoring process/spreadsheet etc. • Interpretation of results and evaluation • How to use evaluation to make improvements	Existing evaluation tools None	Staff & technical support Project manager Project officer 2 x project assistants Data input clerk
Location				
Date				
Time				
Training type	How to educate funders and stakeholders to better prepare business plans for future projects	General guidance on process	Existing evaluation tools None	Staff & technical support Project manager Head of service Project officer
Location				
Date				
Time				

43

Your name: Heather Keen and Louise Pantony	Aims & objectives: Improve the uptake of LARC
Project title: Long acting reversible contraception (LARC)	

Your training needs		Support required from evaluation team	Resource availability in SM projects	
Training type		Literature review and consumer research	Existing evaluation tools	Staff & technical support
Location				
Date				
Time				
Training type		Focus groups for young parents – support with design of structured instruments	Existing evaluation tools	Staff & technical support
Location		Steering group for design: Lou, Sue, Kate, Vanessa and Gill		
Date				
Time				
Training type		Support needed to produce evaluation forms	Existing evaluation tools	Staff & technical support
Location				
Date				
Time				

44

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Eastern and Coastal Kent

Your name: Bev Falconbridge		Aims & objectives : TBC – but to target families with Change for Life behaviours	
Project title: Healthy weight in schools			
Your training needs		**Support required from evaluation team**	**Resource availability in SM projects**	
Training type	Evaluation expertise	Someone to work alongside project team who has expertise in evaluations to provide support alongside the social marketing expertise • To develop joint approach • Analysis of results	Existing evaluation tools Questionnaires used by providers	Staff & technical support 100 hrs from National Social Marketing team HP staff Extended services, School sports partnership, Providers Hopefully analyst support from PH observatory
Location	Whitfield Court, Dover			
Date	Sept-Oct 09			
Time	TBC			
Training type	Evaluation training for providers?	Possibly necessary to bring everyone up to same level • Analysis of results	Existing evaluation tools	Staff & technical support
Location				
Date				
Time				
Training type	Data analysis		Existing evaluation tools	Staff & technical support
Location				
Date				
Time				

45

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Your Social Marketing Evaluation Action Plan

NHS
Eastern and Coastal Kent

Your name: Claire Johnson, James Gootch	Aims & objectives: To be confirmed after 22nd September "To reduce health inequalities in Eastern and Coastal NHS"		
Project title: Youth Bytes			
Your training needs	Support required from evaluation team	Resource availability in SM projects	
Training type		Existing evaluation tools	Staff & technical support
Location	• Questionnaires – formatting questions, specific objectives		
Date	• Presentation of evaluation		
Time	• Overview of how we could support other projects funded from SM budget – eg. Healthy Walks, TO, etc		
Training type		Existing evaluation tools	Staff & technical support
Location			
Date			
Time			
Training type		Existing evaluation tools	Staff & technical support
Location			
Date			
Time			

Appendix 6: Evaluating social marketing proforma

AIM OF EXERCISE:

- To gather information about the project
- To identify the social marketing components in the project
- To help in the development of a focused plan of evaluation

|	
Project title:	**Date of interview:**
Project start date:	**Project end date:**
Name & Position:	
Why do you think the project is important & who are the target groups?	
What are the main aims and objectives of the project?	
What are the key outcomes you think may result from the project?	

How do you think the project relates to the key goals of the PCT/NHS Eastern & Coastal Kent? E.g.: - *Tackling the key killers* - *Breaking the cycle of health inequalities* - *Transforming the life changes of children* - *Revolutionise services for older people* - *Promote well being and good mental health*	
Progress to date	
What do you think have been the main achievements of the project (so far)?	
Assessing progress	STRENGTHS

(Researchers to undertake a SWOT analysis using the headings given here as a guide)	
What do you think have been the main ...*strengths, weaknesses, opportunities & threats* to the project?	WEAKNESSES
	OPPORTUNITIES
	THREATS

About social marketing

How have you used social marketing in the planning stages of your project?	
Can you identify any of the 6	1. CONSUMER ORIENTATION

social marketing benchmark criteria in your project? (Use ISM's pictorial image 'Am I A Social Marketer?' as a *prompt*) Please describe how you have used them and with whom.	
	2. CLEAR BEHAVIOURIAL GOAL
	3. SEGMENTATION & TARGETTING
	4. MUTUALLY BENEFICIAL EXCHANGE
	5. ADDRESSING COMPETITION
	6. MARKETING MIX: PRODUCT, PLACE, PRICE, PROMOTION
	Any other benchmarks? (*National Social Marketing Centre – 2 additional benchmark criteria*) 7. THEORY

	8. INSIGHT

In-house evaluations and auditing

Have you collected any data about the people who are participating on your project?	
Have you undertaken any evaluation exercises or health measure assessments?	

Finishing the scoping interview

Is there anyone else you can suggest we can talk to?	
Is there any literature, reports or progress meeting notes you could make available to us?	

1. Do I think first, last and throughout about what the consumer feels, believes and wants?
CONSUMER ORIENTATION

2. Am I absolutely clear about the change I want someone to make?
CLEAR BEHAVIOURAL GOAL

3. Do I identify key subgroups in the population rather than address 'everyone'? Do I think about stakeholders as well as consumers?
SEGMENTATION & TARGETING

AM I A SOCIAL MARKETER?

4. Do I offer something to the target group in return for them doing what I want them to – something which they value?
MUTUALLY BENEFICIAL EXCHANGE

5. Do I realise that people can always choose to do something different – and therefore make my offering the most attractive one?
ADDRESSING COMPETITION

6. Do I think about more than messages and offer products that meet real needs, in attractive and accessible locations, and at minimal 'cost'?
MARKETING MIX: PRODUCT, PLACE, PRICE, PROMOTION

Find out more about social marketing:
www.ism.stir.ac.uk
The Institute for Social Marketing
University of Stirling and The Open University
FK9 4LA
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Director: Professor Gerard Hastings

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52

Resources

RESOURCE 1: Are you writing an evaluation report?

Title
Executive Summary
Introduction
Prograramme rationale and logic
Description of the intiative
Evaluation methods
Research/findings
Discussion
Acknowledgments
References
Appendices

Title

Ensure that you choose a title that describes your project, ensuring that you have considered your main audience.

Executive Summary

This section is extremely useful for funders, policy makers and those with limited time to read your report but need to understand the information your have found. This section is typically one or two pages long and uses sub-headings and bullet points to aid the reader.

Ensure that you summarise the main points and any recommendations you are suggesting.

Introduction

Within this section introduce what your project has done, what is being evaluated and the context in which the project took place.

Briefly describe the geographical, socio-economic, political, environmental and historical context and settings that are relevant. This is extremely important for the reader so they can understand what you have done.

Program rationale and logic

This is really important for people who don't know about your project, it provides the reader with additional background information that supports and justifies your project. At this point describe the health issue you are trying to address within the community. Explain why you have decided to address this problem and why you have done it the way you have. Describe the aims and objectives of your intiaitive and why you think your approach will work. At this point

Description of the initiative

Evaluation methods

Results and findings

Example Graph

Participant Responses to Workshop Evaluation

■ Session Increased my Knowledge?   ■ Quality of education was high?   ■ Time allocation was about right?
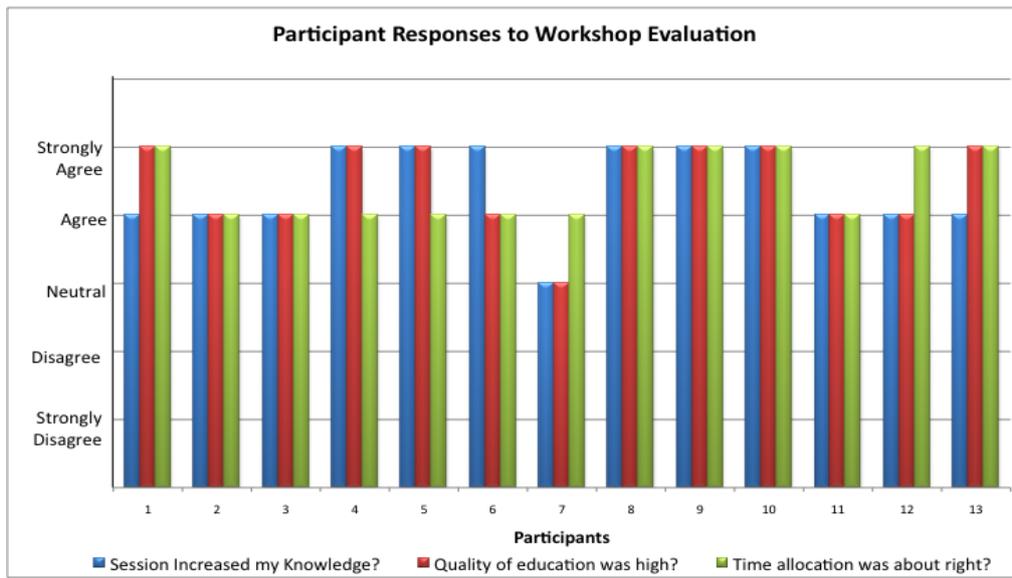
Example Figure

Discussion

Conclusion

Acknowledgments

References

Appendices

Resource 2: Writing evaluation field notes

Original aims and objectives for the evaluation
• What kinds of impacts and outcomes are important?

Additional aims and objectives that have been developed over the course of the project

What data do you need to collect to answer your aims and objectives?
• Who needs to be asked • What do you need to find out • Quantitative, Qualitative or both?

What tools can be used?
• Surveys/questionnaire • Individual interviews • Focus groups • Group interviews

Select the right people
• Is the sampling method appropriate? • Is the sample big enough? • If you're particularly concerned about reaching a key segment (e.g. an ethnic minority), how do you do it?

What questions should be asked?

What analysis should be conducted on your data to answer your aims and objectives?

RESOURCE 3: How to undertake thematic analysis? ('HOUSE')

Figure 4 - Using the Post-it Note Data

1
- Insert all the post-it note comments in Microsoft Excel
- Use a separate sheet for each House location
- Table 1

2
- Beginning by reading the comments and identifying if the comment could be summarised into a general theme or multiple themes
- Give the theme a number and keep a record of the number and its corresponding theme

3
- Create the coding criteria - a statement that helps you clarify if a comment could be classified into that broad theme
- E.g. information provision identifies if the person has gained information from staff, group activities, or leaflets
- Table 2

4
- Continue through each comment
- If a comment does not fit into a pre-defined category develop another one with the criteria

5
- As you add new themes and codes remember to start at the beginning of the Excel file and code the data
- You can have overall themes with sub-codes
- E.g. information provision could identify if it is alcohol, drug or sexual health related

6
- Summarise the codes by creating histograms in the data
- Figure 1, 2 and 3
- Explanation in diagram

Table 2 – Example coding of Maidstone post-it notes

| Maidstone Comments	Code	Code	Code	
I think HOUSE should stay because it get the kids active	1	2		1 = Maintaining the project 2 = Active
People can come here to have fun with their friends and stay out of trouble	3	4		3 = Fun 4 = Stay out of trouble
The people are really friendly and make you feel welcoming	5	6		5 = Positive environment/ friendly atmosphere 6 = Positive staff
HOUSE is very good as it occupies is with something to do	4	5	9	7 = Meeting other young people 9 = Something to do
It's very good gets in touch with young people	5	7		
Best place ever to come to Maidstone. It takes children off the street and gives valuable info	4	8		8 = Acknowledgment of information provision
The people here give good advice	6	8		
It keeps us out of trouble	4			
The staff are funny and they talked some sense in to me	5	11		11 = Behaviour change

Table 3 – Coding criteria for the post-it notes

Code	Coding criteria
1 Maintaining the project	Any comment that identifies that House should continue running in their area
2 Active	Identification that House helped to get children active
3 Fun	Identification that people liked to use House as a place to hang out
4 Stay out of trouble	Comments stated that young people had somewhere to go other than the streets which is where they were likely to get into trouble
5 Positive environment	The environment was supportive to young people
6 Positive staff	The staff made people feel welcome they were friendly, gave good advice
7 Meeting other young people	Young people identified the social aspect of House
8 Acknowledgment of information provision	Comments identified that young people gained general advice about health to more specific knowledge

9 Something to do	House was something to do other than stay at home
10 Enjoyment	Young people enjoyed going to house to hang out with friends, to make new friends, to get information, to use the facilities
11 Behaviour change	House helped young people to change their behaviour
12 Location	Identification that people liked the location of House
13 Positive Perception	People felt that House was better than other youth clubs and youth groups

Figure 5 - Results from the post-it note evaluation for the House project in Maidstone and Ashford
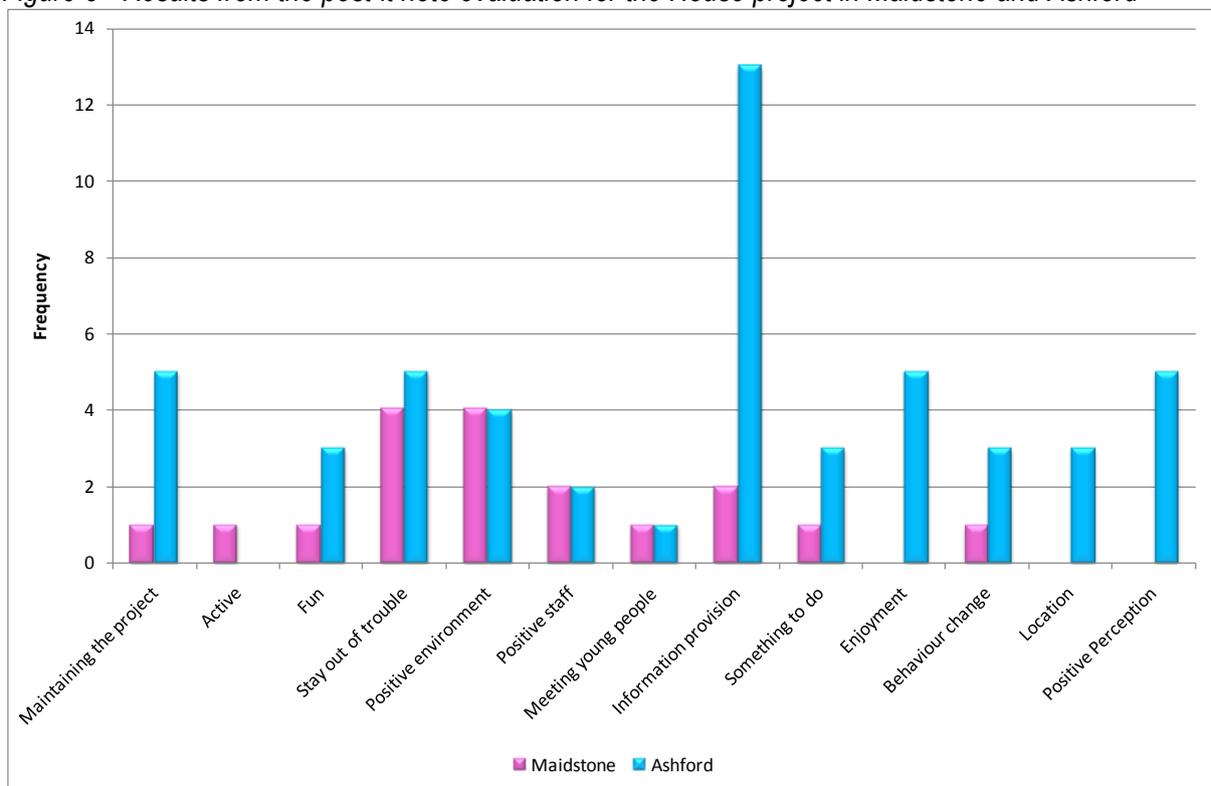
Figure 6 - Results from the post-it note evaluation for the House project in Gravesend, Dartford and Sheerness
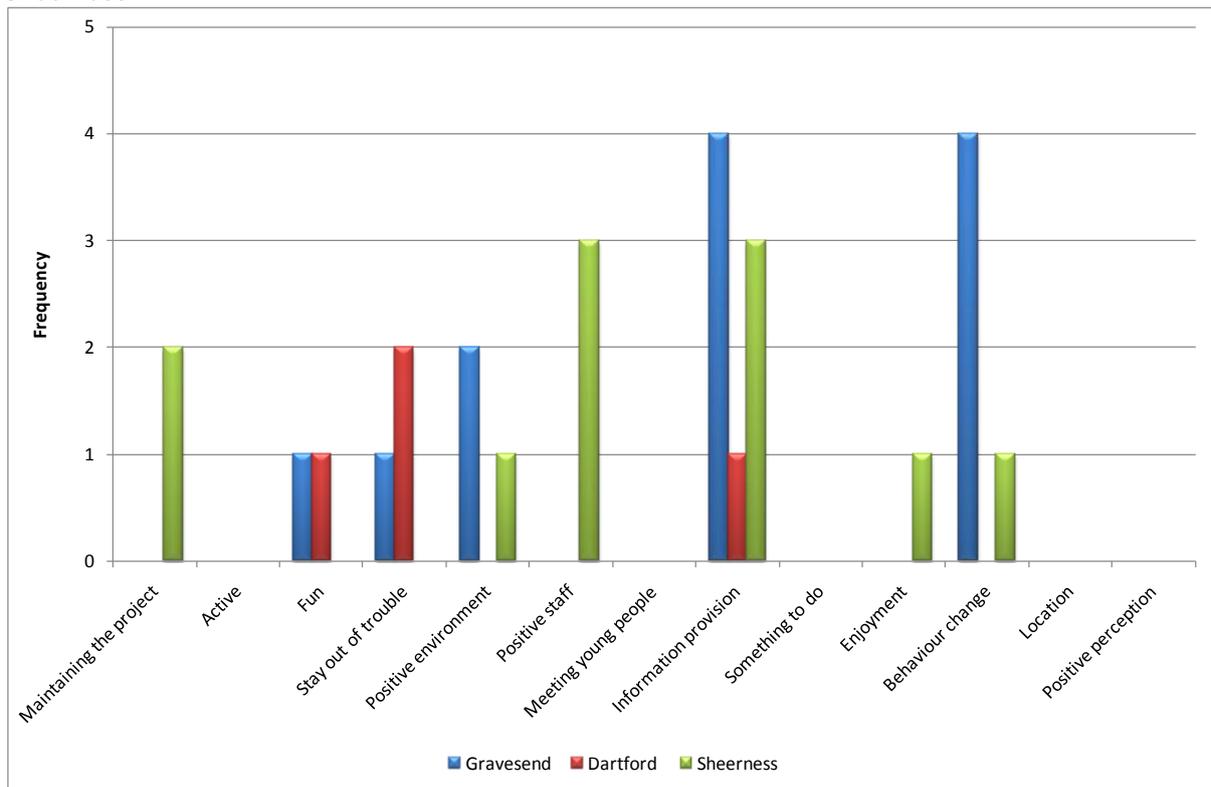

Figure 7 - Results from the post-it note evaluation for the House project in Folkestone and Margate
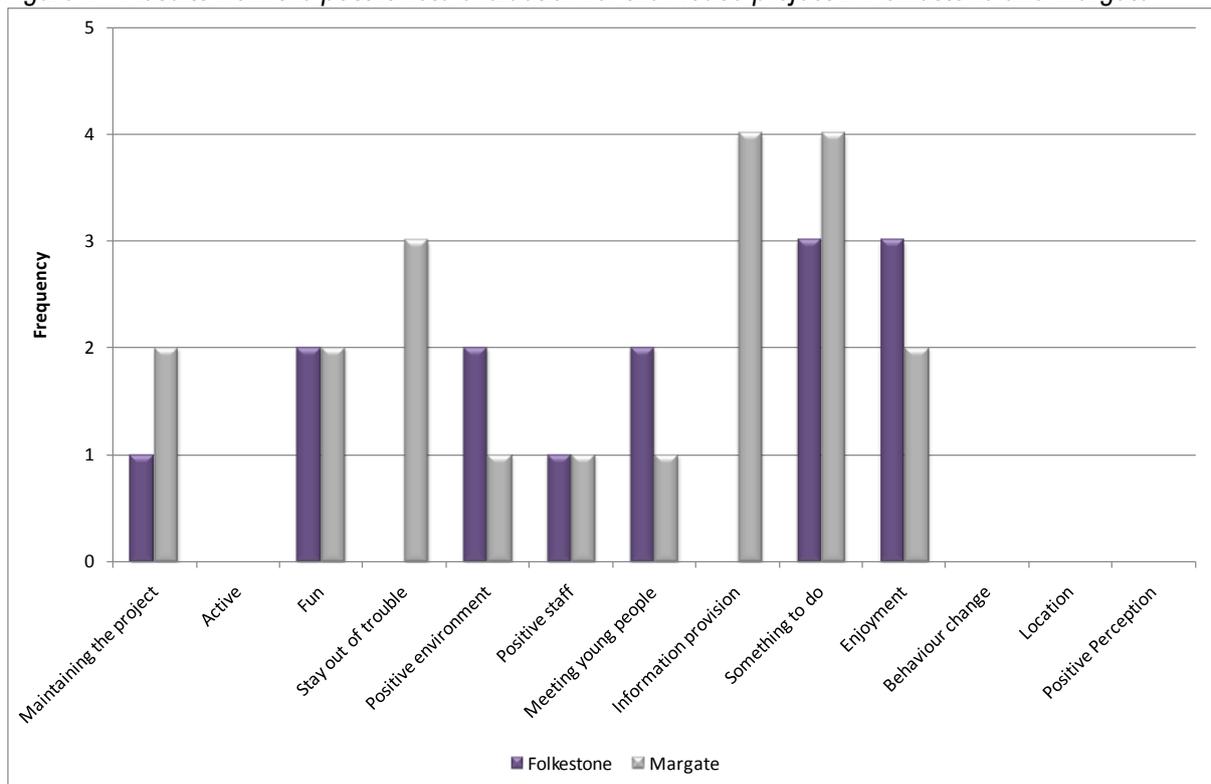
NB. Areas grouped together by geographical location and proximity to the sea

Within Excel 2007:

1
- Select the data that you want to do a histogram for
- Under the Data tab in office 2007 there is a data analysis tool (which may need to be added)

2
- Select histogram and click ok

3
- Select the data you wish it to produce a frequency for (all of your data has to be in one column relating to the codes you have made)

4
- It will ask you to select a bin range (which is how many codes you have in this case 1-13) which needs to appear in a separate column

5
- It will ask you to identify an output range so select a cell on the excel file you wish the frequency table to appear

6
- Click ok and the frequency table will appear and you can use that to create your graph

RESOURCE 4: Using focus groups

Why use a focus group/group interview?

- A focus group is designed to identify how people view key questions and issues
- Interest lies in how people develop the ideas and views that are discussed to better inform the researcher about the topics
- Focus groups allow individuals to question what others have said
- The person running the focus group acts as a guide but are not intrusive it is up to the group to provide views and ideas
- Groups are usually 6-10 people in total as more people become difficult to question
- Is very much as a result of the researcher – once you can anticipate what the next group is going to say that is enough (saturation)
- Duration typical can be anything from 30 minutes to 2 hours ideally 40-50 minutes

Challenges and solutions in using focus group

Challenges	Solutions
Transcribing interviews are generally time consuming and complicated	Identify key themes and record those responses rather than writing down everything that people say
Focus groups are also time consuming to conduct	Identify a day or two to complete all the focus groups
Minimal facilitator interference means that discussion topics can be wide ranging	Identify the items that you are interested in and that are useful to health walks
You have less control over the discussion (but you can guide them if it gets of topic)	Identify a list of prompts that you can use to keep the discussion on track
Difficult to organise people to come together and participate	Identify a central place to conduct the focus groups within the area (community centre) at a time suitable for the people you are targeting
People may be reluctant to talk to you as they are nervous	Ensure that you put the group at ease, reassure them that there is no right or wrong answer and that you are interested in their views and ask an introductory question
One person might dominate the discussion	You can use the phrase 'so that is one point of view are there any others?' and ensure that others get a chance to speak
Questions could lead the people to a certain response	Develop questions before identify how you could make the question less leading
The larger the group the more difficult it is to manage	Ensure that you have
The focus group is to long	Ensure that you don't have to many questions and that you have completed the main questions you wanted answered

1
- Recruitment
- How many people per group?
- How many groups?
- How will you target?

2
- Send participant's information about the focus group

3
- The focus group
- Ensure participants give consent

4
- Record the Focus group
- Ask relevant questions using an interview schedule

5
- Collect Socio-demographic information about participants

6
- Transcribe the focus group

7
- Identifying key themes that you can use to develop health walks

RESOURCE 5: Participant information sheet (example)

University of **Kent**

Dear

I am a researcher from the University of Kent and I would like to invite you to take part in a focus group discussion about your experiences with the Relativity Project. This will be held in one of the rooms at the project. Before you decide, it is important that you understand what this discussion will involve. Please take time to read the following information carefully.

What is the focus group discussion about?
The staff who run the Relativity Project are keen to find out your views about the project. They want to know what you think about the activities and the venue, and whether you have any suggestions for improvements. Importantly, they want to know whether you and your family have benefited in any way, but also are keen to find out about any bad experiences. This information will help them to improve the project.

If I want to take part, what do I have to do?
I would like you to join a group of other people who have been to the project (no more than 12). This will take place on **Tuesday 24th February at 12.30.** The meeting will last about an hour and be recorded with your permission, so that I can make sure I have captured all the information. The project team will provide childcare.

If you want to take part, please sign the consent form attached and give it to a member of the project team in the envelope provided. I would like to reassure you that any information that is collected about you will be strictly confidential and you will not be identified in any report.

Do I have to take part?
It is entirely up to you whether or not to take part, but if you do not want to take part, this will not affect you in any way. If you decide to take part but change your mind, you are free to do so, and this will also not affect you.
If you would like some more information about the focus group or there is anything that is not clear, please do not hesitate to contact me on this number **01227 823878**

Yours sincerely

Jenny Billings
Senior Research Fellow
Centre for Health Service Studies
University of Kent

RESOURCE 6: Consent form (example)

- I, the undersigned, voluntarily agree to take part in *a focus group looking at introducing bread products into your normal diet following an intervention study*, conducted at the University of Surrey.

- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do.   I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.

- I understand that all the information will remain confidential and that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

- I agree that the information I give can be used in the following way:

  - Used within a PhD thesis
  - Presented to industrial partners which include the Home Grown Cereals Authority, Rank Hovis and other industrial partners
  - Within a publication

- I agree that the focus group can be audio taped and that transcripts will be returned for verification

- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer   ....
(BLOCK CAPITALS)

Signed   ....

Date   ....

Name of witness   ....
(BLOCK CAPITALS)

Signed   ....

Date

                                                  ....

RESOURCE 7: Focus group outline (example)

Aims and objectives:
- Identify how participants make the decision to purchase a shop bought sandwich
- Identify the attributes considered during the decision making process
- Identify if a decision is reached as a result of health considerations

Group number: 8

Outline for moderator/facilitator:

Introduction:
This should take approximately 10 minutes and introduce the participants to the focus group structure and the idea of answering questions regarding the purchase of shop bought sandwiches – to gain an understanding of their perspective.

Explain – confidentiality, speak one at a time, the recording of the group, ideally want to hear everyone's view, the moderator/facilitator will direct discussion and keep the participants on topic if the stray. Once completed each person will get a transcription of what has been said today.

Also collect socio-demographic short questionnaire which will be completed at the end of the discussion.

Question	Time (approx)

• **When you have decided to purchase a sandwich what qualities do you look at before you choose to consume it?**
   o Bread type
   o Sandwich filling
   o Appearance
	20 minutes

• **Do you consider the nutritional content and "health" implications of your choice?**
   o Fat, protein, carbohydrate, salt, kcal content
   o Wholegrain versus white bread
	10 minutes

• **How long do you feel you spend on choosing a sandwich?**	10 minutes

Summing up and concluding the focus group (10 minutes) and completion of the socio-demographic questionnaire.

Interview Schedule (example)

Aims and objectives:

-
-
-
-

Question	Time (Approx)

RESOURCE 8: Survey design I – 'Youth Bytes'

Kent Survey Questions

1. Are you male/female?
   M/F

2. What year are you in?

Alcohol

1. Have you ever had a proper alcoholic drink? A whole drink, not just a sip
   Y/N (if you answered 'No', please go to next section)

2. If yes, how frequently do you drink alcohol?
   (a) Once a year or only on special occasions
   (b) Once a month
   (c) Once a week – teenagers experimenting
   (d) Two to three times a week
   (e) Four or more times a week

3. How frequently do you think people in your year drink alcohol?
   (a) Once a year or only on special occasions
   (b) Once a month
   (c) Once a week
   (d) Two to three times a week
   (e) Four or more times a week

4. On average how many drinks do you have a week?
   (a) I don't drink alcohol on a weekly basis
   (b) One or two
   (c) Three or four
   (d) Five or more

5. On average how many drinks do you think people in your year have a week?
   (a) They don't drink alcohol on a weekly basis
   (b) One or two
   (c) Three or four
   (d) Five or more

71

Healthy Lifestyles

6. How many times a week do you exercise for between 30 to 60 minutes a week?
   (a) I don't exercise on a weekly basis
   (b) Once
   (c) Twice
   (d) Three times
   (e) Four or more

7. 7. How many times a week do you think people in your year exercise between 30 to 60 minutes a week?
   (a) Not on a weekly basis
   (b) Once
   (c) Twice
   (d) Three times
   (e) Four or more

8. On average how many pieces of fruit or veg do you eat on a daily basis?
   (a) Don't eat fruit or veg daily
   (b) 1 to 2
   (c) 3 to 4
   (d) 5 or more

9. On average how many pieces of fruit or veg do you think people in your year eat on a daily basis?
   (a) Don't eat fruit or veg daily
   (b) 1 to 2
   (c) 3 to 4
   (d) 5 or more

10. On average how often do you eat fast food a week
   (a) Not on a weekly basis
   (b) Once
   (c) Twice
   (d) Three times
   (e) Four or more

11. On average how often do people in your year eat fast food a week
    (a) Not on a weekly basis
    (b) Once
    (c) Twice
    (d) Three times
    (e) Four or more

Bullying
1. Is bullying an issue in your school?
   Y/N/Not sure

2. Is bullying an issue in your year?
   Y/N/Not sure

3. Have you ever been bullied?
   Y/N/Not sure

4. If you are being bullied, how do people bully you?
   Verbal Abuse/ Emotional abuse/ Physical abuse/Cyber bullying (for example,
   e-mail, Facebook, Bebo, My Space, Twitter) Text or Mobile/Not applicable

5. Do you know anyone in your year being bullied?
   Y/N/Not sure

6. If bullying is an issue, do you think there is anything you can do about
   bullying?
   Y/N/Not sure

7. If bullying is an issue, have you tried to get help before?
   Y/N/Not applicable

8. If you wanted to get help for bullying would you go to?
   Parent, Friend, Teacher, Website, Mentor, Councillor, On-line Mentor, Phone-
   Line

THANK YOU FOR YOUR ANSWERS!

Tell us what you think about Parenteen

This is your chance to have your say about Parenteen, and you could win a day out to …

Please fill in this questionnaire and return it to:

Parenteen

Where did you get your copy of Parenteen?

☐ Connexions	☐ Teenage pregnancy Nurse
☐ Other	

How well do you feel the following statements represent Parenteen? Please circle the most appropriate statement

I really like reading Parenteen

Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree

Parenteen has been created for people like me

Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree

Parenteen is written for people like me

Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree

Parenteen discuss issues that are important to me

Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree

Parenteen provides me with helpful information

Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree

Do you have any suggestions to make Parenteen better?

Information about you:

Name:

Address:

74

RESOURCE 10: Modes of distributing surveys

Telephone	Mail	Online surveys	Face to face interviews
• good for large national surveys • use of interviewers enhances response rates • only used for audio information • difficulty in areas where telephone networks underdeveloped	• low cost • time delays with response returns • no interviewer bias introduced • large amount of informatin can be obtained • not suitable where clarification required	• fast results • inexpensive to administer • easy to modify • data easily exported into analysis friendly formats • biased towards use in specific segments of population	• high cost for interviewers and time • suitable where non-audio information involved (smell, visual) • potential for interview bias • respondents feel more invovled when a person asking

How to increase response rates

- Brevity - single page if possible
- financial incentives
    - o paid in advance
    - o paid at completion
- other incentives
    - o commodity giveaways (pens, notepads)
    - o entry into a lottery, draw or contest
- preliminary notification
- personalization of the request - address specific individuals
- follow-up requests - multiple requests
- legal compulsion (certain government-run surveys)

RESOURCE 11: How to understand and analyse survey data

Key concepts

In a sample survey we study **part** of a group (the **sample**) in order to make inferences about the whole group (the **population**) from which the sample is drawn. We usually try to ensure that the sample is representative of the population.

The characteristics of a group we study are called **variables**. Survey data typically consist of the **value** of each **variable** for each **case**, and can be represented in a rectangular **data matrix** (just like a spreadsheet). Spreadsheets such as Excel and survey analysis packages such as SPSS operate with just such a matrix of data values.

It is fairly typical of survey data that for some cases the value of a particular variable is **missing** because the question was not answered – either because it is inapplicable (e.g. job description of someone who is not working), because the respondent refused to answer, could not decide or did not know, or sometimes because the question was missed altogether

Levels of Measurement

Nominal (or categorical)	**Ordinal**	**Interval**
• All that is necessary is that the categories are properly defined (precise, mutually exclusive, exhaustive of all cases) • e.g. Religious affiliation, marital status and parliamentary constituency • We can ensure that categories are exhaustive by including a residual category 'Other' • Numerical codes are arbitrarily assigned to categories	• the categories can be ranked, i.e. placed in order from highest to lowest on some defined criterion • e.g. Very satisfied, Quite satisfied, Neither satisfied nor dissatisfied, Quite dissatisfied, Very dissatisfied • Numeric codes cannot be arbitrarily assigned to categories, but they can be reversed	• has all the characteristics of nominal and ordinal plus a defined unit of measurement • e.g. age, height, income in ££, number of children • Numerical codes are neither arbitrary nor reversible • If the scale has a true zero point it is a ratio scale (e.g. 4 is twice 2 for number of children, but not for temperature in degrees Celsius)

Summarising Data

Simple frequency table
- Collect some values or scores
- Order them numerically
- Count how many times each score occurs
- Tabulate the results

Relative frequency table
- Same as a simple frequency distribution
- Except that frequencies are expressed as proportion of the total number of scores

Grouped frequency distributions
- It may be sometimes useful to 'lump' data into groups
- These groups are called 'class intervals'
- E.g. age groups such as under 25s or 21 to 30
- Constructing a class interval is a trade off between convenience and loss of information
- Some rules apply
  - Should not overlap
  - Should have the same width
  - Intervals should be continuous
  - Highest score at top
  - 10-20 intervals are often used

Graphing Data

Histograms
- used for continuous data
- scores on horizontal axis, frequency on vertical axis
- can be plotted for class intervals

Bar charts
- used for discrete data

Measures of central tendency

median	• collect scores • rank them in ascending order • median is the MIDDLE score
mean	• collect scores • calculate sum of all scores • mean is the sum divided by number of scores
mode	• collect scores • calculate the frequency of each score • mode is the MOST FREQUENT score

RESOURCE 12: List of Social Marketing links and contacts

http://www.ism.stir.ac.uk/ **Institute for Social Marketing**, University of Stirling and Open University
http://www.nsmcentre.org.uk/ **National Social Marketing Centre**, Department of Health (England) and Consumer Focus
http://www.uow.edu.au/commerce/mark/csmr/ **Centre for Social Marketing and Non-Profit Research**, University of Wollongong (Australia)
http://socialmarketing.wetpaint.com/?t=anon **Social Marketing Wiki**
http://www.dh.gov.uk/en/Publichealth/Choosinghealth/DH_066342 **Social Marketing** on **Department of Health** (England) website
http://www.toolsofchange.com/en/home/ **Tools of Change**, Cullbridge Marketing and Communications, Ottawa (Canada)