# Mid-Stream Social Marketing: Using service theory and practice to support behaviour change

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# Social marketing = services

- Social marketing programs are delivered by public sector and non-profit organisations
- Often involve services:
  - Preventative Health Services: cancer/medical screenings, exercise programs
  - Energy assessments
  - Road safety checks
- Multiple service delivery channels:
  - Personal and face-to-face services
  - Counselling and phone line services
  - App/games/smartphone services

# What is the purpose of social marketing?

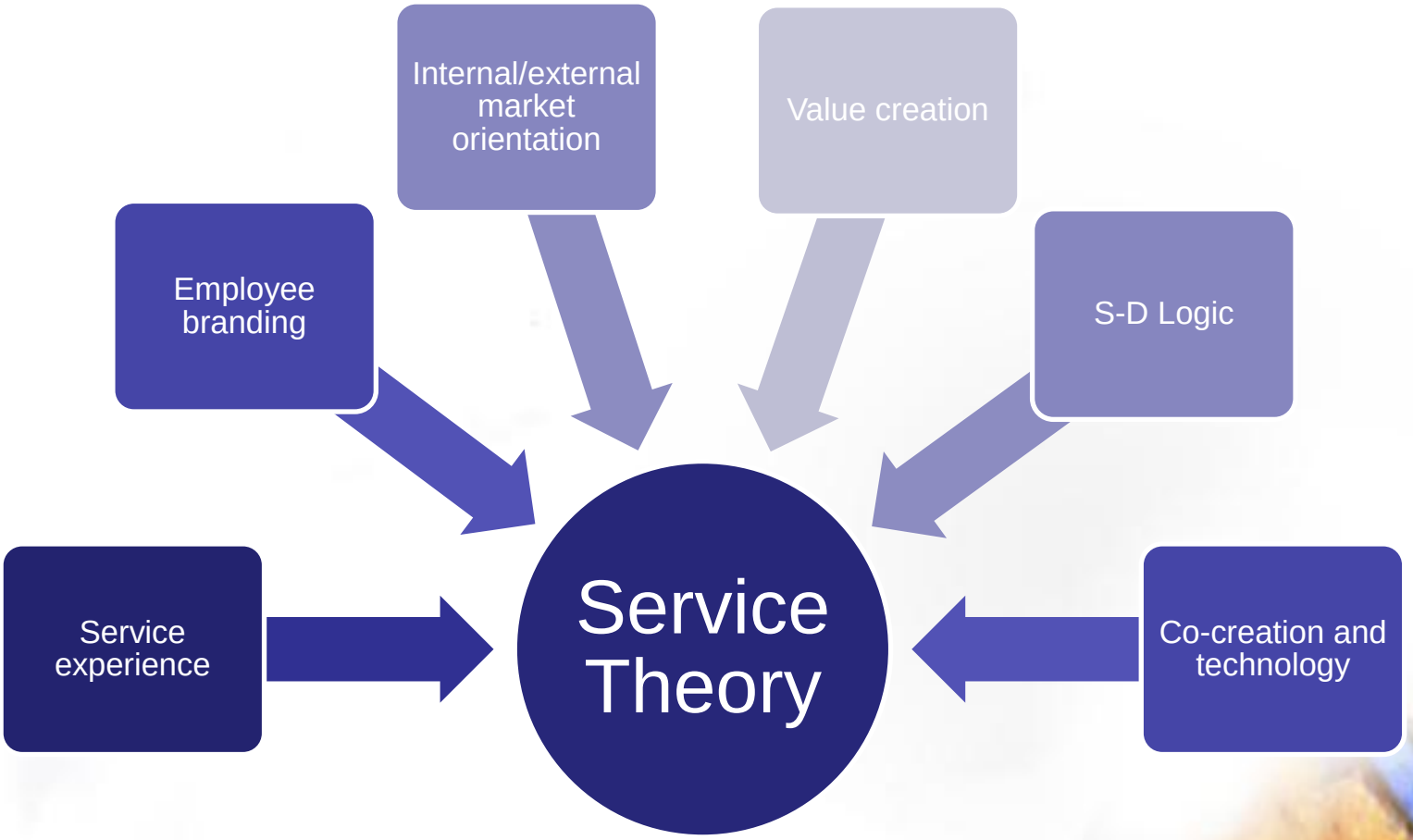
- Change behaviour?
- Improve health?
- Save the planet?
- Save money?
- ***"The cost-effective provision of non-profit services to help and support people."*** **Wood (2012)**

# Social marketing and marketing social services – Craig Lefebvre

*"Given the sheer numbers and ubiquity of social services available to meet people's needs and work toward a better society, there have been few documented efforts to integrate social marketing into service delivery...*

*What goes unexamined from a marketing perspective is the nature and quality of the service offering, its place and price variables, and client satisfaction with the service (would clients recommend it to a friend?)"*

# Service theory for social marketers

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# Four services marketing principles for social marketing

- 1. A positive service experience is essential for sustaining the desired behaviour
- 2. The service employee is a critical touchpoint between the organisation and the customer
- 3. Perceived service quality and customer value is a key determinant of customer behaviour
- 4. The customer is an active participant in the value creation process before, during and after the service

# 1. Service experience in preventative health

- Preventative health services *assume that technical/clinical factors are the key drivers of customer behaviour (Zainuddin et al, 2013)*
- Provision of a *technically reliable breast screen* will ensure women return for future screenings
- Service strategy and resource allocation *focussed on technical service* aspects
- Achieving service outcomes of *satisfaction and repeat behaviour depends on more than technically-focussed organisational resources*
- Administrative and *interpersonal* quality has a major influence on the functional and *emotional value* derived from women's experience of the service

# The role of the service experience: lessons from resilience

- *Service experience critical* for positive behaviour change
- Young people may be involved with multiple service providers…
- …*but more service use does not lead to better outcomes*
- *One positive service experience centred on a satisfactory human relationship will lead to positive outcomes across a range of issues*
- Fostering resilience amongst high-risk young people:
- http://www.youtube.com/watch?feature=player_embedded&v=ybBQVjAF5eA
- http://resilienceproject.org/

# 2. The role of employees

- Play a critical role in the evaluation of the service experience by customers
- Employees represent the brand (or not)
- Influence customer satisfaction and loyalty/”repeat purchase”
- Provide emotional support to vulnerable and at-risk health clients
- Health: front-line service provider is not a marketer but a medical/technical employee
- Local authority services: have to build relationships and communicate effectively with residents (emotional intelligence)

# 3. Delivering service quality - health settings

- Medical staff may have different perceptions of quality to patients
- Interaction with doctor primary determinant of overall service evaluation (Brown and Swartz, 1989)
- Patients made judgements of overall service experience, but also:
  - Appearance and behaviour of receptionists, nurses & technicians
  - Décor
  - Appearance of the building
- *Doctors' services* are complex & variable (Shostack, 1985)
- *Outpatients' clinics/x-ray labs* low complexity/variability
- HMOs low complexity/high variability

# 4. Service-dominant (S-D) logic: *value*

- Value does not just occur through production, it occurs at all stages of consumption process *(value-in-use)*
  - *Pre-consumption*
  - *Consumption*
  - *Post-consumption*
- Value is not transferred to the customer as the recipient at the point of exchange:
  - *Value is co-created*

*(Vargo & Lusch, 2004)*

# Transformative social marketing

- Focus of social marketing becomes one of facilitating and supporting a process of *co-creation of value*
- People are *co-producers or collaborators* in adopting new behaviours or quitting other ones rather than targets we attempt to exchange with
- Must discover for themselves the *actual value* in changing what they do…
- …we can only propose possibilities (based on an in-depth understanding of *what they value*)

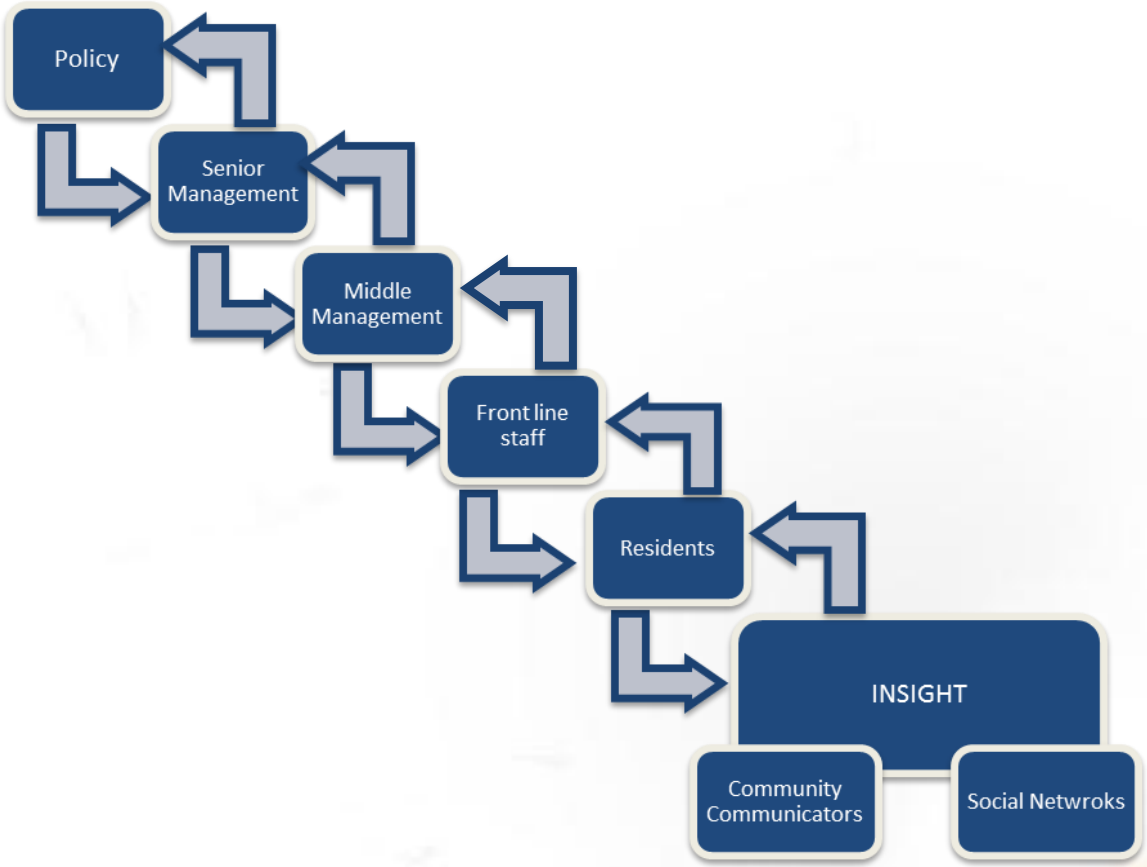
# Mid-stream social marketing

- Swinburn (2009) advocates a “policy-centric” approach comprising “upstream” (influencing the conditions of life such as employment and income), *“midstream”* (affecting the food and physical activity environments) and “downstream” (influencing health care access and quality)
- Dorfman *et al*. (2009) see up-, mid- and downstream as: broad social change, specific public health policy change, and behaviour change respectively
- Lagarde (2012) defines midstream as partnering with influential people, which is consistent with social marketers who recognise the need to work with partner organisations and community groups (Kotler & Lee, 2008; Hastings & Domegan, 2013)
- We (2013) argue it should include the service environment (i.e., design, delivery, and the role of employees)

# Change through conversation

- Leadership is a conversation (Groysberg & Slind, HBR 2012)
- Services are developed through customer conversations (Lunkvist & Yakhlef, 2004)
- Patients want GPs to empathise and actively listen to understand their health issues (Gruber & Frugone, 2011)
- Front-line staff can be trained to have more effective “congruent conversations” (Wood and Fowlie, 2010)
- Conversations with community communicators can engage residents in the co-creation process (Wood and Fowlie, 2013)

# A model for co-creating public services




Services

Conversations

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# Summary

- Customers, staff and other stakeholders ***co-create service value***
- ***Front-line staff*** *play key role in* ***customer service experience*** *and satisfaction*
- People generally change for ***emotional*** rather than rational reasons and usually require ***personal support***
- Staff should have ***emotional intelligence*** *and* ***relationship skills***
- Good service delivery means ***upstream*** strategy and ***downstream*** implementation
- ***Midstream*** social marketing is the interface between upstream and downstream perspectives
- ***Conversations*** facilitate internal and external customer service and the co-creation of services