

**WHAT DO
YOU NEED
TO**
#MAKEITGOOD?

ABOUT THE INSIGHT GATHERING PROJECT

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INTRODUCTION and THANKS

“There is nothing so terrible as activity without insight”.
Johann Wolfgang von Goethe

NHS Tayside and partners want to adopt a positive approach to young people’s sexual health. An insight gathering project has engaged young people in discussion of what they need to make relationships good. The purpose of the insight process is to bring detail to consideration of future services, particularly the possible use of social marketing or broader communication messages targeting young people.

This paper introduces the insight gathering project and discusses its purpose, how we understand the term sexual health and introduces the approach known as social marketing. The methodology used in the insight gathering project is also described.

Alongside this introductory chapter a number of topic or themed chapters are also published at www.makeitgoodtayside.org Each of these topic chapter presents insight from young people, further insight from other research, resources or services and a summary and discussion points in relation to each topic.

An insight gathering process is by its nature collaborative. Of course the work could not be conducted without the participation of young people and we would like to thank all those who met with the research team or who contributed online.

While many colleagues supported the work staff from the following agencies were particularly supportive. Several settings also facilitated the involvement of young people who acted as ambassadors and promoted engagement with the online work. Our thanks to:

- Brechin Youth Centre
- City Base, Perth
- Dundee and Angus College, Arbroath
- Dundee Young Carers, Dundee
- Forfar Academy Community Wing
- Helm Training, Dundee
- Logos, Crieff
- Menzieshill Community Centre, Dundee
- RASAC Fairfield Avenue, Perth
- Strathmore Centre for Youth Development (SCYD), Blairgowrie
- The Corner, Dundee
- The Web Project, Dundee
- Wellbank House, Perth

Our thanks also to the small Steering Group who provided guidance and facilitated contacts throughout: Felicity Snowsill, NHS Tayside; Jennifer Miller, Angus Council; Sharon Preston, Dundee City Council; Gail Robertson, Cair Scotland.

PURPOSE OF THE INSIGHT GATHERING

Sexual Health and Blood Borne Viruses (BBV) remain a major public health issue. Young people are a vulnerable group when it comes to high conception rates (and associated rates for terminations and repeat terminations) and sexually transmitted infections (STIs). In particular, young people living in the context of disadvantage and poverty bear an increased burden, being more vulnerable to poorer outcomes.

In Tayside, the multi-agency Sexual Health and BBV Managed Clinical Network (MCN) provides strategic leadership and is responsible for the planning and commissioning of effective preventative interventions, treatment and support. In addition, it ensures that there are strong and cohesive partnerships across Tayside with each of the Alcohol and Drug Partnerships and the three local authorities. The MCN is currently reassessing its approach to Sexual Health and BBV to embed a culture that adopts a positive approach to sexual health among professionals and young people in Tayside.

It is intended to use a **social marketing** approach to reduce the health inequalities experienced. However, local agencies recognise that cultural changes in a rapidly developing environment of new media means that professionals may not always have a good enough understanding of young people's lived experience. In order to develop local interventions that seek to influence knowledge, attitudes and beliefs - to change actual behaviour and go beyond awareness raising - there is a recognition that agencies need a robust evidence base and so partners have identified that the initial phase of any social marketing work should involve targeted insight gathering.

Finally, in terms of the insight gathering which has been commissioned, NHS Tayside and partners are also interested in routes of engagement (that include new media) that begin the process of building a relationship with young people that might be sustained beyond the current research.

Independent agency TASC (Scotland) Ltd designed and facilitated the insight gathering process which is reported here.

SEXUAL HEALTH

The insight gathering process has been framed by an understanding of sexual health as described by the World Health Organisation¹.

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.

WHO links the acquisition of good sexual health and wellbeing with the need for us to understand how human rights frame our understanding of sexual health. In other words, there is a need to promote *sexual rights*. The World Health Organisation understands sexual rights to be as follows:

“The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws. Rights critical to the realization of sexual health include the right to:

- Equality and non-discrimination.
- Be free from torture or to cruel, inhumane or degrading treatment or punishment.
- Privacy.
- The highest attainable standard of health (including sexual health) and social security.
- Marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage.
- Decide the number and spacing of one's children.
- Information, as well as education.
- Freedom of opinion and expression.
- An effective remedy for violations of fundamental rights.

The responsible exercise of human rights requires that all persons respect the rights of others ... Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination”.

The dialogue with young people reported has seen them reflect on these sexual rights; perhaps not explicitly or in the language of professional agencies but through the lens of personal experience. As the thematic chapters will show this lived experience evidences the value of the idea of sexual rights and the grounding it offers to the social marketing approach being considered.

SEXUAL HEALTH AND SOCIAL MARKETING

The commissioning agencies intend to use a social marketing approach within a framework of health improvement to promote positive sexual health for young people. In terms of bringing insight to this process, it is worth exploring here what is meant by social marketing, what the key characteristics of such an approach might look like, and where information or support about the approach is available.

The use of marketing approaches to bring about voluntary behaviour change in a target audience has been used over several years and campaigns in Scotland. In 2003 NHS Boards in the west of Scotland commissioned consultancy firm *fmr research*ⁱⁱ to explore whether a social marketing approach could be used in the context of work to improve the sexual health and wellbeing of the population. The brief for *fmr research* indicated an early commitment to develop and promote positive messages about sexual health rather than 'scare' tactics, and to recognise that some sectors within the population are more vulnerable to sexual ill health than others. In terms of *fmr research* findings, which included a literature review and qualitative work with potential audiences, the commissioning NHS Boards were advised that:

- Health messages are most effective when targeted at specific communities, and not 'catch all'.
- Target populations may prefer higher cost mainstream media such as television but recognise that cheaper options (e.g. advertising in pub/club/public toilets) can have an impact.
- While professionals view 'shock tactics' as inappropriate or ineffective members of the public say people take notice of them.
- There is a need to have a balance of protection/prevention and enjoyment/self-esteem (perceived as 'softer') messages in any campaign.
- Messages presented in adverts/posters need to be visual and with minimal text.
- The literature indicates success for social marketing approaches in terms of awareness raising, but is not clear in terms of its impact on behaviour change.

The use of social marketing approaches continues in Scotland and across topic areas. NHS Health Scotland facilitate a social marketing hub which builds on work delivered by NHS Tayside and the Scottish Government in 2008ⁱⁱⁱ. The NSMC (National Social Marketing Centre^{iv}) provide a toolbox for those interested in developing this model of work; they have also produced the 'Big Pocket Guide'^v to using social marketing for behaviour change.

Social marketing is an area under some scrutiny, with a desire to understand whether investment in the approach is effective and value for money. In their systematic review of social marketing effectiveness Martine Stead^{vi} and colleagues "found reasonable evidence that interventions developed using social marketing principles can be effective". Of interest to this insight gathering process is that of those programmes reviewed which targeted young people it is reported that:

"A majority of the interventions which sought to prevent youth smoking, alcohol use and illicit drug use reported significant positive effects in the short term.

Effects tended to dissipate in the medium and longer term, although several of the tobacco and alcohol interventions still displayed some positive effects two years after the intervention”.

The review concluded that “...social marketing is a promising intervention approach”.

The evidence base about social marketing is developing. Currently, the University of Stirling is undertaking a research project called ‘Mass Media for Public Health^{vii}’ (project duration 2015-2017) funded by the National Institute for Health Research which will undertake a systematic review-based study to pull together all the evidence on media advertising campaigns about health, to provide clear answers to the questions: *How effective are mass media advertising campaigns at changing health behaviours? Are they more effective with certain groups of people than others? Are they equally effective at local, regional and national level?*

Having recognised that much social marketing work is taking place, and support and resources are available to support such programmes, it is worth taking some time to consider what can be identified as the key characteristics of social marketing.

In its report on effective social marketing the National Consumer Council^{viii} (2006) identify that social marketing takes marketing concepts and techniques and through a systematic application attempts to achieve social good which can include behavioural goals. In his landmark book *Social Marketing: Why should the devil have all the best tunes?* Gerard Hastings^{ix} identifies 8 social marketing benchmarks which are also reflected in the description offered by social marketing experts The NSMC^x who state that:

“The benchmark criteria are eight key elements that are included in successful social marketing interventions... The benchmark criteria are not designed to be a simple tick-box checklist. Instead, they are a set of integrated concepts. For example, insight should evolve from the customer orientation work and exchange should be illustrated in the ‘price’ element of the methods mix”.

A summary of the criteria is presented below:

1. Behaviour	Social marketing should aim to change specific behaviours, not just knowledge, attitudes and beliefs. This requires clear, specific, measurable and time-bound behavioural goals with a baseline and indicators established.
2. Customer orientation	There should be a focus on the audience, on their lives and the targeted behaviour, achieved through a mix of data sources and research methods. The target audience should be involved, not just be research subjects.
3. Theory	Behavioural theories should be used to understand behaviour and inform interventions – but customer oriented research comes first.

4. Insight	'Actionable insight' is pieces of understanding that will lead intervention development – what moves and motivates the target audience is central.
5. Exchange	The approach considers the benefits and costs of adopting and maintaining a new behaviour and seeks to maximise the benefits and minimise the costs. This includes replacing the benefits derived from the problem behaviour.
6. Competition	Social marketing seeks to understand what competes for the audience's time and inclination to behave in a certain way.
7. Segmentation	This recognises that a one size fits all approach will not work; that within each population tailored interventions for different segments will be required.
8. Methods mix	A mix of methods will bring about behaviour change; every marketing approach consists of product, price, place and promotion. Any approach should be affordable and sustainable, avoid duplication and 'sell' the benefits not just communicate a message.

In relation to these benchmark criteria Gerard Hastings says that these:

"...remind us of our social marketing's origins, as they reprise the key elements of good commercial marketing. We need to start with a clearly defined behaviour and target group: what do you want who to do? To deliver effectively to their needs we have to understand them and their current behaviour very well – which requires sophisticated research and sound theoretical foundations. This process needs to be insight driven to make our approaches as attractive and motivating as possible, always remembering that marketers, whether commercial or social, deal in voluntary behaviour: we cannot compel people to do business with us. Satisfying people's needs also requires a move beyond the assumption that they are all alike, opening the way for customised approaches to cohesive sub groups or segments of the wider population".

Hastings also reminds us that, in terms of reviewing social marketing practice it is also possible to look at what people do with their use of social marketing *ideas*, whether or not they *label* their work as social marketing. However, the National Consumer Council, referenced earlier, warns against what might be seen as the dilution of the approach:

"What won't work is a superficial adoption of social marketing. Any attempt to just 'bolt' social marketing principles on to existing programmes, or to use its language without applying its disciplines, will have little impact. If social marketing principles are only used to run 'smarter campaigns' we will fail to deliver a consumer focused strategy... The challenge is to move beyond merely bolting on social marketing to existing approaches and integrate its principles to guide all efforts to improve people's health".

THE APPROACH TAKEN IN THE INSIGHT GATHERING PROJECT

As stated earlier, project partners want to adopt a positive approach to sexual health. In recognition, the tone of the insight gathering process has been important. Rather than viewing young people's relationships and sexual behaviour as problematic the dialogue has been framed as open, positive and non-judgemental, seeking to engage young people in a conversation about what makes for a relationship (which might be sexual) that is healthy, happy and safe.

In terms of the social marketing benchmarks identified earlier the purpose of the process is to identify 'actionable insight' or pieces of understanding that will lead intervention development.

The approach consisted of these key elements:

A. Face-to-face engagement with young people

Initial focus groups with young people (see appendix; 60 participants across 16 meetings) were used to develop the thematic approach subsequently used. These initial conversations were based around a set of open questions:

- What do you need to make a relationship good?
- What are some of the things that get in the way of the kind of relationship you want?
- What do you expect from sex?
- What do you think other people expect from sex?

The insight from the initial stages of the process allowed us to structure the work around the interests and needs of young people. **This is our first point of insight** and points to an agenda or curriculum for future service provision or targeted social marketing. Drawing on the initial facilitated workshops the themes which young people identified as important in terms of relationships and sex (alphabetically) are:

- | | |
|----------------------------|-------------------------------|
| 1. Alcohol | 11. Love + Romance |
| 2. Body image + Confidence | 12. One Night Stands |
| 3. Communication | 13. Pleasure |
| 4. Condoms | 14. Pornography |
| 5. Contraception | 15. Pressure + Consent |
| 6. Distance | 16. Safe sex |
| 7. Drugs | 17. Social media |
| 8. Happiness | 18. Stress + Mental Wellbeing |
| 9. Family + Friends | 19. Trust + Honesty |
| 10. Jealousy | |

These themes frame the reporting which follows.

Continuing efforts to engage young people face-to-face, and to promote the online dialogue (described shortly), the TASC team facilitated *school-based workshops* (number of participants: 177) with S5 and S6 pupils in 3 High Schools, one in each participating Local Authority. Young people discussed:

- The characteristics of a relationship that they consider 'healthy, happy and safe'.
- Where they go for information and support about relationships and sexual health.
- They looked at the online engagement tool at www.makeitgoodtayside.org on their phones/tablets and were encouraged to submit views at that point or after the workshop.

The table below provides a summary of the number and location by Local Authority of young people who engaged in direct/face-to-face work facilitated by TASC.

Table 1: Direct facilitated face-to-face engagement

	Initial focus groups	School-based workshops	Total	as % of total
Angus	12	101	113	47.7%
Dundee	23	40	63	26.6%
Perth and Kinross	25	36	61	25.7%
Total by method	60	177	237	100%

In the later stages of the online engagement further materials in the form of posters with prompt statements were shared with youth work colleagues who were asked to facilitate some small group discussion with young people on specific topics of interest: *What makes a relationship healthy, happy and safe? What supports and what gets in the way of condom use? What supports and gets in the way of contraceptive use? Where do you go for information or support?* Five agencies responded and returned material. It was intended that these short facilitated discussions would also prompt young people to visit the dedicated site and encourage individual, anonymised responses.

B. Building a dialogue on line

Online engagement at www.makeitgoodtayside.org took place over a 5-month period from July to November 2015. The site was organised around 22 topic surveys identified by young people, as described earlier. To help promote engagement local agencies or individuals with direct contact with young people in the target group were provided with information about the insight gathering and supplied with promotional materials – pens, posters, logo bugs – which could be used to direct young people to the project site.

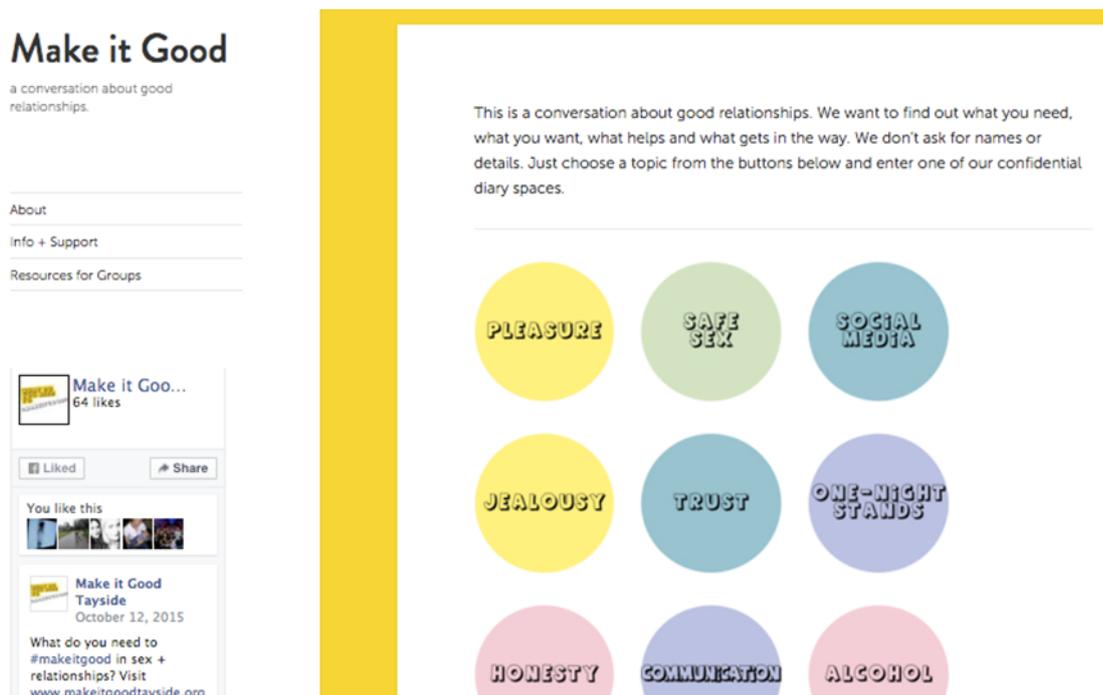
In relation to each of the topic surveys the intention was to be open, providing a space where young people could comment freely from their own interest and experience. With this in mind respondents were asked to 'tell us about your experience of (*topic*) when it comes to sex or relationships'. They were asked to identify by age, gender and location (Local Authority). It was decided to keep the requests regarding demographic information at this level in order to minimise risk of losing young people by asking too much and raising concerns about anonymity. A further practical issue considered was that most respondents would be using a phone

or small hand held device and scrolling down or clicking through to further pages risked losing them.

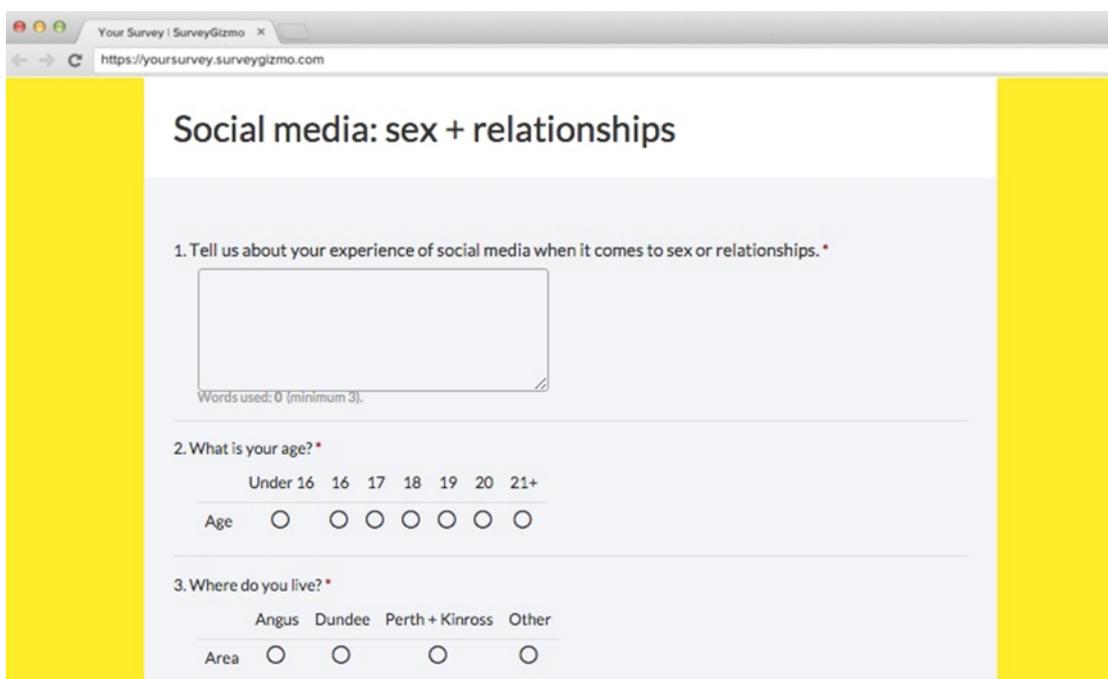
In terms of online participation, the total number of views, visitors to the site and individual survey returns was as follows:

- Total VIEWS: 1,835
- Total VISITORS: 859
- Total NUMBER OF INDIVIDUAL SURVEY RESPONSES: 930

The home page looked like this:



The survey pages looked like this:



The tables below detail the number of submissions by Local Authority, engagement by gender and by age of respondents.

Table 2: Online engagement by Local Authority

	Number of online submissions	as % of total
Angus	168	17%
Dundee	649	70.9%
Perth and Kinross	89	9.4%
Other area	24	2.7%
Total by method	930	100%

Table 3: Online engagement by gender

	Male	Female	Other gender identity
% of participants	37.5%	59%	3.4%

Table 4: Online engagement by age

	Under 16	16	17	18	19	20	21+
% of participants	23.5%	41.6%	21.1%	5.2%	3.1%	2.0%	3.5%

While the target age for the insight gathering was 16 to 20 years old it was thought that some engagement from under 16s and over 20s would be likely. In the course of analysis of online contributions, it has been decided to include these responses for the insight they offer. The small number of responses from outside the target Local Authorities have not been used.

Using Facebook: In addition to actual survey responses a further positive outcome will be brand recognition of #MAKEITGOOD in the 16 to 20 year-old group. Via Facebook advertising (which allows for targeting by age and locality) the number of times #MAKEITGOOD appeared on users' feeds was 86,452, reaching 10,247 Facebook users in the period with the advert served an average of 8.4 times per individual (recipients 59% female and 41% male).

Using twitter: Over the course of online engagement 117 tweets were used to promote the project, mainly targeting professional colleagues as gatekeepers in terms of promoting participation by young people, with a twitter reach over the duration of 26,500.

Young people as ambassadors: At the initial meeting with the project Steering Group the research team at TASC were asked if young people themselves could be used to promote the online engagement. In response TASC offered young people who had previously attended a focus group session the opportunity to become an ambassador for the project; 9 young people took up the invitation and attended a further training opportunity where they were provided with promotional materials to help promote engagement amongst peers. The ambassadors were supported by a local worker.

This report makes use of quotes from young people.

- Young people’s responses to the online surveys are used. These quotes are identified by age, Local Authority location and gender, for example: (17/Angus/Male)
- The facilitator in the initial focus groups with young people took contemporaneous notes which were reviewed after the session and notes written up. Where a quote from a young person attending a group is used in the report it is identified by which of the 16 groups it is taken from (more detail in appendix 1) and the Local Authority location (D/Dundee; A/Angus; PK/Perth and Kinross) for example: (Focus group 14/PK) Working from notes it is not possible to identify the gender of any quoted contribution from a focus group although the characteristics of the group are detailed in appendix 1.

C. Desk-based research and review

In addition to the insight from young people the report also identifies useful insight from research or resources or services (from out with the NHS Tayside area). The purpose of identifying insight from other sources is to help locate young people’s perceptions and lived experience in a broader context, and where possible to provide further evidence to support the stress which young people have given to an issue and its role in relationships.

This is not an exhaustive review of literature (the bulk of project resource has been put to engagement with young people) but an identification of what seems particularly important in consideration of the sexual health and wellbeing of young people and gives insight on other work that should form part of local partner’s consideration of service development and particularly the use of social marketing in relation to sexual health.

D. Timeline of activities

The timeline and tasks associated with the project were as follows:

May 2015	TASC appointed Detail of the approach developed and shared Steering Group (with representation from 3 participating Local Authorities) meets.
June	Develop materials for Ambassadors. Steering Group meets.
July	Focus groups with young people facilitated across Angus, Dundee and Perth & Kinross. Online approach/material developed based on findings. Training for Ambassadors. Launch of online engagement at www.makeitgoodtayside.org

August	Steering Group meets. Hard copy mail out to agencies with invitation and promotional materials (140 agencies/individuals). Promotion of www.makeitgoodtayside.org via contacts, social media and Facebook.
September	Steering Group meets. Additional materials for youth work agencies developed and distributed hard copy (18 settings) and posted online. Ongoing promotion of www.makeitgoodtayside.org
October	School workshops facilitated. Ongoing promotion of www.makeitgoodtayside.org
November	Online engagement closed. Analysis of findings.
January/March 2016	Reporting.

APPENDIX: INITIAL FOCUS GROUP DETAILS

No.	Group/key characteristics	Location	Local Authority	Female	Male
1	LGBT	Dundee and Angus College, Arbroath	Angus	3	
2	Youth Achievement	Forfar Academy Community Wing	Angus	4	
3	Young mums	Forfar	Angus	1	
4	Youth Drop-in	Perth City Base	Perth and Kinross	2	5
5	Young homeless	Perth Wellbank	Perth and Kinross	3	1
6	Youth group	Menzieshill Community Centre, Dundee	Dundee	3	2
7	Young men's group	Fairfield Community Centre, Perth	Perth and Kinross		4
8	Youth Group	Logos, Crieff	Perth and Kinross	3	1
9	Youth group	The Corner, Dundee	Dundee	1	
10	Young Trainees (a)	Helm Training, Dundee	Dundee	2	2
11	Young Trainees (b)	Helm Training, Dundee	Dundee	2	2
12	Young Volunteers	Web, Dundee	Dundee	5	1
13	Dundee Young Carers	Carers Centre	Dundee	3	
14	Youth Group	Strathmore Centre For Youth Development (SCYD), Blairgowrie	Perth and Kinross	1	5
15	Youth group	Brechin Youth Centre	Angus		2
16	Opportunities/NEET Group	Arbroath	Angus		2
				33	27

REFERENCES

ⁱ WHO at:

http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

WHO is keen to state that the statements about sexual health and sexual rights are not a definition as such but a contribution to discussion about what sexual health mean to us as health agencies and as individuals.

ⁱⁱ fmr research <http://researching.co.uk/>

ⁱⁱⁱ NHS Health Scotland facilitate a social marketing hub which build on work delivered by NHS Tayside and the Scottish Government in 2008

<http://www.scottishsocialmarketinghub.org.uk/>

^{iv} NSMC (National Social Marketing Centre) toolbox <http://www.socialmarketing-toolbox.com/>

^v 'Big Pocket Guide'

http://www.thensmc.com/sites/default/files/Big_pocket_guide_2011.pdf

^{vi} Stead M et al (2007) 'A Systematic Review of social marketing effectiveness' Health Education, 107(2), pp. 126–191 <http://oro.open.ac.uk/20470/2/>

^{vii} University of Stirling 'Mass Media for Public Health' <https://www.stir.ac.uk/health-sciences/research/groups/social-marketing/projects/systematic-reviews/content/>

^{viii} 'It's our health: realising the potential of effective social marketing' National Consumer Council (2006)

<http://www.thensmc.com/sites/default/files/ItsOurHealthJune2006.pdf>

^{ix} Hastings G (2007) *Social Marketing: Why should the devil have all the best tunes?* Butterworth-Heinemann

http://store.elsevier.com/product.jsp?isbn=9780080550114&_requestid=3712200

^x Social marketing benchmark criteria The NSMC

<http://www.thensmc.com/sites/default/files/benchmark-criteria-090910.pdf>