



Liverpool
Public Health
Observatory

Evaluation of the Phase 2 Snack Right Social Marketing Project – Final Report

Lyn Winters

Observatory Report Series No. 71

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PROVIDING INTELLIGENCE FOR THE PUBLIC HEALTH

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Executive Summary

Social Marketing

Social marketing is the application of commercial marketing theories, principles and practice to achieve change in behaviour likely to improve health. Thus, the aim is to move people to action, not just give them information, focussing on consumer and market research to develop a range of relevant, tailored intervention methods and approaches. It is about health improving interventions which recognise where people are at and what influences them, not where health professionals think they are or should be. Emphasis is placed on the scoping stage as it is really important to understand the customer or target audience.

Snack Right Social Marketing Project

The Cheshire and Merseyside Directors of Public Health decided in 2005 to focus on a single social marketing intervention on food. The aims of this project were threefold: to improve the nutritional quality of snacks given to pre-school children in deprived areas of Cheshire and Merseyside and to gain experience and build capacity in social marketing throughout Cheshire and Merseyside; to put marketing theory into practice on a Cheshire and Merseyside footprint; and to disseminate the learning in social marketing. The project was in two phases and this research is the final report for the evaluation of Phase 2.

Research supports focusing on improving the diet in early childhood. This could prevent the short and long-term adverse effects on physical, mental and educational development, as well as decreasing the risk of chronic adult disease. Indeed it has been concluded that diabetes and cardiovascular prevention strategies might be better focused on preschool-aged children.¹

A network of 150 “Ambassadors” across Cheshire and Merseyside supported the planning and delivery of the project. Snack Right events followed by direct marketing to families, as described below, and publicity in local papers, radio, through ChaMPs’ bulletins and conferences completed the package.

There were 49 Snack Right events in Phase 2, mainly held in children’s centres, where fresh fruit and vegetables with accompanying dips and natural yoghurt were prepared for tasting. At each event parents and children could taste healthy snacks and if eligible sign up for Healthy Start vouchers. There were various fun activities that consisted of a fruit and vegetable theme, such as making fruit faces. Also, parents could have their child’s photograph taken and sign up for direct mailing. On leaving the event each family received a bag containing Snack Right marketing materials: a bowl, leaflet and story book. All marketing materials were illustrated with the Snack Right five cartoon vegetable and fruit characters. There was a dressing up suit of two of these characters: “Narna” the banana and “Pip” the apple to greet parents and children at each event. The direct mailing consisted of three letters from the Snack Right five cartoon characters, as reminders containing tips to keep snacking healthily. The photograph was sent mounted on a Snack Right presentation card. Also, a Snack Right chart with stickers of fruit and vegetables were mailed to families. A sticker could be put on the chart each day a healthy snack of fruit or vegetables was eaten. The chart had a tear-off slip to enter into a

prize draw when the chart was completed after four weeks. All entries for the prize draw received a Snack Right placemat featuring the Snack Right five characters.

Aims of the research

The aims of the research, agreed with the Social Marketing group, were to evaluate the success of the social marketing intervention in achieving behaviour change in the snacking of pre-school children aged up to 4 years within lower socio-economic groups in the Cheshire and Merseyside area and in parents'/carers' behaviours in the snacks they prepare/buy for their children. Also, to evaluate what elements of the National Social Marketing Centre (NSMC) approach can be used throughout Cheshire and Merseyside on other projects.

Methods:

Mixed methods were used involving both quantitative and qualitative research. For the quantitative data a baseline and follow-up questionnaire survey were conducted in children's centres on parents or carers of pre-school children four years or younger. For the baseline survey 335 participants were recruited and for the follow-up survey 188 participants. The survey consisted of questions on demographic characteristics, snacking behaviour, food consumed, opinions of fruit and vegetables, barriers and incentives to healthy eating, knowledge of Snack Right and Healthy Start. For the final questionnaire opinions were asked on the Snack Right leaflet and whether respondents had replaced an unhealthy snack with a healthy snack as a result of Snack Right. The respondents were split into two groups, an intervention group who were recruited from centres holding a Snack Right event and a control group who were recruited from centres that were not holding a Snack Right event. Parents and carers could also evaluate Snack Right events on the day on a one page evaluation form. Recorded at each event were: the numbers of parents and children attending events; sign up for photographs, direct mailing, and/or Healthy Start vouchers; and numbers of those who felt they had received healthy snacking tips. After the events the numbers of competition returns were also recorded. Survey data and the evaluation forms were analysed using descriptive statistics.

Twenty-three interviews and two focus groups were conducted with a total of thirty-three parents or carers providing feedback on the Snack Right events and views on snacking. Interviews were held with five members of the ChaMPs Social Marketing Group on their experiences of conducting a social marketing project; whether the Total Process Planning model from the National Social Marketing Centre had been followed and what pitfalls there were found in its use. Nine focus groups with a total of forty people, consisting of ambassadors and others who ran the events, were conducted to evaluate the Snack Right project, impact on their working practices and strategies in sustaining messages. Two interviews were conducted with three agency staff; on their role; what worked well and what could be done differently. Where feasible and with the permission of the participants interviews were digitally recorded. Analysis of the interviews was conducted using an adaptation of the systematic procedure adapted from Knodel's 'code mapping and the construction of an overview grid'²

Results

Preparation and planning for the Snack Right Project

Snack Right Event Planner

Feedback from the ambassadors and others running events confirmed that in most cases the Snack Right event planner was described as a comprehensive resource, which was integral to the success of the events and would be a good resource for the legacy. However, it may be necessary to clarify roles and responsibility, the number of helpers required, and to have an estimate of the cost of fruit and vegetables, dips and recipes. It should also include where extra resources could be purchased, such as the fruit boxes.

Commissioning brief

Getting a really strong brief meant that the creative agency (who designed the marketing materials) could work with clarity.

Having a good supportive relationship with the commissioners, who knew what they wanted, but were receptive to suggestions, gave the agency space to be creative. For instance, they were able to substantially improve the Snack Right leaflet by incorporating the “Theory of Reasoned Action”: using peer references to create the impression that healthy fruit and vegetable snacks are the norm for pre-school children. They also created the Snack Right Five cartoon characters that appeared on a range of retainable marketing materials that formed the Snack Right brand.

The delivery agency also felt they had a good relationship with their commissioners and found the Project Manager was very encouraging, supportive and responsive to any issues or problems that they raised. Both agencies were able to resolve any problems effectively. However, both agencies had underestimated the volume of work generated in the administration of the project.

The Total Process Planning Model (TPP)

It was considered by the Social Marketing group that this had been followed rigorously and was found to be very useful and easy to use ensuring that all procedures and processes for a true social marketing project were followed such as pre-testing. Phase 1 of Snack Right had provided a large scale pilot and the opportunity to review and reflect. The scoping work and the initial segmentation had been undertaken in this Phase. TPP was a model that could be used in its entirety on any social marketing intervention. There were thought to be no pitfalls in its use, as it provides a flexible tool where different elements can be revisited as required.

What worked at the Snack Right Phase 2 events

When there was a good network of communication, preparation and support for the ambassadors and people running events, they worked well and staff were less stressed. Generally, where the events worked really well the centre staff knew the parents who were coming and maybe had a few new families. They had set up a spacious room with 3-4 tables and essentially healthy snacking was the focus of the event, instead of being tucked away in a corner whilst something else, not connected, was the main event. How Snack Right was perceived whether it was seen as a real opportunity or an imposition could reflect the ambassadors' level of

involvement and outcome of events. However, it was not the intention of Snack Right to change the work PCTs or children's centres were already doing, rather aiming to reinforce the good messages the families were already getting in these settings, for families to continue in their homes. When there was a health visitor present at events it was very positive and they could talk to parents and answer queries and give advice on weaning.

It was thought that the costumes for the fruit characters were a nice addition to the events, although they caused some problems transporting them because of their size and were hot to wear. Generally, with a few exceptions the children at events did like them. Indeed, in the main, all elements of the Snack Right events were well received and appreciated.

The parents were delighted with the high standard of photographs that captured the children eating or engaged with the many activities and the materials. They particularly liked the idea of gifts being mailed to their children. Indeed, the photographs were a big incentive for families to come to events and acted as a reminder of the "fruit party", whilst the materials were thought to encourage the continuation of healthy snacking.

It was found that the demonstrated messages were the ones that the delivery agency felt the most confident in using, such as showing how easy it was to prepare healthy snacks using plain yoghurt with fruit or various dips with cut-up vegetables. These were appreciated by the parents and children.

It was felt that the events definitely did the job of sharing an interesting way to snack with your child. It gave parents a chance to talk to their peers and perhaps exchange views and confide their worries around food. It did happen that children seeing another child eating something encouraged them to have a go, whilst parents got ideas on what they could provide in the home that their child would like.

Parents, ambassadors and those running events and agencies have made suggestions on how the Snack Right project could be improved. These have been included under recommendations at the end of the report. It was agreed that there does need to be some continuation of Snack Right to maintain and reinforce behaviour change.

Impact of Snack Right in children's centres

All PCTs said that in their view, Snack Right had not raised awareness of healthy eating with staff as it was already being promoted at all children's centres. However, they felt it has given some innovative ideas such as using dips in which to further promote fruit and vegetables. Children's Centres see value in events and they are probably good for new staff who know the theory but have not seen how much children love healthy snacks. The impact on working practices varied from one PCT to another, but there were some encouraging examples:

- Within one Liverpool Children's centre, they now offer free fruit on reception;
- Fruit has also been introduced into two hostels that the children's centre staff work in;
- The centre is now rolling out more healthy eating courses.
- One children's centre within West Cheshire is now doing a course on healthy eating.

- At some children's centre drop-ins within Central and Eastern Cheshire they used to provide a rich tea biscuit, but after Snack Right they have stopped
- Also at parties they used to provide crisps and cakes, but now they just buy fruit and vegetables.
- Knowsley will in future be having an annual Snack Right event in each children's centre.
- Wirral family support workers have reported that they feel more able and have many ideas of things they could do in the home because of Snack Right.
- In Knowsley and Liverpool it has helped to promote oral health.
- Snack Right events have also promoted Healthy Start and the Bag a Bargain service.

Snack Right would probably be embedded into some health strategies, although not necessarily mentioned specifically as a tool.

All PCTs said that a lot of healthy eating had been promoted in children's centres before Snack Right and all centres have some form of activity to promote healthy eating. This is usually in the form of courses and healthy snacks at sessions or a healthy buffet for courses or events and for theme days. Children's centres, generally, do not tend to have healthy eating events but do have activities that involve cooking and preparing food, so it has provided them with a fresh approach.

It was difficult to assess whether the Snack Right events and direct mailing were hitting the target audience and changing behaviour as they were generally only targeted at those coming into children's centres already, so were probably not having an impact on the really hard to reach. Indeed, in the final survey over forty percent of respondents were in the middle non-manual social class group. When parents were interviewed most said they already gave at least fruit to their children as vegetables were not as palatable to all preschoolers, but they were trying to find ways to make vegetables more appealing. They also considered that they were aware of the health benefits of fruit and vegetables for children. Indeed, at one focus group parents felt strongly that Snack Right was "*preaching to the converted*." The high proportion of parents claiming their children eat fruit and vegetables are confirmed by the data in the baseline and follow-up survey and the immediate feedback after the events. Furthermore, pre-existing knowledge of the value of fruit and vegetables is also confirmed by the survey data.

Nevertheless, some parents mentioned tips they had picked up to help them to ensure that their children snack more healthily. Perhaps most importantly, if their child had eaten new fruit or vegetables then their parents would be tempted to try these at home because they knew that food would not be wasted. Also parents had received information on preparing healthy meals and by demonstration, snacks using fruit and vegetables. In summary, tips and information that individual parents said they had received from Snack Right are listed below:

- Making a fruit flower to encourage consumption of fruit
- That bananas can be frozen
- Mashing up ripe fruit into smoothies
- Hiding vegetables in food for fussy eaters
- To cut up fruit and vegetables for snacks and children's parties

- How to prepare fruit yoghurts; the parents found the dips were not always popular with children.
- Trying fruit and vegetables at home that children had eaten for the first time at events
- From the leaflets on preparing food – fruit and vegetable snacks and meals
- What teething foods to use such as carrots and cucumber
- Reinforced message that children should not have sweet foods
- From reading the leaflet one mum bought a smoothie maker
- Learnt that children need 5-a-day
- Learnt about vitamins and nutrients in fruit and vegetables
- Informed about Healthy Start vouchers
- Useful information on weaning in the goody bag
- Learning not to force children to eat fruit and vegetables – they will do it if you leave them out for snacks.
- They had learnt that other children can act as a positive role model if they eat fruit and vegetables.
- That when using a tooth timer (available at Knowsley and Liverpool events) children might be encouraged to brush their teeth.
- Had not thought of using tinned fruit before but will now after reading leaflet because it lasts longer and adds variety to children's diets.

Most parents interviewed did not recall having a one-to-one about healthy snacking and only a few had changed their views about snacking. The main change reported in children's snacking was that the parents were more positive and determined about giving fruit and vegetables and were trying them cut up:

- Cut-up fruit and vegetables instead of giving a butty for snacks
- Will cut up fruit and vegetables to take out for a snack
- More keen to try fruit now
- Buy more fruit now and realise *"that if children are given fruit they are going to eat it rather than have other snacks such as sweets"*
- If child eats fruit and vegetables have found child does not pine for crisps or biscuits anymore.
- Now more determined to give healthy snacks
- More positive about giving fruit & vegetables

Therefore, Snack Right has reinforced the good work that the children's centres have achieved to encourage families to eat more healthily. However, there is still a culture of giving sweets as treats and as a reward. The events need to be repeated so messages are reinforced.

Has Snack Right increased understanding of social marketing?

Ambassadors had information about social marketing in their event planner and at each ambassador's event that was held. At local planning meetings the social marketing methods that were used were also discussed. Nevertheless, in general, ambassadors and staff running events, who attended focus groups, did not feel that Snack Right had substantially increased their knowledge of Social Marketing. Indeed, some were still a bit vague as to what it was. Others said they would not have associated the events with social marketing. Many felt they were already doing "social marketing" when they were practising health promotion and had a good

knowledge of their clientele. Some were already supporting PCT campaigns that were underpinned by a social marketing approach. Only one person said they had attended the Social Marketing CPD event although invitations were sent to all ambassadors. However, many said that it would not have appealed to them as it sounded too theoretical.

Within some PCTs they would be happy to work on similar projects again, provided they fitted into the agenda within children's centres and there was sufficient staff so they were not neglecting a key part of their role. Children's centres are trying to engage with hard to reach groups, and it was generally thought of as not an essential part of their work and they probably know as much as they need to know. If there was a course on social marketing it would have to be local and very specific, with practical relevance to what children's centres are trying to achieve.

In terms of those who plan and commission services there were many events such as conferences, a presentation to the West Cheshire Public Health team and CPD events where Snack Right was used as an example to explain the Social Marketing methodology. It has helped the Directors of Public Health to become enthusiastic about Social Marketing.

Snack Right Survey data

It is important to note that the evaluation of Snack Right could not be conducted as a formal research study and there were many factors that it was difficult to control for. There are some limitations of the survey data such as the use of non-probability sampling, with the potential for selection bias, small sample size, lack of matched pairs and nearly a quarter in the intervention group reporting they had not heard of Snack Right. This could potentially distort the true picture regarding the effects of Snack Right.

Disappointingly, there were very modest differences in reported behaviour and opinions. With the exception of fried vegetables, of which the follow-up intervention group consumed more than the controls, there were no reported significant differences for consumption of fresh fruit or vegetables, with the vast majority saying they were consumed on average 3 times a day for snacks.

When the intervention groups were compared, significantly more of those in the follow-up survey than in the baseline disagreed that fresh fruit is inconvenient. However, when the intervention group were compared to the control group significantly more in the intervention group found that fruit was inconvenient. The intervention group was also significantly more likely to agree that fresh fruit is varied and the controls were more likely to be undecided.

Under incentives to healthy eating, the follow-up intervention group were more likely than the baseline survey group to agree that recipe ideas for new ways of preparing fruit and vegetables would make healthier eating easier. For the between groups comparison in the final survey, the intervention group were significantly more likely than controls to agree that cheaper fruit and vegetables would make healthier eating easier. Thus, it could be argued that as the intervention group were keen to have recipe ideas on preparing fruit and vegetables and to have cheaper fruit and vegetables, they were at the contemplative stage of increasing their child's intake of fruit and vegetables. However, they have implied in answer to other questions on

the survey and in the focus groups that they are at the action stage, already giving fruit and vegetables on average three times daily for snack food, without including food eaten at main meal-times.

There were some contradictory findings. From those aware of Snack Right after receiving at least a Snack Right leaflet in the last 6 months, nearly half in the intervention group (27/57) stated that they had replaced an unhealthy snack with a healthy snack as a result of Snack Right. But when compared to the baseline, the follow-up intervention group were consuming significantly more cakes, puddings, sweets and chocolate, which does not support this finding. Furthermore, when parents were interviewed no one confirmed that they had tried to replace an unhealthy snack with a healthy snack. However, from the feedback on the day evaluation forms the majority agreed that the event would help them to give their child more fruit and vegetables.

Not surprisingly, the final intervention group had significantly more knowledge of Snack Right and were more likely to use Healthy Start vouchers for fruit and vegetables or to have heard of them and to be aware that they can be used in local retailers. Only a small minority receiving the Snack Right leaflet had not read it and the majority considered that it was well illustrated, contained good healthy snacking tips; showed the benefits of fruit and vegetables, was interesting and worth keeping.

In conclusion

Although the survey data was sometimes disappointing, from the qualitative research and feedback at the end of the events parents had found the Snack Right events very enjoyable and claimed they had picked up some tips on healthy eating. Ambassadors and children's centre staff had found the events valuable. All the marketing materials had received many favourable comments. Indeed, Snack Right has clearly improved since the piloting in Phase 1, although it may have benefited if behavioural theories had been a more prominent aspect of the campaign. The National Social Marketing Centre's Total Process Planning Model had been followed rigorously and it was found to be very useful and easy to use. There were thought to be no pitfalls in its use, as it provides a flexible tool where different elements can be revisited as required. It can be used in its entirety in future social marketing projects.

Nevertheless, it has been suggested that the enthusiasm for social marketing has led to over-optimistic expectations from this project in terms of behavioural change. To make a sustainable impact, many observers have implied, it has to be delivered as a more or less continuous activity and target more pre-school families in deprived communities that are not attending children's centres. However, through the network of ambassadors, plans have already been put in place in most PCT areas to support the continuation of Snack Right and training of those putting on events is being provided.

The project has illustrated a number of problems in implementation. It has highlighted some difficulties in getting commercial involvement from a major retailer. It has required a great deal of sustained and hard work, particularly from those involved in coordination such as the project manager, and it has required a large budget of £323,000. In terms of cost it showed the value of doing something on a larger footprint. If each PCT had tried to do this separately the costs would have been much too high, but by sharing the work across Cheshire and Merseyside the

costs came down to an average of £14,000 for each PCT per year over three years. Nevertheless some ambassadors, in particular those in Halton and one on the Wirral, questioned whether Snack Right was appropriate for such a large footprint as it was not pre-tested on the target audience in all areas of Cheshire and Merseyside.

These findings perhaps prompt the need for some realistic discussion about how target audiences can be reached, and the funding required in the long term for social marketing, particularly in the current adverse economic climate. The project should be evaluated again in two years' time.

¹Gardner DSL, Hosking J, Metcalf BS, Jeffery AN, Voss LD, Wilkin TJ. Contribution of Early Weight Gain to Childhood Overweight and Metabolic Health: A Longitudinal Study (EarlyBird 36). *Paediatrics* 2009;123:67-73.

²Knodel J. The design and analysis of focus group studies. In: D.L. Morgan, editor. *Successful focus groups: advancing the state of the art*. London: Sage Publications, 1993:35-50.

Introduction

Background

ChaMPs Social Marketing Group (formerly known as Big Noise) was set up by the Directors of Public Health (DsPH) across Cheshire and Merseyside to assist the PCTs across these counties to understand social marketing to improve health. It was developed in response to the Choosing Health White Paper.¹ Social marketing is the application of commercial marketing, theories, principles and practice to achieving change in behaviour likely to improve health. The DsPH decided in 2005 to focus on a single social marketing intervention about food.

The aims of this project were:

- to improve the nutritional quality of snacks given to pre-school children in deprived areas of Cheshire and Merseyside
- to gain experience and build capacity in social marketing throughout Cheshire and Merseyside;
- to put marketing theory into practice on a Cheshire and Merseyside footprint
- to disseminate the learning in social marketing.

The evaluation of the project has been undertaken in two phases involving action research and planning meetings that are informing the development of the project. The Liverpool John Moores University (LJMU) have completed an evaluation of the phase 1 intervention.² Liverpool Public Health Observatory have led the evaluation of phase 2 assisted by LJMU. This research is the final report for the evaluation of Phase 2.

Purpose of the Social Marketing Group:

- To gain a better understanding of the process of social marketing across Merseyside and Cheshire.
- To gain social marketing skills and develop capacity and capability in the Public Health Workforce across Cheshire and Merseyside.
- To make a positive difference to some health behaviours across Cheshire and Merseyside through the delivery of a social marketing campaign.
- To evaluate the effectiveness of a social marketing project across the Cheshire and Merseyside region.
- To feedback learning to the Primary Care Trusts across Cheshire and Merseyside, other organisations involved and the National Social Marketing Strategy.
- To agree a long term plan for supporting social marketing activity across the Cheshire and Merseyside region.

Aims, objectives and methods used in the study

The following aims, objectives and methods were agreed with the Social Marketing Group:

Aims:

1. To evaluate the success of the social marketing intervention in achieving behavioural change in under fours' snacking within lower socio-economic groups in the 'ChaMPs' area and in parents'/carers' behaviours in the snacks they prepare/buy for their children.
2. To evaluate what elements of the National Social Marketing Centre (NSMC) approach can be used throughout Cheshire and Merseyside on other projects.

Objectives:

1. Assess if 'Snack Right', (SR) phase 2, has made a difference to parents'/carers' attitudes and knowledge and children's behaviour relating to snacks.
2. Assess whether SR has correctly followed the "Total Process Planning Model" (TPP) from the NSMC.
3. To assess what the pitfalls are of following the TPP model.

Methods:

1. Seek NHS ethical and research governance approval
2. Develop questionnaire for parents' and carers' food survey based on key messages at events and in marketing materials
3. Delivery (carried out by students from LJMU) and analysis of new baseline survey for parents or carers. This will include a control group in each PCT recruited from the children's centres not holding a SR event.
4. Parents or carers to evaluate SR events on day using a one page questionnaire.
5. Follow-up questionnaire survey and analysis to show if there is a statistically significant self report behaviour change from baseline and between control and intervention groups.
6. Analysis of behavioural data (where feasible) eg behaviour change as recorded in use of redeemed Healthy Start vouchers.
7. Focus groups with target audience on marketing materials, views on snacking after the introduction of phase 2 marketing materials.
8. Review relevant documentation from the NSMC approach for health and the Snack Right Campaign.
9. Interviews/focus groups with key stakeholders and partners on whether the TPP model has been followed, pitfalls in its use, evaluation of Snack Right events, impact on working practices and strategies in sustaining messages.
10. Produce interim evaluation in December 2008 and final report April 2009.

Importance of a good diet in childhood

Consumption of fruits and vegetables plays a vital role in providing a varied and nutritious diet whilst promoting a healthy weight and protecting against a number of diseases, particularly cardiovascular and certain forms of cancer.³

Poor nutrition and inappropriate diet during the first three years can have short and long-term adverse effects on physical and mental development, as well as increasing the risk of chronic adult disease.^{4 5} Young children develop rapidly and require the correct nutrition to ensure that their bodies grow properly and can repair themselves as necessary.⁶ A varied and nutritious diet can also improve concentration and support children's learning.⁷ Indeed, pre-school eating patterns have implications for attainment that persist regardless of subsequent changes in diet.⁷ It is also the foundation for future physical and mental wellbeing, as eating habits developed in early childhood influence later adult eating patterns and the health of the next generation.⁸ According to the EarlyBird diabetes study⁹, there is a strong association between excessive weight gain in pre-schoolers and high insulin resistance in childhood. Furthermore, most excess weight is gained before children reach 5 years. Indeed, 90% of the excess weight in girls and over 70% in boys is gained before the child is 5. Although these children were the same weight at birth as babies born 25 years ago, at puberty they were considerably heavier. It is concluded that diet could be to blame and that diabetes and cardiovascular prevention strategies might better focus on preschool-aged children.^{9 10} The chief medical officer for England Sir Liam Donaldson has also stressed the importance of eating five portions of fruit and vegetables each day.¹⁰

Unfortunately, the current economic climate is hindering hard pressed families to eat healthily. A poll by Save the Children in January 2009 has found that more than a third of families (35%) have cut back on food. Of the poorest households with children, almost half (48%) have had to spend less on food.¹¹ Their plight is not helped by major supermarkets' cut-price promotions of cheap sugary and fatty foods,¹² and the high sugar content of foods aimed at children such as breakfast cereal.¹³

Methods for qualitative data

Interviews/Focus groups conducted

All interviews and focus groups were conducted by the researcher. A total of twenty-three interviews and two focus groups were conducted within each PCT with a total of thirty-three parents or carers for feedback on the Snack Right events and views on snacking. Interviewees were contacted via a key person known to interviewees at the children's centres.

Interviews were held with five members of the ChaMPs Social Marketing Group on their experiences of conducting a social marketing project; whether the Total Process Planning model from the National Social Marketing Centre had been followed and what pitfalls there were found in its use.

Nine focus groups with a total of forty people consisting of ambassadors and others who ran the events were conducted to evaluate the Snack Right project, impact on their working practices and strategies in sustaining messages. These participants were recruited via the strategic ambassadors in each PCT within Cheshire and Merseyside. In Halton and St Helens, although they are part of the same PCT, the focus groups were conducted separately as the areas are disparate and therefore would have separate issues to raise.

Two interviews were conducted with three agency staff; on their role; what worked well and what could be done differently.

Problems in recruitment

In some cases there were long delays in arranging a suitable time and date for the researcher to visit the children's centres to conduct focus groups with parents, particularly during the summer months. Unfortunately, on some visits only a few parents were present who had previously attended a Snack Right event. In one PCT only one person was available for interview, who had attended an event, although two trips were made to the children's centre. This was put down to the fact that many families after attending the Snack Right event now had their child in nursery or had decided to attend a session for older children. Initially, it was planned to hold focus groups but this proved not to be feasible. In all but two occasions, given space and noise restrictions, individual interviews had to be conducted, as most were held at busy "Stay and Play" sessions on the same day of the week when the previous Snack Right event was held.

There were also difficulties in some PCTs, due to heavy work commitments or sickness, arranging the focus groups with ambassadors and other relevant staff requiring several e-mail reminders, correspondence and/or telephone calls to confirm arrangements. On a couple of occasions the strategic ambassadors, through work pressures, had to leave the arrangements to a food worker and were unable to attend the focus group.

Qualitative data Analysis

Where feasible and with the permission of the participants interviews were digitally recorded. Where this was not feasible the researcher took notes and wrote these up on returning to the office.

The systematic procedure used for analysis was adapted from Knodel's 'code mapping and the construction of an overview grid'.¹⁴ The researcher listened to the digital recording whilst correcting errors in transcription, on computer files. The researcher then familiarised themselves with each focus group or interview transcript; they re-read to note general impressions, then again to edit the data, such as removing parts that seemed non-sensical or not relevant. The transcripts were then analysed by applying codes to capture broad key concepts and themes that addressed the study's objectives. The codes were derived either deductively from the question topics or inductively from other topics that were of special interest. Non-substantive codes were applied to the text to facilitate interpretation and write-up (e.g. illustrative quotations). Detailed codes were also developed to assist in the analysis of each topic. To facilitate the interpretive part of the analysis, focus group summaries were presented in a large table. This contained the topic headings on one axis and the focus group identifiers on the other.

Methods for quantitative data

Sampling

Research Design

This type of design is known as an independent cohort study, where the comparison group is drawn from the same population as the intervention group but will have little or no exposure to the intervention. The study can only detect differences in responses not changes and cannot therefore attribute cause and effect.

To establish cause and effect the best design is the randomised control trial. However for this study it could not be used as it is impossible to control for all the conditions that can influence behaviour and to make a random selection. Subjects in the control group could have been exposed to the Snack Right messages and other similar campaigns through family, friends, professionals and the media, particularly as they live in close proximity to the centres having a Snack Right event and the media and marketing materials were also used to publicise these events and messages. Unlike subjects in a drug trial they cannot be randomised blind to the intervention or control group and health benefits may be minor and possibly many years in the future. Therefore this intervention should be regarded as an investment in the future.¹⁵

Development of the evaluation tools

This was a structured simplified version of the questionnaires used for the Phase 1 baseline study, and follow-up based on the aims, objectives and messages of the Snack Right intervention, although it was produced ahead of the marketing materials. The Phase 2 questionnaires reviewed some attitudes and opinions towards fruits and vegetables, snacking, barriers and incentives to healthy eating and included some items on knowledge of Snack Right and use of Healthy Start vouchers. They consisted of simple yes/no responses, multiple choice questions and 3 point Likert Scales. (See Appendix 1 and 2) The follow-up survey also included some additional questions on the Snack Right leaflet and whether respondents had replaced an unhealthy snack with a healthy snack as a result of Snack Right. (See appendix 2)

Colleagues, members of the social marketing group and some ambassadors were asked for their feedback on the questionnaire items. Then questions were piloted on parents in one children's centre on Merseyside, to ensure that the instructions were clear, and the questions were not objectionable or ambiguous and that no major topics were omitted nor that the questionnaire was overly long. Additional questions that were to be included in the final questionnaire were also piloted at this time. Thus the questionnaire was found to be acceptable, with questions that were clear.

Unfortunately, there was insufficient time to conduct a test for reliability. This relates to the ability of the questionnaire to produce the same results if used on the same subjects more than once. This requires testing a small number of subjects twice several weeks apart and a score can then be given for test-retest reliability.

A threat to reliability includes the use of ambiguous questions, or questionnaires being overly long. Thus, reliability is more likely if the respondent devotes a consistent degree of concentration and interest throughout the questionnaire

completion. This questionnaire was not found to be too long or to have ambiguous questions.

Final questionnaire survey

Questionnaires were sent to children's centres that had made returns in the baseline survey. Some Liverpool John Moores University students had filled in questionnaires with parents in the baseline study, but due to difficulties with access, it was decided to ask children's centres directly if they could collect the data. They were asked to fill in the questionnaires with parents/carers who had a pre-school child who was weaned between the ages of 6 months to 4 years. This was the primary target audience of the Snack Right Social Marketing project. Intervention centres were instructed to only fill in questionnaires with parents/carers who had attended a Snack Right event at their centre. The completed questionnaires were to be sent back to the Liverpool Public Observatory (LPHO) in the pre-paid envelopes provided. Each centre was given ten questionnaires and consent forms and requested to try to fill in a minimum of five and a maximum of ten questionnaires. A few centres actually managed more than this.

All children's centres were initially contacted by e-mail prior to the beginning of the survey in late October by the Snack Right Project manager to forewarn them of what would be expected of them. They were asked to inform the Project Manager if they envisaged any problems in completing ten questionnaires by 5th December. No problems were reported.

The first mailings and e-mails were sent out by the LPHO on 19th November with a request to return questionnaires by 5th December. All centres that had not returned questionnaires by the following week were given a telephone reminder and mailed a reminder with an extended deadline for 9th January. Unfortunately, only 10 questionnaires were received by the first deadline as centres confirmed that not many people were attending sessions in the run-up to Christmas. The centres were therefore also asked if they required a researcher to assist them. Two centres took up this opportunity and two researchers attended to fill in questionnaires. A further 54 questionnaires were received by the second deadline on January 9th. A final reminder was then sent by mail, email and telephone with a final deadline for Friday 30th January. The data entry was organised by a colleague at LJMU and whilst this was being inputted questionnaires received after the final deadline were able to be included. At the end of the survey a total of 188 questionnaires were received.

Socio-economic group – social class

Social class in the survey is based on declared occupation.¹⁶ To calculate social class respondents' present or last job, if not working, was used. From Table 10 (NS-SEC based on SOC2000 simplified and full derivation table: operational categories) in the "National Statistics Socio-economic Classification: User Manual"¹⁷ NS-SEC simplified operational category was used and from this code the appropriate Social Class group was derived as in Table 4: (NS-SEC operational categories linked to Social Class). If the respondent was: a full-time parent, a student or unemployed (without a previous occupation), or unable to work they were unclassified. For ease of analysis, where there are small numbers involved, respondents have been put into social class groupings, which are illustrated in Table 5. The highest grouping refers

to social classes I and II; middle refers to III non-manual and manual; the lowest grouping refers to social classes IV and V.

Statistical analysis

The report is based mainly on simple descriptive statistics, such as the Chi-Squared test of association. However, when using the chi-squared test and more than 20% of cells have expected counts less than 5 (or any cells with expected frequencies less than 1) this can invalidate the chi-squared statistic as the sample size requirement for the chi-squared test of association is not satisfied. In this case, exact tests have been applied. For 2x2 contingency tables the Fisher Exact test has been used and for larger contingency tables, Fisher-Freeman-Halton Exact test.¹⁸

To determine if there is a statistically significant difference between means the t test for independent samples has been used where the data approximates to a normal distribution with equal variances. Where these assumptions cannot be met the non-parametric equivalent Mann-Whitney test has been applied that basically determines if there are statistically significant differences between the medians. The significance level that is used is 0.05. This means that 1 in 20 tests may be significant purely by chance. However, to be consistent with the Phase 1 evaluation and the Baseline report for Phase 2, no adjustments have been made for multiple comparisons.

For this report an analysis has been made between the intervention group and the control group in the final survey and within the groups and the control groups across surveys. A sub-data analysis has also taken place to compare those respondents who have confirmed they have attended a Snack Right event with those who have not.

As there are quite small sample sizes, no attempt has been made to adjust (using regression analysis) for any imbalances found in key socio-economic factors as this would lead to comparisons with very small numbers.

Evaluation approval

Evaluation approval was sought and granted from the University of Liverpool Ethics Committee and the relevant PCT committees within Cheshire and Merseyside. NHS ethical approval was not necessary as the study is classed as a service evaluation not research.

The intervention

Snack Right is a targeted intervention based on social marketing principles, for the parents and carers of preschool children from deprived neighbourhoods. It has been delivered in two phases and this report is specifically for the evaluation of the Phase 2 intervention. Improvements were made to the Phase 2 intervention, from observations made during the Phase 1 campaign; feedback from ambassadors and the Phase 1 evaluation.

Marketing mix

This has four main elements: Ambassadors; 49 Snack Right events, direct marketing and media promotion:

Ambassadors – A network of 150 ambassadors supporting the planning and delivery of the project.

Snack Right Events – The events themselves were similar to Phase 1 but with more interactive games using fruit and vegetables. The key difference was the opportunity to professionally photograph each child who attended with parental consent. From experience with the Phase 1 events it was decided to hold them in Sure Start children's centres rather than "piggy backing" on other events as messages can get diluted. The aim was to reach up to 2,000 families with an emphasis on sustaining the Snack Right message beyond the events and into the home.

The intention of these events was to be interactive, fun and informative for children and their parents/carers and they could be a small or large event, for parents and carers and their children under 4. The main elements of the event were:

- An opportunity for children to taste a range of fruit and vegetable snacks that are affordable and accessible for parents and carers to buy such as: apple, orange, banana, pears, grapes, strawberries, carrot, tomato, celery and cucumber.
- Fun activities for the children to carry out e.g. fruit faces (making a face out of fruit on a paper plate), smiley faces fruit/veg tasting worksheet, and fruit puzzles. Other activities could also be included such as making fruit kebabs on straws or fruit smoothies.
- A person dressed as a fruit character - banana and/or apple - to greet parents and children.
- One to one chat with all parents and carers about the short and long term benefits of snacking right. Also the importance of parents as role models.
- One to one chat with all parents and carers about the Healthy Start voucher scheme and support to fill out the form.
- Health professional at events, such as from the health visiting teams, to provide professional support for families health enquiries and to be available to sign the Healthy Start voucher form.
- Information about the cost of fruit and vegetables and comparisons with unhealthy snacks.
- Information about local suppliers of fruit and vegetables and any local bag a bargain type fruit and vegetable scheme.
- Signposting to local support that would help parents/carers sustain the behaviour – e.g. cooking courses, healthy eating groups, parenting courses etc.

Throughout June, July and September a total of forty-nine children centre events were held across Cheshire and Merseyside. Essentially there were three types of events:

1. 20 agency-run events which were fully supported by Squash Nutrition who supplied a range of fun activities and managed the photography.
2. Included in these agency run events were one exemplar event for each of the 8 PCTs on Cheshire and Merseyside. These provided an opportunity for other children's centres staff planning future events to see how they are delivered and speak to the organisers.
3. 29 ambassador-led events but with the photography element and resources provided by "Squash Nutrition".

A "Snack Right Event Planner" was provided to ambassadors for each event which included:

- Principles of the project
- Snack Right messages
- Planning documents
- Photo permission documents
- Activity suggestions and how to
- Activity documents eg worksheets
- Photos of events
- Publicity materials eg posters/invites to publicise the event
- Promotional materials – stickers, leaflet
- Free fruit and vegetable information
- Health information
- Healthy Start application forms and posters
- Suggested invitation list
- Snack Right DVD
- Evaluation tool

Direct marketing

A direct marketing element was set up, to sustain the relationship with up to 2000 families (3000 children), after the Snack Right events. The trigger for the parent/ carers involvement was agreeing to have their child's photograph taken at the Snack Right event. From experience of Phase 1, photography can act as an enticement to events. Families were sent a mounted photograph of their child on a Snack Right frame story. Children were then sent sticker charts to be completed over four weeks by putting a fruit or vegetable sticker on each day they replaced an unhealthy snack with a healthy snack and as a reward for completing them they were mailed a wipe-clean placemat that featured fruit and vegetable characters. Their parents/carers were also entered into two prize draws. Families also received other communications such as a recipe for a fruit snack. All communications and products were branded with the Snack Right Five. (See Branding below)

The direct marketing schedule was as follows:

- a) Information on the parent/carers and children was taken at the Snack Right event with the promise of child's photo to encourage involvement (communication 1)
- b) Within 2 weeks the photograph was sent mounted on a Snack Right five photo frame, with a sticker chart (4 week calendar) and stickers that children could put on the chart each day they had a healthy fruit or vegetable snack. A letter to parent/carers included tips to encourage healthy snacking, and a chance to win a prize (communication 2)
- c) After 3 weeks a prompt letter was sent to encourage parents and carers to return sticker chart tear off slip, with further tips (communication 3)
- d) Returned sticker chart entries were entered into a prize draw
- e) Winner to receive prize - all entrants get a reward of a Snack Right 5 placemat. Further letter sent to parents/carers to encourage healthy snacking habits for their children in the form of a banana flapjack recipe that children can help to make. (communication 4)

Media

The media agency sourced press and radio coverage for the events. Two of the exemplar events were designated phase 2 launches – one for Merseyside and one for Cheshire. Basketball players from Cheshire Jets and Everton Tigers came along to encourage parents/carers to put fruit and vegetable snacks in their shopping baskets. The media publicity also included coverage in the Champs bulletins and at conferences.

Branding

"The Snack Right Five", a cartoon group of fruit and vegetables of Narna the banana, Berry the strawberry, Pip the apple, Topper the carrot and Tiny the grape featured in all the phase 2 materials. The marketing materials ranged from posters for children's centres to use to advertise events and for the families to receive at events a specially commissioned story book, a bowl and a leaflet. Other branded stationery that was sent out in the direct mailing included: a framed photograph of child, sticker charts, letters and placemats. Two adult sized dressing up suits of two of the Snack Right characters – Pip the Apple and Narna the Banana – were also available to attend the events. The Snack Right five have been developed by Corporate Culture a communication agency - to expand the product and brand to encourage pre-school children to snack more healthily.

Key messages to be delivered through Snack Right

1. Health benefits– more emphasis on short than long term e.g. behaviour, constipation, etc
2. Parenting benefits e.g. slow release snacks keep children satisfied longer, soothing the discomfort of teething
3. Cost of fruit and vegetable (comparisons with unhealthy snacks)
4. Healthy Start voucher scheme can help cover the cost of fruit and veg
5. Access to fruit and vegetable – bag a bargain schemes, retailers etc
6. Children like fruit and vegetable as a snack – get them to try it
7. Preparing fruit and vegetable to make them appealing to children – how to, recipes etc
8. Support is available to help your family Snack Right – community cookery courses, parenting courses etc

9. Parents as role models
10. Snacking is a good thing in toddlers diets – the healthy snacks

Behavioural goals for Phase 2

1. Its main goal is for children to replace at least one unhealthy snack each day with a healthy one.
2. Children will choose fruit and vegetables as the snack of choice.
3. Parents and carers to attend a Snack Right event with their children
4. Parents and carers at events, overcoming negative perceptions of fruit and vegetables as a snack food for children
5. Children eating fruit and vegetables at Snack Right events
6. Ambassadors are engaged in the process and attend a Snack Right event
7. Ambassadors deliver their own events
8. Children continuing to Snack Right in the future – through work of Ambassadors, PCT's, LA's, Communities etc

Target audience

Primary – children that have been weaned (which is a very variable event usually after 6 months) to the age of 4, and their parents and carers including grandparents and childminders

Secondary – Strategic and Practitioner Ambassadors including-

PCT - health visiting teams, health promotion, obesity and oral health professionals, community cooks
Local authority – children's centre workers, environmental health professionals
Voluntary and community sector - community workers etc

Outcomes from the Snack Right project

- 64 Snack Right events have been held in 2007 and 2008 across 8 PCT's and in conjunction with 14 local authorities
- 3,788 parents, carers and children attended 64 Snack Right events
- 1,003 children signed up to the Phase 2 direct mail programme
- 41% (413/1003) of families entered the Snack Right competition
- Out of 986 families attending the Phase 2 events 71.9% (709) felt they had picked up tips about healthy snacking, 8.2% (81) were unsure and 4.8% (47) felt they had not received healthy snacking tips. This data was collected by asking families to put a tick (under the appropriate heading) on a feedback board before leaving events
- A minimum of 45 new families signed up to the Healthy Start scheme as a direct result of the Phase 2 project. Unfortunately, Healthy Start are unable to provide figures before August 2008, therefore with no comparable pre Phase 2 data an estimate cannot be made on how Snack Right has impacted on the uptake of Healthy Start vouchers.
- Over 150 professionals supported the planning and delivery of the project
- A total budget of £323,000 for the whole project. This equates to approximately £85.27 per person attending events.

Social marketing

Is the systematic application of marketing concepts and techniques to achieve specific clearly identified and targeted behavioural goals for a social good, phased to address short, medium and long-term issues. In the case of health-related social marketing the social good is to improve health and reduce inequalities.¹⁹ Thus, the aim is to move people to action, not just give them information, focussing on consumer and market research to develop a range of relevant, tailored intervention methods and approaches that employ the concepts of exchange and competition. That is, it is about health improving interventions which recognise where people are at and what influences them not where health professionals think they are or should be. That is: understanding their attitudes, hopes, wishes, desires and other motivations.²⁰ There is growing evidence, that when used effectively social marketing can achieve a real measurable impact on behaviour, including reasonably strong evidence for increasing consumption of fruit and vegetables.^{21 22}

The NSMC has developed a “customer triangle” to highlight the key features of social marketing:



Customer or consumer orientation - The customer can be the public or citizens, professionals or key decision-makers.¹⁹ Developing a genuine insight into the reality of the everyday lives and experiences of the audience is critical to avoid ‘professional assumptions’.

Behaviour, behavioural theory and behavioural goals -The driving force is to achieve a tangible and measurable impact on actual behaviour through removing barriers or blocks to voluntary actions. **Exchange analysis** - Exchange refers to what the person has to give in order to get the proposed benefit eg: time, effort, money, social consequences, ‘loss of pleasure’, etc. This is the ‘price’ to the customer.^{23 24} The perceived benefits to the customer need to be greater than the costs to them.

Competition - Recognition should be made that whatever is being ‘offered’ has direct competition – both good and bad influences in the form of internal and external sources.

Audience segmentation involves a process of looking at the audience or ‘market’ and seeking to identify distinct sub-groups (segments) that may have similar needs, attitudes or behaviours, or preferences. This helps to avoid a blanket approach.

Intervention and marketing mix refers to using a coordinated combination of different approaches rather than relying on one method or approach.²¹ The intervention considers the best strategic application of the marketing mix. This consists of making an offer using the four Ps: product, price, place and promotion.²⁵ The offer must be uniquely designed to appeal to the wants, needs and preferences of the target audience and be more tempting than competitors.

Social marketing is devised from two different but equally rich sources of expertise and learning:

- **Commercial marketing methods and approaches**
- **Learning from the not-for-profit or non-governmental & community sector** - History of ‘social reform’ or social cause campaigns and interventions

Good social marketing does not focus on people as isolated individuals, but rather looks at them in their wider social and environmental context. Therefore, it does not only focus on ‘individuals’ and misses all the other wider influences on behaviour.²³ Furthermore, it is one of a number of interventions that can be used in conjunction with not instead of others. It can also be used to inform and enhance policy and strategy development.

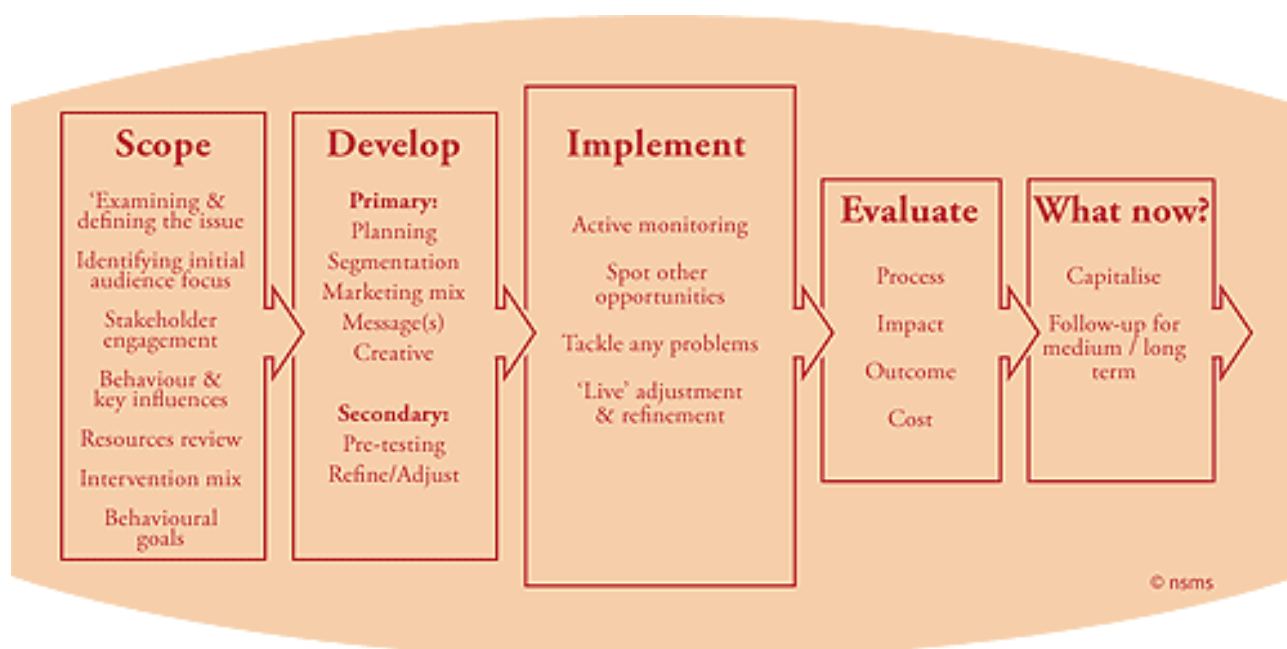
The Difference between marketing and social marketing:

Commercial Marketing	Social marketing
Primary focused on financial/monetary gain	Focused on achieving a social good
Funded by investment and sales	Funded from public funds eg: taxes, donations
Privately accountable, eg: managers & share-holders	Publicly accountable
Performance measured in profits and market share	Measuring performance more complex
Behavioural goals – often more clearly defined and immediate with stronger short term measures	Behavioural goals – commonly more complex and challenging – sustained action over the longer term
More clearly defined products or services which are less complex to market	Products or services often focused on targeting complex, challenging or controversial behaviours
Focused on accessible targets and audiences Often focused on high risk targets and audiences	Often focused on high risk targets and audiences
Risk taking culture more evident	Risk averse culture more evident
Hierarchical decision-making widely assumed	Participative decision-making valued
Relationships commonly competitive	Relationships often based on building trust

²³

Stages in the Total process planning model

Social marketing is an adaptable approach that can be tailored to different contexts and timescales. In line with other planning and development processes it has some core stages. The diagram below summarises these in the National Social Marketing Centre's 'total process planning model'.



The NSMC particularly highlight the importance of the scoping stage which needs to drive the whole process. The primary concern here is with establishing clear actionable and measurable behaviour goals to ensure focused development across the rest of the process. The ultimate effectiveness and success of social marketing rests on whether it is possible to demonstrate direct impact on behaviour.¹⁹ Effective scoping and development can make the difference between a powerful intervention with strong impacts, and one which is ineffective.²⁴

Briefly the stages are:

- Scoping – describing presenting issue, examining audience and behaviour. The bottom line is to really understand the customer.
- Development – testing out the proposition and developing a specific social marketing intervention
- Implementation – commencement of interventions/campaign
- Evaluation – dedicated to examining and reviewing the intervention
- Follow-up (What now?) – having a clear and dedicated follow-up stage is critical to ensuring short-term impacts are built into on-going medium and longer term work.²⁴

Social Marketing group interviews

During January and February 2009, interviews took place with five key members of the social marketing group. The following are the views expressed by those members interviewed.

How helpful was Phase 1 in examining and defining the intervention?

Phase 1 was thought of as *“a large scale exercise in testing”*, a pilot which gave the opportunity to review and reflect to maximise the good points and learn from mistakes. It laid foundations for a more focused and targeted approach in phase 2, with improved communications to sustain messages.

From professional feedback and observations made at the events the importance of the children's photographs to the families was established. In Phase 1 photographs had been taken for publicity with the consent of families, who later requested copies. In Phase 2 the photographs were sent to families and they provided a link into the direct mailing. The leaflet was improved because it was considered too detailed and other retainable materials were developed with a creative agency that would appeal to children. In Phase 1 the events had taken place at venues that were willing to have Snack Right, so in some cases they *“piggy-backed”* on large events such as the St Helens show, but such large events were considered to have diluted messages. By Phase 2 local planning groups were established in each PCT area so they could target events at more appropriate venues. Furthermore, during the planning of Phase 2, it was emphasised to children's centres that if they were going to do any sort of messaging then it would have to fit tightly with Snack Right such as *“bag a bargain schemes”* and oral health.

What were the main influences on choosing the target audience and the marketing mix?

Snack Right came out of a long discussion with the DsPH who wanted health promotion to be more effective and they considered that potentially they could achieve more by doing something on a bigger footprint to make it more effective.

A lot of research was completed for Phase 1 including a selection of focus groups with families and Mosaic mapping to ascertain what would be a practical piece of social marketing and it was found that in snacking behaviour there was an opportunity to make an impact. Thus pre-school children between the ages of 2-5 years were targeted initially in Phase 1, which fitted in with the age for Healthy Start vouchers. Consultation after Phase 1 with nutritional experts highlighted that by age 2 preferences for snacking have been made. Therefore, families required information regarding healthy snacking around the time that health visitors were giving out information on weaning. The age group for Phase 2 was therefore lowered to include children from 6 months to 4 years.

For the marketing mix in Phase 2 more emphasis was placed on maintaining a longer-term relationship that chimed with the parents to incentivise. From Phase 1 it was found that tasting had been successful in getting children to try unfamiliar food and it was something that could be fun. The group wanted to know how they could improve on this and get more information back from the parents while at the event and at the same time how could they make the children happier. It was considered

that there was a rigorous process that was gone through in Phase 1 that was not re-evaluated fundamentally in Phase 2 but it was sharpened up on. From direct experience, the evaluation work and taking into consideration what would be practical there were a few areas of intelligence for the group to consider in refining things and extending the engagement over a period of weeks, to sustain the behavioural change.

The photographs that had been found so valuable to families and the element of winning a competition were used as an incentive to stay in a longer-term relationship with Snack Right through the direct marketing. When the direct marketing had finished, with parental consent, their contact details including the age of their child/children was passed to PCTs and children's centres so families could continue to get support around healthy snacking until their youngest child started school.

During Phase 2 the group also tried to get more one-to-one messaging outside the Snack Right events with leaflets and a message sheet. So Health Visitors and children's centres were asked if they would like more message sheets and leaflets for families that would not normally attend children's centres. There were also about 100 leaflets and some message sheets at each event.

A Snack Right event planner was also developed to help to organise events during Phase 2. This contained a lot of information to support the delivery of other health messages from Healthy Start, Eat Well, and NICE guidelines, so there was the potential to do other healthy messages outside Snack Right. Children's Centres were encouraged to engage with Healthy Start long-term after Snack Right.

Was enough done to identify the key influences on behaviour when identifying the behavioural goals?

The original focus group research with families was used to identify key influences on behaviour. This generated a lot of discussion around what would be practical on a "*sub regional footprint*". It was considered that they went through "*a substantial and systematic process*" to identify what could feasibly be achieved. The group recognised that they were not able to do everything that could create the perfect psychological and physical environment for change, but wanted a behavioural goal that was realistically achievable and settled on: replacing one unhealthy snack with a healthy snack. This goal had appeared to work in Phase 1 but in Phase 2 it was continually being reinforced over a longer period of time with more marketing tools that would remind the families of it. From the original research with families cost was a concern and therefore Healthy Start was promoted and information provided about where they could use HS vouchers to purchase seasonal fruit and vegetables locally. Another key influence on behaviour was families not having cooking skills so at the events they were shown how to prepare healthy snacks.

Theories of behavioural change were not deliberately used, but when going through the social marketing benchmark criteria (See appendix 3) it was pointed out that some elements of the principle behavioural theories had been included such as the "Theory of reasoned action" and "Stages of change". Thus they were coming through but not in an academic way. Nevertheless, these should be a more prominent aspect of any campaign.

How effective was the involvement of the target audience in identifying their focus?

The feeling was that there had been a lot of investment in the involvement of the target audience. The group considered that for Phase 2 the original insight was sufficient as their views had been researched strongly, but they observed the responses of families at events via the ambassadors and the delivery agency on how they reacted to different elements of the approach. There was also the evaluation of Phase 1 to take into consideration. The marketing materials were tested on a selection of families from three children's centres, and they had the last word in any dispute in the face of some professional disagreement. Indeed, during the entire scoping the group tried to keep the target audience's focus central.

How effective was the involvement of ambassadors and other key stakeholders, including retailers?

It was considered that the involvement of the Sure Start children's centres and the ambassadors had been very encouraging and more effective during Phase 2. The number of ambassadors working with the Snack Right project has grown steadily, currently 150 throughout Cheshire and Merseyside and this has created a network of communication and a powerful support network around the whole system. Indeed, these ambassadors have made a substantial contribution to the local delivery of Snack Right. This is a model that could be used again on future projects and will be used for the next social marketing project across Cheshire and Merseyside.

As part of the scoping exercise, clusters of deprivation and pre-school children were mapped for Merseyside and Cheshire and locations of cut-price supermarkets matched up to areas of deprivation and concentrations of pre-school children. This information on the target areas was provided to the Local Planning and Delivery groups in each PCT to check if the target audience was in those locations, so with their local knowledge they could determine where the events should take place and who the partners could be. For example, in Liverpool and Knowsley they both had oral health workers at events. At other PCTs some groups had invited representatives from "Bag a Bargain" schemes. Therefore it was crucial to have lead ambassadors and local planning and delivery groups which are now looking at the Phase 3 legacy for the project.

As well as the involvement of the Sure Start Children's Centres and the ambassadors it has been very encouraging that the project has received enthusiastic support from the Directors of Public Health. Indeed, in West Cheshire they have even appointed a Snack Right worker.

The general retail involvement was disappointing even in Phase 1 with Aldi, although they did the launch event in their store; it was considered that they could have done more with the leaflets. For Phase 2 initial expressions of interest from the Coop had been encouraging because they have a number of small stores in key areas. Unfortunately, due to their restructuring they were unable to make a firm commitment, although it was not reluctance on their behalf. By the time they withdrew it was too late to involve another partner. Taking into consideration the resources and capacity available for the project this was not a priority or for that matter a calamity. The priority was getting the project delivered and the messages across to families. However, in Knowsley retail involvement came from the Veggie

Van who donated £5 vouchers for each family attending a Snack Right event in Knowsley, which included free delivery of fruit and vegetables to the families' home.

The Department of Health's Communities for Health (which aims to improve health and reduce health inequalities) was a key stakeholder as they provided the funding for the project. This funding came through the allocation given to Knowsley Council. Also members of the steering group did invest some time engaging with them and key people from IDEA (Improvement and Development Agency for Local Government). Furthermore, committee members also took part in the wider conference circuit such as the National Social Marketing Conference, so were part of the emerging social marketing debate as well. The committee members complemented each other by taking on specific roles and brought to the group varying expertise and experience.

Was a resources review undertaken?

It was considered that a reasonable assessment went into the best use of resources. Even when commissioning materials, efforts were made to maximise the value.

The project had to plan according to what monetary resources were received. Initially, the Snack Right project started with a vision and received £30,000 from the ChaMPs budget plus an additional £30,000 from Knowsley PCT. The main funding for the project was bid for by the Chair of the Social marketing Group, the Knowsley Director of Public Health from Communities for Health which funded £213,000 initially and £50,000 the following year, which was used to source the direct marketing. Thus a total budget of £323,000 was received. The budget was reviewed at each steering group meeting, and discussed what extra resources and capacity were required. It was decided to employ a much needed Project Manager. Before the appointment of the project manager there was a capacity issue, because organising and planning the Snack Right project was an add-on to the Steering group members' jobs for the first year, so if additional expertise was required it was a case of asking people if they could participate. Therefore, the project could not develop very quickly and it was part of the reason for a too hasty decision on the first leaflet that was too wordy for the target audience. More recently, two extra posts have been created in ChaMPs as extra capacity for social marketing was necessary in order to deliver projects effectively in the future.

Sharing resources over a large sub region meant there was a pool of intellectual capacity available. Indeed, one of the reasons for developing the ambassadors was to develop resources to increase capacity for doing the Snack Right project.

Do you feel the intervention was effectively pre-tested and refined?

The marketing materials and the competition were pre-tested on the target audience, members of the steering group and some ambassadors. The events had been piloted in Phase 1 and refined on the basis of these in Phase 2. The Snack Right event planner was also tested out on three key ambassadors. There were two ambassador events – one for Merseyside and one for Cheshire, which were also useful for feedback for what would work well with the target audience. Furthermore, there were exemplar events which were a kind of training. However, in Halton, because of the tragic deaths of two children, they were not able to hold an exemplar event, but are going to during Phase 3 (the Legacy). The Project Manager was taking learning feedback from one event on to the next. Although, there were a few

events that were weak because, just a few parents attended or only children were present. However, it was felt that no events failed because they had not been tested properly. These could be rationalised in terms of misunderstandings for instance, where one centre was unaware that they were supposed to advertise the event, and another where the event had not been tagged onto a usual group and there had been torrential rain on the day.

The group consistently recorded and assessed everything that had been done, in particular, against the National Social Marketing Centres (NSMC) social marketing criteria. It was considered that the intervention did marry up to the criteria quite closely. A paper was also written and discussed at a steering group meeting. Furthermore, this was fed back to the NSMC in terms of what worked for national guidance.

Are you satisfied with the media coverage that the project received?

The social marketing group had found the coverage of the events satisfactory, but it was felt that this alone would not have had an impact on families reading the articles to reinforce messages and behaviour. At a couple of events in Cheshire and Merseyside two basket ball players attended which gave more media coverage that was better than in Phase 1.

However, the group would have liked case studies about real families and although this information was given to the PR agency they had not used them saying newspapers would not be interested in them. Unfortunately, the PR agency had promised much at their presentation pitch, but had not delivered. However, the core strategy had been the direct engagement and the relationship marketing and the media was only considered a small component in comparison. It was a lesson learnt to make the brief more precise in future rather than leave it open in order to gain a PR company's expertise, and to state at a minimum what was required.

What active monitoring was in place during the project?

Events' reports were completed at the end of each Snack Right event with ambassadors and people running the events. The Project Manager also had regular telephone conversations with the events agency to see what was working and what could be adjusted or refined. For instance, at one event because of tragic circumstances occurring around the time of the exemplar event, no photographs were taken, as there were concerns about the press getting involved. However, families were still able to sign up for direct marketing. Furthermore, the Project Manager was performance managing the creative material to ensure it was of acceptable quality and delivered on time. The quality of photographs was also being monitored so they were of the required standard and suggestions could be made to improve them. One media photographer was not used after the first event as he did not have the qualities required to work with families.

Where there any contingency plans in place to cover any problems?

There was a contingency built into the budget in case there were problems. However, it would be difficult to have a realistic contingency if something major happened such as the supplier for events fell through at an early stage in the delivery.

Everything was done to guarantee data protection of the family details that were collected at events and to ensure that everyone holding that data had the necessary security systems in place.

Did you feel the events were appropriate, effective and efficient in getting messages across?

This depended how the ambassadors and workers at the centre had taken on the messaging and the amount of people who attended the events. Probably an ideal number was 20-25 children plus their parents and carers. Events also worked better if a Health Visitor was present, as they could give out advice and sign the Healthy Start forms. Overall, there was a feeling that the Phase 2 events were more efficient in getting better quality messages across to greater amounts of people than in Phase 1. Reporting on a Knowsley event, it was felt that: *“It looked fun, the kids were absorbed in what they were doing. They liked when people dressed as fruit. The parents seemed very relaxed... and interested in the dental hygiene demonstration and the giving out of toothbrushes and toothpaste.”*

How did you feel that relationships between the various stakeholders/partners worked?

The local planning and delivery groups took a long time to develop in some areas. Getting the right strategic ambassadors took a bit of time in some areas. Most of the key leads were nominated through the DPH, but they were not necessarily the most appropriate, but eventually they were found. *“You learn as you’re going along who the best people are to develop working relationships with.”*

There were some issues with a few ambassadors in one PCT not finding the materials acceptable as there was a feeling that some best practice guidelines for communicating with the under 5s had not been adhered to. Unfortunately, it was considered that regional initiatives can sometimes be seen as an add-on to the day job, which potentially can create a barrier in how people engage with a project. Furthermore, people within the local PCTs or Local Authorities do not have sufficient time to do extra tasks outside their main role. The steering group were conscious that the Snack Right Project needed to be perceived as something that would help ambassadors and children’s centres to do their public health remit, rather than something that be seen as an extra to their role that is an imposition, therefore the committee tried to see the project from the ambassadors’ perspective in not a dissimilar way to what they did with families. Indeed, there was a dual role in this project in influencing the workers on the ground as well as affecting behaviour change in the families that they were trying to influence.

A lot of drive and direction fell on the support team in ChaMPs whilst they tapped into the expertise of others when necessary. Again, because people are so busy it can sometimes be hard to get access to that expertise and that can be frustrating.

However, generally, it was considered that the Stakeholder relationships were very good. A member of the committee confirmed that the team from ChaMPs were *“great to work with and you know what you are getting – they are switched on and positive, but also there’s no hint of this is our project. Working with both of them is a highlight.”* On the relationships within the steering group: *“it was good to see people in a variety of senior positions who seemed to gel really well. And there was no hierarchy to it, but it was a very open group working.”* It was felt that Snack Right

was a good demonstration, within each local PCT area, of multi-agency working: an ideal way of getting PCT staff and local authority people together to develop relationships that will be ongoing around other health agendas not just early years and healthy snacking. The ambassadors in Cheshire were probably more enthusiastic as more initiatives have already taken place in Merseyside and Merseyside seems to be where all the deprivation is. However, in Cheshire there are still pockets of deprivation, but never usually seem to get the support, so they were very appreciative.

Were there any major disappointments during the project?

The media coverage, already discussed above, was a disappointment. The sign up to Healthy Start was expected to be better than it was. However, people did take information away from events, so may have signed up subsequently or told their friends. Also, some families already receiving Healthy Start vouchers may not have been aware they could use them for fruit and vegetables or may not have been aware that there were outlets other than supermarkets where they could use them. Of course, that was not reflected in the figures for the sign up. Additionally, some families may have had to check on household income before signing up. At a third of events, the organisers were unable to get a health visitor to attend, so forms could not be signed there. Thus, there may have been more forms signed as a direct result of Snack Right after the events.

Not getting a retailer on board was disappointing but could manage without them. It was only ever going to be a bit of a “*demonstration model*”, as supermarkets tend to be nationally governed, therefore store managers or even the regional manager are not at liberty to fundamentally adjust what happens in a particular store.

What were the major successes?

It was felt that one of the biggest successes was that it has contributed to there being more confidence in the region about social marketing. There is also more capacity now in ChaMPs to do social marketing and to provide support across Cheshire and Merseyside. There are also opportunities increasingly to link across the North West as well and there are a lot of colleagues linking who are the peers of the team in ChaMPs in other areas.

Subject to the evaluation findings, the engagement of stakeholders was also considered a success and there has been a sustainable impact on the behavioural goal and Snack Right.

Furthermore, another success was the sheer level of engagement in the numbers attending events and the number of responses afterwards to the competition. To enter the competition children were to put a sticker on a chart each day they had a healthy snack, so after 28 days when the chart was filled in the parents could return the tear-off slip. All entries received a placemat featuring the Snack Right five characters and a chance to win holiday vouchers. It was concluded that this confirmed that “*Forty-one per cent snacked right for at least 4 weeks, so message was extended into the home.*”

It was considered that all the marketing materials with the Snack Right five characters on were far more impressive and useful than the leaflet in Phase 1. At the events the children were able to meet ‘Pip’ and ‘Narna’. Each family attending the event was able to receive a goody bag that contained the Snack Right bowl,

book and leaflet, giving them something to take home as a reminder even if they did not engage with the direct mail. Through the direct mail families received letters and a Snack Right sticker chart. The PCTs have also been encouraged by ChaMPs to continue to use the Snack Right brand.

It was felt that the whole Snack Right project *“was fun and nice and that’s why it was a success...some health stuff can be so dreary and dull...and you must do this and patronise and finger pointing...it wasn’t judgemental.”* A lot of the success was due to the way it was tailored and steered by the group who set the tone and the excellent materials produced by the creative agency and the attitude and approach of the delivery agency.

How do you see the future of Snack Right in the medium and long-term?

Medium term: The DsPH in Cheshire and Merseyside PCTs have been asked to look at their approach and budget for that. The Project Manager has met with all the ambassador leads and commissioners for either obesity or children’s services or both so that they can plan. ChaMPs have provided a lot of support in the medium term such as the data on the families, information about costs and where to source if they require an agency to deliver events or create new materials. A training package is being written that will be delivered in each PCT area for any professionals participating in the delivery of Snack Right. Also the Snack Right event planner is being updated. So in the medium term, the PCTs and children’s centres have got all the resources they need in place and the support from their DPH to continue in the delivery of Snack Right locally.

Longer term: Snack Right needs to be sustained on a long-term basis not just through a one-off event; it will only have limited value if it continues for two years. It is the responsibility of the local PCTs to take ownership, to tailor Snack Right and drive it forward for their own local needs. ChaMPs will revisit their approach by the end of March 09, and then look at it again in 2010 and 2011. However, there is a risk that people could pick up on the branding and start using it in an old-fashioned marketing approach by just *“splashing it out everywhere rather than following intervention paths.”*

What lessons have been learnt?

Members of the steering group now understand more about delivering a social marketing project and have gained more skills, such as, commissioning the appropriate agencies with the right skills for the job and have learnt more about communication to facilitate delivery across the sub-region. It is now appreciated that a lot of hard work is necessary to do a project across a sub-region, which requires somebody in the centre driving and facilitating to make sure Snack Right becomes a reality. Furthermore, good people skills are essential to build up relationships.

The Social Marketing group have tried to reflect all through the process and work in an open and positive way in what proved to be an exciting learning environment. It has made the team understand that they can only tackle a small aspect of an issue at a time. Initially they had wanted to look at food and have come down to pre-school snacks in deprived areas. They now appreciate that a fair amount of monetary resources are required which has worked out at approximately £40K for each PCT. However, it was considered that, drawing together expertise from across Cheshire and Merseyside has confirmed the value of working collaboratively to

deliver a project over a wider area, creating a “*quality product*” that no PCT or LA could have achieved on their own, as their staff time working on the project is discretionary.

The importance of having clear objectives was demonstrated to keep the group focussed as their objectives were not just to change the snacking behaviour of pre-school children, but to learn about social marketing and to disseminate knowledge. This therefore stimulated them to assess their approach against the NSMC's social marketing criteria to ensure they were using the required practice. Their approach was found to match up well.

Was the Total Process Planning Model from the National Social Marketing Centre useful and easy to follow?

It was considered very useful and easy to follow providing a road map to ensure that all procedures and processes for a true social marketing project were followed such as pre-testing. As it was rigorously followed, it was thought to mitigate things going wrong or the project failing. Also, the customer triangle from the criteria was found to be a very useful tool which was used during the planning of Phase 2. In the future they would look more closely at behavioural theories. The scoping work and the initial segmentation had been undertaken in Phase 1, so it was a case of refining this in the planning stage for Phase 2 to make their approach more targeted. There were thought to be no pitfalls in its use, as it provides a flexible tool where different elements can be revisited as required.

It was considered a model that could be used in its entirety on any social marketing intervention. Indeed, for the alcohol project it will be embedded in everything that they do. At the moment they are at an early stage of scoping, working on which segments of the population are to be targeted.

In what other areas in public health can social marketing be applied?

It was acknowledged that social marketing was seen by a lot of people as the “*Emperor's new clothes*”. Nevertheless, it was viewed by the group as the way forward that could be applied to any health promotion where the aim was to establish behavioural change to bring about a health benefit. It could potentially be useful in service redesign to understand how services could be delivered in a better way to suit the client or patient. In Knowsley they are looking at dental health for pre-school children, immunisation, breastfeeding, obesity and smoking. For smoking they used social marketing to change the service so there were more outlets and the whole tone of the way it was provided was “*much more I'm your friend and I've come to help you stop smoking.*”

There are also two types of social marketing: operational and strategic. Operational is the process of doing a project to change behaviour in a particular target group. Strategic social marketing is putting the customer not just at the heart of an intervention, in terms of an operational piece of work, but putting the customer at the heart of your corporate strategy. The Social Marketing group looked at the whole issue from a strategic social marketing stance and completed one piece of very targeted operational social marketing. It was considered that if the spirit of public health is to put human beings at the centre of everything that they do, and then the principles of social marketing are something that could be an integral part of practice.

For example, sitting alongside or woven into the practice of health impact assessment, health equity audit or even how to review literature.

It was felt that the next big challenge for public health was the development of customer insight and focus in areas such as smoking and alcohol so this could be available as core public health intelligence. Indeed, commissioners of public health do need to understand who they are commissioning for and what will actually resonate with their clients. That softer intelligence, understanding what makes people tick, what motivates or de-motivates them and how they live their lives, would be key to the future role of public health.

In what areas are other health promotion approaches more appropriate than social marketing?

Social marketing can be very resource and time intensive; therefore, it is necessary to prioritise which projects that kind of effort can be invested in.

There is still value in health promotion approaches particularly to raise awareness of diseases, such as signs or symptoms of meningitis, although this may have the effect of behavioural change. Before people are open to behavioural change, there may be a need to raise awareness, to change some cultural issues. Sometimes people just require information for instance the location of the family planning clinic, but within the context of understanding the local literacy levels. There is a lot that social marketing can learn from health promotion, such as understanding the stages of change, to get the best from both approaches.

Creative/Direct Marketing Agency

A telephone interview was carried out with one member of the communications agency on 22nd January 2009. They are a national social marketing company, who created and tested the marketing materials and distributed them to the families along with the photographs. They also worked closely with ChaMPs. The following represents their views.

What worked well

A strong brief

Getting a really strong brief at the start meant the agency could work with clarity. Also because the social marketing group had the pilot the previous year it enabled them to talk with conviction about what they wanted to see.

For instance: they wanted to make healthy snacking a fun process rather than a laborious task where parents could feel like they have failed. Therefore the materials were created to be fun-based. The social marketing group also wanted the photograph of the children to be mounted on a frame, so the fruit and vegetable characters were also included to appeal to the children saying that they had a good time and met a "*special friend*".

Good working relationship with commissioners

The ChaMPs team were described as "*fantastic*" because they were very clear about what they wanted to achieve to enable pre-school children to have healthy snacks,

but at the same time they were very receptive to suggestions and willing to try things out.

The ChaMPs team communicated that the first leaflet had not worked because the text looked too heavy. The agency were aware that for a lot of this audience peer references count much more than information coming from a midwife or a health visitor. Using peer references can also create the impression that healthy fruit and vegetable snacks are the norm for pre-school children that lots of mums are enthusiastic about them and find them easy to provide.

The commissioning brief was very specific in that the Social Marketing group wanted such elements as a website and a newsletter, but the agency's suggestion was to look at different forms. The communications agency's experience, expertise and the knowledge that they had in other areas, was that the originally suggested communication tools may not be the most relevant for changing behaviour. It was felt that it was unlikely that the target audience would be using the internet for their primary key sources of information. It was recommended that first they should approach informally some of the children's centres to ascertain what they thought would work. From an idea coming from one member of the social marketing group the direct marketing materials evolved. With the exception of the leaflet, these were aimed primarily at children. However, it was hoped that these fun materials would also have an influence on the parents, for instance when reading the storybook to children it might be helping the parents at the same time to understand what a healthy snack is.

"I think the great thing about working with Ben, Carol and Tony is quite often we discussed things, a little gem of an idea would come up collectively and then we'd take it away and think okay well how do we actually make that work and how can we take that on a step further."

In sum, it was considered that the relationship between the agency and client worked incredibly well and probably made the product stronger. Indeed, the agency were given space to be creative, which really helped their team, so it felt very much like a partnership approach.

Testing the materials

The marketing materials were tested on a total of 23 parents/carers from three children's centres: one in Sefton, one in Liverpool and another one in Crewe. Five members of the steering group and seven ambassadors from the PCTs in St Helens and Halton; Wirral, Liverpool and Central and Eastern Cheshire, were also asked for their opinion. This included people from a variety of relevant backgrounds such as a paediatric dietician and children's centre leaders. This made the agency confident that the materials that they would produce were appropriate for their target audience.

The materials were tested on ambassadors and parents around the same time and insights were immediately fed back to ChaMPs. When there was a disagreement between what professionals were saying and the families, ChaMPs were able to find the balance between being nutritionally correct and also having something that would appeal to the target audience.

The agency worked very closely with the Project Manager and if there was something that came up that the ambassadors and the parents both said they could

really benefit from, then they discussed what could be taken out to accommodate this.

Direct mailing

Feedback from the Project Manager has been that the direct mail had been a great success with the parents. One of the reasons for this was thought to be that the agency had processes in place to ensure that families received the direct mailing and photographs shortly after coming to the event. So they would initially receive the photograph and the sticker chart which would give the children something to play with and encourage them to eat fruit and vegetables, also the way the materials were sent out in phases worked really well. The response rate to the competition had been very positive.

The mailing was manageable because the events were rolled out over a number of weeks and months. Also they could manage all the family data in house with the appropriate security systems in place. They were able to learn from experience and ensure that the right information was coming back from the events agency such as the appropriate consent forms. That was all thought about up-front through having a clear brief, so that parents could give permission so their information could be passed on to the relevant PCT after all the direct marketing had finished.

What didn't work so well or could be done differently?

The events agency were capturing the families' data at the events, but initially some chunks of data were missing and that took some time to clarify, but then it did get better because they had the time to learn. The communications agency set up an issue log, a kind of cross check so if things were not meeting these they would then send a query.

There were some issues around the costumes for the two fruit characters 'Pip' and 'Narna'. For instance, they were so big that the events agency struggled to transport them and had to hire a new van. The agency had thought about the audience, that an apple and banana were common fruits that are always in season and the names resonated with the families. Unfortunately, they had not thought through the logistics of transporting them around. This is something they have learnt through hindsight and will think about in the future. However, they were not a failure as they are still in use by PCTs and they did help to make the characters come alive in young people's imagination, although a few were a bit wary or scared. One of the lessons learnt would be to have a better brief on the costumes, but generally the brief was really strong.

The agency felt they underestimated the amount of time it would take to do all the in house administration, particularly from the child protection/security side. They are aware of that now given the nature of the project.

If there had been enough resources in the budget, it would have been useful to send a final reminder to parents from ChaMPs, particularly in the New Year when people are willing to make a fresh start. This could have been in the form of a Top Tips from mum and dad's who have been to a Snack Right event giving their advice on what they have done to carry on snacking on fruit and vegetables.

Uses of social marketing

Could not think of an area where social marketing would not be applicable to the NHS as the aim is about creating a positive change. However, when budgets or time do not allow then probably it would not be possible to follow all the principles behind what the National Social Marketing Centre are defining as the core stages of social marketing. It was considered that the Snack Right project was a prime example of what can be achieved following that approach.

The Delivery Agency

Agency's role

An interview with two members of the events team was conducted on 28th January 2009 and the following represents their views. The agency was responsible for showing how the Snack Right event could work and how people could engage parents and children in those activities. They designed and delivered 49 Snack Right events in children's centres across Cheshire and Merseyside. They provided all the resources including the materials, food and activities at the exemplar events and would prepare the mackerel dips at the centres and buy in the humus and guacamole (avocado based) dips. At the exemplar events they would have four of their staff present with two members of staff from the centres working with them. At the Ambassador led events only one member of their staff was present to assist the centre running an event. For all events they also employed a photographer. They also captured the data for the direct marketing, which was then passed on to the communications agency.

They had contributed to the section in the Snack Right event planner about the activities, which they had designed to give event organisers' ideas of what they could put on. They used about 3-4 activities at their events.

On the day of each event, time permitting, they would fully brief centre staff about what was going to happen and what their respective roles would be and how to carry them out. At the end of the event they would hold a feedback session with centre staff. This feedback was then passed onto the Project Manager.

The agency has a lot of practical experience in the area of nutrition, social inclusion and engaging with families and training early years practitioners. *"We know that the people we're working with in the main are people who could do with a bit more knowledge and information and also confidence building around family food. And that's our core philosophy of our organisation."*

Commissioning brief

They understood from their brief that their role was as designers and deliverers of the events, but with hindsight it was a very ambitious, demanding brief. There was an awful lot for them to do such as getting the centre staff involved, before starting to engage with the parents. They feel the extent of the data capture and input that would be required could have been specified more. They had to record an enormous amount of detail from families and fill in different categories of consent forms at a very fast rate. Also the inputting afterwards was extremely time consuming and could take up to four hours after each event. That data then had to be passed on to the communications agency within a week. It was a lesson learnt

that in future they would have to cost in an administrator to do that concentrated piece of work with a quick turn around. At the events, with only a few exceptions, all parents wanted their child's photograph taken. Therefore, they were extremely busy at the events and it could become "*massively stressful*".

However, it was felt that the Project Manager was very encouraging, supportive and responsive to any issues or problems that they raised. For instance: in one area the person coordinating the events was "*absolutely stressed out*", because they were trying to finish their degree and being only a student in the field had not built up the connections and networks locally. Their concern was reported to the Project Manager and she did go out to see the person to see what could be done.

How effective was the involvement of the ambassadors?

It was considered that this varied between different areas and events. In Liverpool and West Cheshire they had a good network for helping the ambassadors at the events. For example in Liverpool they had a food and health worker from Sports Link who came to every event; rang the agency a few weeks before each event to confirm details and communicated with the centres. So it was useful when there was a good intermediary. In West Cheshire they had even appointed a part-time Snack Right worker.

Prior to events the agency would encourage ambassadors to read through the Snack Right event planner, and would also email before to let them have details such as what they would be bringing and what they would require. Therefore, the ambassadors were receiving lots of repeat information. Unfortunately, not all that information got through or was clearly understood even if they had a phone conversation. People showed different attitudes towards Snack Right and therefore different levels of engagement. It was considered if people had carried out the things that the project manager had invited them to do then they were much more engaged, well prepared, everything was ready and centre staff took ownership of the events which in turn worked really well.

However, even if there was a good intermediary if they went off on long-term sick there could be problems at the events. How Snack Right was perceived whether it was seen as a real opportunity or an imposition could reflect the ambassadors' level of involvement and outcome of events. Therefore, there were instances, where events were supposed to be ambassador led, but the events agency – the photographer and data capturer - had to become very much involved in actually setting up and running the events, so they did not have the opportunity or very little time to brief the children's centre staff at the beginning to prepare them for the event. Also, when events were very busy it was difficult to get all the photographs taken.

As Snack Right was covering such a wide area it was inevitable that some organisations will have better internal communications systems than others. There were occasions when centre staff had said that they had only found out about the Snack Right event the week before and were a bit reluctant to take part and sometimes only a few or no parents turned up. However, by the end of the session they had often become very enthused and enjoyed the experience. The children's centre staff had confirmed that if they had been better prepared and involved in the planning they would have done things differently perhaps had it on a another day with a particular group so more parents could have attended.

However, the agency did think that the Snack Right events gave centre staff a really good model of how to work with families and parents in relation to food. Indeed, it was considered an eye-opener to a lot of centre staff that foodstuff can be a whole session. It was also fairly positive if there were links to relevant organisations such as oral health. Generally, where the events worked really well the centre staff knew the parents who were coming and maybe had a few new families and they had set up a room with 3-4 tables and essentially healthy snacking was the focus of the event, instead of being tucked away in a corner whilst something else, not connected, was the main event. For instance, at one event they had a picnic with scones and strawberries so this was considered to be giving out mixed messages to the parents and there were other distracting activities going on outside. So there were times when swapping an unhealthy snack for a healthy snack was not pitched, and it was difficult for the agency to claim complete ownership of the occasion as a Snack Right event.

There was also quite a big health visitor issue. Ideally, a health visitor was required to attend each event but this did not always happen, although there might have been one in the building. On occasions the health visitor would leave the event to do a visit or some would not sign Healthy Start forms if the child was not in their care. When there was a health visitor it was very positive and they could talk to every parent to answer queries and give advice on weaning. It was considered refreshing for the health visitor to professionally take an interest in the event and to take the opportunity to engage with parents on their patch.

What worked with the families

The parents were delighted with the photographs and the materials particularly the idea of gifts being mailed to the children. Indeed, the photographs were a big incentive for families to come to events. In fact, one centre had a big advertisement of the event saying: *"Get a photo of your child"*.

It was thought that the costumes for the fruit characters were a nice addition to the events, although there were some problems transporting them because they were so large and being a fixed shape could not be folded over. The agency therefore, had to increase their budget to get access to a larger van. The suits were initially rather a small fitting at first so had to be let out at the sides. In Knowsley they had the apple and the banana character doing a little dancing show and got the children to participate. However, the costumes were rather hot to wear, particularly for the summer and a few children did get frightened. But generally, the children at events did like them.

It was found that the demonstrated messages were the ones that the agency felt the most confident in using, although all their staff were familiar with the messages. For instance:

"if they were sat at the table which was about making a dip with hard vegetables, it was like look how easy it is to chop a carrot and it's really nice to have something to dip it into even if it's a bit of yoghurt...and the message there was it's really easy to do."

However, the agency felt that suggesting changing one unhealthy snack for a healthy snack could sound a bit preachy and patronising.

"I'm assuming you as a parent give your kid bad snacks ... it is a thing of like we know and you don't... your tone has got to be very, very friendly..."

It was thought of as inappropriate to just ask if the parent would, for instance, swap a Mars bar for an apple. Inevitably not everyone is going to get the message that the event is about trying to exchange an unhealthy snack for a healthy one. Some parents will probably feel *"...they have just had a nice time with food and met some nice people."*

The agency feels that their work is all about engaging people and letting them talk and share their ideas about how things could be as opposed to them informing how it is. The agency therefore realised that there was a lot of prep to be done before the events, but unfortunately, if they got stuck in traffic, or the room was not ready, it was not always possible to brief beforehand. It was not just the messages about healthy snacking that had to be passed on it was ensuring that everyone attending the event was also recorded.

It was felt that the events definitely did the job of sharing an interesting way to snack with your child. It gave parents a chance to talk to their peers and perhaps exchange views and confide their worries around food. It was a really good idea to get people together to have a big "eat-in", where the snacking was the focus. It did happen that children seeing another child eating something encouraged them to have a go.

What could be done differently

The events agency had suggested that they do a training session with the people who would be working on the events, although it was accepted as a good idea the commissioners thought it would be difficult to get everyone together at a certain time. There was too much information and not enough time to brief before the session. A training event may have reduced anxiety in a couple of people who were worried that they were going to get the event wrong.

Also because of the pressure to record the data for each family if they had known how onerous the task was they would have employed an administrator to handle this.

It was considered that there does need to be some continuation of Snack Right rather than it being seen as a one-off event to maintain and reinforce behaviour. Although, people had the direct mailing as reminders and the Project Manager had reported that there had been a good response to the competition. However, as sticker charts were not returned, there may have been some parents who would send the tear-off slip back to enter even if their child had not filled in the sticker chart or eaten fruit or vegetables for 28 days.

The large board with the details of the Snack Right materials was potentially dangerous, very awkward and difficult to put up. They did refer to it during the events to show parents what they would get if they signed up for the direct marketing, but this became difficult if there were a lot of people standing in front. So it may have been useful to just have examples on a little flipchart for the photographer. However, the large board was an important way of making sure that everyone knew what the event was about and there has to be some way to ensure that "Snack Right" and its aims are at the centre of every activity.

Feedback from Ambassadors and people running events

A total of 9 focus groups with 40 people consisting of ambassadors and other staff from children's centres running events took place during the winter of 2008. The following represents their views.

Table 1: Ambassador focus groups

PCT area	Number present	Date of focus group
Central and Eastern Cheshire	3	19 November
Halton	7	20 November
Knowsley	7	21 November
Liverpool	3	27 November
Sefton	5	21 October
St Helens	4	15 December
Warrington	3	24 November
West Cheshire	3	9 December
Wirral	5	15 October

Snack Right Event Planner

In most cases the event planner was described as a fantastic, comprehensive resource, which was integral to the success of the events. The planner gave a very reassuring, systematic step-by-step guide to what to expect, and acted as an aide memoir. It contained lots of prompts of what needed to be put in place allowing members of planning meetings to stay focused on what the events messages were all about. As it was clearly written in easy to understand language it looked "professional" without being academic and it enabled people to delegate tasks and pass the messages on to others who were able to get up to speed. It was a good resource for a legacy or to plan future events without the assistance of an outside agency or just as a guide for planning a healthy eating event. In Wirral they felt there were some good positive statements, in the event planner, about eating snacks that were accompanied by pictures, so these statements and pictures were laminated and made available at events. Because it was in a ring binder it was easy to take parts out and use as a check list. Unfortunately, not all areas were able to get the accompanying dvd to work.

However, in two areas where others had not been able to attend an exemplar event, some clarity was required and there was some anxiousness by people if they had not been involved in the planning stages. There was also some confusion about roles and responsibilities. For example some were unaware that they needed a health visitor. Therefore in Warrington and Halton it was suggested that prior training for people who were actually running the events would have been useful. Also in St Helens they suggested that one named face-to-face contact would have made the planning easier. This was particularly the case as two people contacting centres had the same name, and this led to some confusion and the repeating of messages.

In all but one PCT area it was mentioned that some activities in the planner were followed. These were enjoyed by the children and were useful for getting them

involved such as colouring, smiley faces for the evaluation of fruit and vegetables; making fruit faces, and the dice game. Very popular was the naming and describing various fruits and then being able to eat them. Some staff were surprised at how many varieties the children were able to name and they thought the game was good for their recognition.

However, some people felt that more staff than two, as stated in the planner, were needed to cover the events. Indeed, if both character suits were used then two people would be required for them. In Knowsley the events were given a high priority within teams so they made sure all staff were available. One person pointed out that there was a temptation when looking at the planner to put on too many activities that would, of course, be workforce intensive.

In Central and Eastern Cheshire they felt that the recipe ideas were a bit inappropriate. They considered that dips would be expensive and they felt some of which would have had a high fat content. There was also concern at this PCT that they would disguise the flavours of the vegetables. They had children, at events, who were still being weaned and they felt some of the games were therefore aimed at older children. They also changed the wording on the invitations, as they did not like statements such as: "got a child under four?" There was no age given for children and they felt you could not exclude those who were being weaned. However, in West Cheshire they liked the recipes and found them easy to make. They have passed on the information contained in the planner to a trainer on the DCE (Diploma in Child Care and Education), so it can be used by students as an example of an incentive out in the community for children to eat healthily.

It would have been useful to include where extra resources could have been purchased such as the little fruit boxes with the handles, that were very popular with the children. Also, to have a list of fruit that was going to be supplied. One children's centre wanted to make fruit kebabs so bought in pineapples as they did not know if they would be included.

Some centres altered the wording on the invitations to let parents know that their child could have their photograph taken for free.

What worked at the Snack Right Phase 2 events

Most mentioned how the children tasting had given parents ideas of food they could include at home without having any waste, which is particularly important if on a budget. Many parents were surprised at what their children ate, after being initially apprehensive or negative about what they considered would be acceptable. The children loved to taste unfamiliar food in an informal, non-pressurised environment, where they were encouraged by other children who were happily eating. The atmosphere was good for parents to converse as well and pass on advice from their experience. Even parents tasted new food that they found they liked. Furthermore, by providing choice children were prepared to taste vegetables. Parents were also amazed that the children liked the natural yoghurt with the fruit. There were recipes for dips that many children liked that were quick and easy to make particularly with a blender that parents would probably have used for weaning. The events were considered a simplistic idea that worked well and only really needed one other activity with the tasting. Any fruit that was left over could be put in the goody bags and taken home. Alternatively, in some centres it was either given to families the

next day or nursery school children to take home in a bag with the Snack Right leaflet.

The photography was considered a very high standard capturing the children eating or engaged with the many activities. This was considered a good reminder of the “fruit party” as the photograph would be put up at home. They were very popular with parents and provided a good incentive to go to events. Many children’s centres put photographs of the events on a display. On seeing photographs many other parents were keen to go to another Snack Right event. Halton took their own photographs and sent them into the local Trust magazine.

For the minority of children who did not want to eat, there were plenty of activities that involved fruit but not necessarily tasting, such as: naming, jigsaws, making fruit faces, boxes and yoghurts. The little fruit boxes, with the handles, were described as a “brilliant idea” as they encouraged children to be independent by collecting and transporting their own fruit. As children were so involved many families stayed up to two hours. Thus the event became a social occasion that got people chatting, laughing and breaking down barriers, where staff could get to know their families better by observing how they interacted with their children.

The presence of a life sized fruit character (either a member of staff or a parent dressed as a fruit) was something that animated some children who would love to hold its hand, chase and hug or feed food to. In one centre they recognised the person inside and were shouting Mr Banana! It was a good way to promote the fruit and generated a lot of fun. In one children’s centre in Knowsley they initially had the costumes already in the room so children were prepared and not scared.

Having a goody bag to take home was an excellent idea that was very much appreciated by parents and in Knowsley the veggie van vouchers were a “good carrot” to get parents in. The marketing materials were considered by many to be very professional and excellent as they were kept simple. Having them and the direct mailing was also a good improvement on the Phase 1 events as there were no photographs or marketing materials other than the leaflet to keep parents engaged and to reinforce messages. Sefton appreciated being able to comment on them well in advance before they went into production.

A few children’s centres felt that having other related activities there added to the interest and attracted more people: such as having a health theme, with other partners involved or a healthy eating Teddy Bears Picnic. For instance, in Halton, at one event there was a sort of market stall for safety, smoking, health care, Jobcentre Plus and health promotion running in parallel in a separate room. At another centre on the Wirral there was 5-a-day and a lunch-box event for children who are going to school or nursery. Furthermore, community allotment representatives had brought samples for tasting and buying. Dental health complemented the messages, and was well received in Knowsley and Liverpool. It was felt that a dental health session on its own would not attract many people, but at the Snack Right events it generated a lot of interest and there was good feedback about it. Community cooks and health practitioners in Knowsley were able to give advice on a one-to-one basis. Having Healthy Start represented was useful so parents could ask questions and sign up if eligible. One centre in Sefton was helped by the May Logan healthy living centre who made tasty fruit and vegetable kebabs.

On the Wirral in one centre that only invited a few families because of lack of space, this worked very well because they could spend time with the families to get those health messages across and each family got a sticker for each activity that they went to thus ensuring that they went round them all. Most centres invited people from an existing group, but in Sefton and Liverpool some hard to reach families had come for the first time.

Many mentioned that the “excellent” events agency team were very pleasant and good with the children and built up a rapport with the parents too. In Knowsley they reported that the team were very professional and there was no queuing for the photographs, but no one got missed. Also it was helpful to do the evaluation with them at the end. The team arrived very early in Liverpool and St Helens so no staff at the centres had to do any preparation. The quality of the food was good and presented nicely so it was colourful and attractive to children. It was good for the parents to see different people running events which made them special and memorable. There was plenty of positive feedback from parents for weeks after the events in groups, and if they have had a positive, pleasant experience it was considered easier for them to attend another event and it inspires other parents to as well.

What didn't work well at the Snack Right Phase 2 Events

If the fruit and vegetables arrived late with the events agency, then it was very rushed to get everything prepared in time with all staff having to join in the preparation. If parents arrived at the same time, not only were they kept waiting, but it was pointed out that it was also a health and safety issue. This was particularly difficult if the centre was struggling for space, as a lot of room was required just to store buggies, prams and in some cases wheelchairs.

Many pointed out that although the life sized characters had been very popular with most of the children some smaller children had been terrified with some reduced to tears. It was also very hot inside the suits so they could not be worn for long and they were also quite small thus limiting who could wear them. The characters took up the time of two people and some felt more staff were required for the tables and activities. In Halton the name “Narna” for the banana character was considered a poor choice by one person, as it has associations with someone who is daft. Furthermore, it was considered inappropriate to use cartoon characters as the PCT prefers to use real fruit and vegetables for illustrations.

Getting the appropriate information and consent from parents for the photographs was time consuming and may have limited how many could be taken. At one centre in Halton the staff requested that no photographs be taken after the tragic death of two children who had attended the centre and they were worried that the press might get in. A couple of people mentioned that they did not think the photographs had been received at the time of the focus groups.

There were small numbers reported at a few events, this was the case if a centre was not well established if recently opened. Also, in most children's centres in Halton parents tend to leave their child as they have free places in the nurseries, and even Stay and Play sessions are very short, lasting a maximum of 45 minutes. Space could also be an issue restricting how many families can be invited. It was also felt in Halton that the Snack Right events needed other activities with them to

draw the numbers. They also thought that just having snacks on the table did not add any value without any explanation or intervention from anyone at those events to say what we are trying to do. However, ambassadors in their plan for events had been informed that each parent should have a one-to-one about healthy eating and there were the messages that were supposed to be used at the events that were in the Snack Right event planner. However, it was felt that it was a lot of work for one person to coordinate all these events.

At one centre in Knowsley it was reported that some fruit was a bit mouldy. Within both PCTs in Cheshire there was concern that only fresh fruit and vegetables were being promoted when frozen and tinned, if no sugar was added, were still a healthy alternative that would preserve vitamin content. Indeed, all the illustrations were of fresh foods, whereas many parents are used to using frozen and tinned foods so would have been a good place to start. Central and Eastern Cheshire were concerned that at the first events low fat yoghurts had been used which are not appropriate for young children, particularly those that are being weaned, as they had mixed age-groups at their events. There was a mix-up at one of the events in Sefton as the delivery agency thought the centre was providing the dips and they thought the agency were.

It was felt in two PCTs, Knowsley and Liverpool, that Healthy Start could have been better promoted. In Knowsley there was a shortage of health visitors so at some events the forms had to be signed after the event, also at one centre where they managed to get a health visitor they would not sign forms if they were not the named health visitor for the child. In one Liverpool Centre in hindsight it was thought that having a desk for Healthy Start would have been more appropriate and parents could have been informed to see if they were eligible.

Some other issues that were related to the events were:

In Sefton it was felt that the first prize of holiday vouchers was not appropriate for families who were struggling on a low income and was not in keeping with the healthy eating message. In Halton and Warrington they mentioned that because of low literacy levels some parents would not be able to send back the completed forms. If staff had been forewarned about the competition then outreach workers could have been able to talk them through it. Another suggestion from Halton was to perhaps change the title from Snack Right (which implies doing something wrong) to Snack Time.

A couple of centres were only given short notice as someone else had planned the event so they did not have the time to target hard to reach groups.

Many PCTs would have liked copies of photographs so they could put them on a display or on screens in their centres. Unfortunately, these had not arrived at the time of the focus groups.

In Liverpool one centre regretted that although they had organised the Everton Football Club's healthy school bus because of a mix-up they had sent the bus without any staff, so it could not be used. Also, Sports Link had attended all the planning meetings but had failed to provide any physical activities at the events.

Has Snack Right raised awareness of healthy snacking with Staff in Children's Centres?

All PCTs said that it had not raised awareness as it was already being promoted at all children's centres. In St Helens it was remarked that Snack Right had been a bit of an imposition:

"Snack Right had put people under pressure for an extension of what they already do."

Many stated how they have a healthy snacks/healthy eating policy where all groups or sessions are provided with healthy snacks. Some have cafes where healthy food is provided too. However, Snack Right has reinforced or is a reminder or celebration of what they are already doing. However it has given some innovative ideas such as using dips in which to further promote fruit and vegetables.

However, children's centres generally do see the value in the events. Initially, in Knowsley they were a bit reluctant at first because they were already promoting healthy snacks, but they are now glad that they did hold them. Events are always valuable and they are probably good for new staff who know the theory but not seen how much children love healthy snacks. An outside agency coming in to run events will always make it special and therefore raises greater awareness with parents. In Halton where they have lost a lot of food workers in the previous year it has probably highlighted to a number of settings that they would like to do more food activities. Unfortunately, at present they do not have the staff to support those activities.

Has there been an impact on working practices?

The impact on working practices varied from one PCT to another, but there were some encouraging examples. There will be a major impact within Warrington as the PCT is keen to implement Snack Right within its Children's Centres and the community and will fund its operation. All staff now have a copy of the Snack Right event planner so will be able to use some of the activities. Snack Right could be extended as a kind of one-stop shop with health visitors giving advice along with dental health. There could be information about additives whilst making parents aware of the value of healthy eating. It could also be rolled out into Warrington nurseries and reception classes.

Within one Liverpool children's centre they now offer free fruit on reception and encourage children to take a piece, so they can continue to Snack Right that way. Fruit has also been introduced into two hostels that the children's centre staff work in (one for homeless and the other for new mums). The centre is also now rolling out more healthy eating courses. It was considered that it has always been a part of the remit of children's centres to raise awareness of healthy eating and diet, but Snack Right has re-emphasised that it needs to be pushed.

One children's centre within West Cheshire is now doing a course on healthy eating on a budget using some of the recipes out of the Snack Right event planner. With the exception of this one example Snack Right has not really made an impact on working practices and it was considered that within West Cheshire healthy eating has been promoted very well in Children's centres.

At some children's centre drop-ins within Central and Eastern Cheshire they used to provide a rich tea biscuit, but after Snack Right they have stopped. Also at parties

they used to provide crisps and cakes, but now they just buy fruit and vegetables. Furthermore, two professionals working 14 miles from each other only started collaborating because of Snack Right and now they have a good working relationship.

For Knowsley they felt it had not improved working practices, however, Knowsley will in future be having an annual Snack Right event in each children's centre. It has helped to promote the role of the Healthy Lifestyles Officer who coordinated the events.

Wirral Family support workers have reported that they feel more able and have many ideas of things they could do in the home because of Snack Right. However, it's not made a huge change to working practices, as there's lots of healthy eating promoted, but it's helped to consolidate the ideas they had before. It's seen as a small part of a big area that they are working in.

In Sefton promoting healthy eating is key to the whole agenda within children's centres. However, Snack Right was a fun reminder. What's different about Snack Right is the approach and using the social marketing model and trying to measure behaviour change. Also, in Halton and St Helens it was felt that they were not promoting anything new it was just a new way of encouraging healthy snacking.

Has Snack Right Supported Other Health Promotion Programmes

In St. Helens, Halton, Sefton, Central and Eastern Cheshire and West Cheshire they were not aware of it supporting other health promotion programmes other than promoting healthy eating. In Knowsley and Liverpool it has helped to promote oral health as well. In the Wirral they have a health promoting early year's programme, which is based on the Healthy Schools idea. Children's Centres are trying to meet certain standards to get a certificate to say they are a health promoting setting. Therefore Snack Right has provided evidence for that. It has also promoted Healthy Start and the Bag a Bargain service. In Warrington they are trying to ascertain how children's centres link into the Obesity Strategy for the council – by making parents aware of the value of healthy eating, so Snack Right fits in well with that.

Will Snack Right Phase 2 be used in any health strategies

Central and Eastern Cheshire and Warrington PCTs are very committed to Snack Right. Thus Snack Right may be incorporated into the Obesity strategy in Warrington. At the time of the focus group Central and Eastern Cheshire were in a transitional stage as the boundaries of the Council were being changed, so the professionals were not in post yet. Therefore it was difficult to predict how it would be used, but it was assumed it would be in the Obesity strategy as a way of working with Children's Centres.

In Halton they felt that Snack Right would probably fit into the pre-school healthy weight strategy. However, they did not feel it would be specifically mentioned as a tool as there were problems with its use because of the low levels of literacy in the area. They have found this problem with other regionally produced programmes such as the MEND programme. This stands for: "Mind, Exercise, Nutrition, Do it" a course for families to learn how to make healthier lifestyle choices to ensure their children have the best start in life.

In other PCTs it was felt that they are already promoting messages such as replace one unhealthy snack with a healthy snack, as part of their job. For example, they have fruit available and would ask if a child could manage a banana on the way home, thus preventing the parent having to buy an unhealthy snack. Snack Right would not be specifically mentioned, but it has given some centres ideas that they could use operationally.

Has there been a lot of healthy eating promoted at centres before Snack Right?

All PCTs said that a lot of healthy eating had been promoted in children's centres before Snack Right and all centres have some form of activity usually courses and healthy snacks at sessions or a healthy buffet for courses or events and for theme days. Some have community food workers that come in and do sessions. For instance, in St. Helens they have community food and nutrition workers who do sessions such as promoting healthy weaning foods. They have also had cooking with young parents courses for example comparing a homemade pizza to a bought one, doing a full costing and tasting session. They also have good links with the Healthy Living Team who will do cooking sessions such as cooking with children.

In Central and Eastern Cheshire they have had healthy eating courses and breastfeeding is promoted, however some centres have limited cooking facilities, therefore a lot of work is outreach. In deprived areas they get funding from charitable organisations such as "Wishing Well" and "Year of the Family" to promote healthy eating. In Halton staff mentioned that they also do a lot of interventions at home with vulnerable families that do not want to join a group. Some centres also work with outside agencies. For instance, in West Cheshire they have collaborated with Groundwork and have made apple juice from locally grown apples. Workers in Cheshire confirmed it was about looking at what families are doing now and slowly making changes. For instance, from frozen or tinned to fresh fruit and vegetables.

What healthy eating events have centres had before Snack Right?

Children's centres, generally, do not have events but activities that involve cooking and preparing food. However, they do provide healthy snacks. In Warrington they confirmed that they have always had food tasting events as it provides a cheap way for families to identify what their children will eat, but it was good to push this through the Snack Right event. In Warrington and Halton they have themed days where healthy food is provided, such as Christmas celebrations. In West Cheshire they do lunch bunches where the children and parents make lunch together.

Are we hitting our target audience and changing behaviour?

St Helens were the most positive that Snack Right has helped them to change behaviour. In particular the exemplar event was promoted well and it was felt that when children go to school they will have a taste for healthy eating because they have become accustomed to it in an environment that they are used to. Parents can spread the message when they go to playgrounds by giving a piece of fruit. Also outreach workers going into homes can take the messages and Snack Right material. In Knowsley and St Helens it was felt that parents also need visual information about damaging foods such as seeing visually the amount of sugar in sweets, children's breakfast cereals and other children's foods. Oral health workers have delivered such sessions in children's centres within these areas.

Whilst Snack Right events provided a good simple approach and were well received, there was also a feeling that they were to some extent preaching to the converted, as the same people tend to go to events. Also, the Snack Right events had been generally targeted at parents and carers already attending children's centres. Furthermore, people attending children's centres are often quite capable and verbal so they were not having an impact on the more hard to reach groups. As children's centres do not always get informed of new births or when a family is having difficulties it can be tricky to be proactive. Indeed, there were examples of children trying some fruits for the first time at Snack Right events and parents are now using them at home. However, as there is already healthy eating in early years settings, Snack Right probably needs a wider remit. The policy of fruit in children's centres was having an impact and Snack Right probably helped along with Healthy Start and bag a bargain schemes to make healthy foods accessible. It was acknowledged that it was hard to pin-point change on any one-off event. Messages had to be reinforced repeatedly to make a long term impact. It was also pointed out in Warrington and Central and Eastern Cheshire that affluent families were not necessarily eating a healthy diet. There was evidence of some areas in Warrington with low birth weights yet there was an obesity problem in primary school children living within the same areas.

What lessons have been learnt?

Many felt that they required more time to prepare, plan and coordinate events. Training of front line staff would have ensured that all staff were aware of the messages and their roles. More staff were required to put on a quality event, including the preparation of fruit and vegetables, so events start on time. To book a larger space and have fewer activities as these can take up a lot of room. Use the photographs to advertise the events as these were very popular and can help to reinforce messages. Inviting partners such as dental health and ensure they know what is expected of them. The fruit costumes could be used to go out and promote the event. The events were something fresh and new, particularly as somebody else was delivering them, so need to deliver messages in a slightly different way. People are open to change if it is approached in the right way, through a simple message that is delivered in a non-threatening way even just that fruit can actually taste quite nice. However, although Snack Right was considered by some to be a fantastic way to promote fruit and vegetables as snacks, changing behaviour needs constant reinforcements with events incorporating hands on activities. Some felt that although staffing was an issue, events could be extended to include messages such as the importance of planning ahead, of having a shopping list to prevent impulse buying, and to possibly include older children.

What could we do better?

There were plenty of suggestions on improvements:

Prior to events:

- Have a training event in each PCT for staff who are going to run events, otherwise it is more work for managers to cascade information down (Halton and Warrington)
- Have pre-planning meetings with all staff, to look at different ways to promote events and target families
- Have consultation with events agency before event to confirm details (Liverpool)

- Plan events well in advance so they can be advertised in their Newsletter. (Liverpool)
- Do a bit more engagement/consultation with local families in all areas when developing marketing materials (Halton)
- Pass on to PCTs a breakdown of the costs to run an event including cost of any equipment and fruit and vegetables, as this information is important for the legacy. (Halton)
- Provide more training for family support / link workers who are engaging parents on a one-to-one in the home, so they can also pass on the Snack Right messages. (Wirral and St Helens)
- Have a named person as a point of contact (St Helens)
- Resources to be suitable for communities that do not have English as a first language. (Halton)

At the events

- Have someone at the events who could give nutritional advice to parents (St Helens)
- Provide more visual information about the cost and value of different foods such as their sugar content (Knowsley and C&EC)
- Ensure more staff are available to run events (Knowsley)
- Have the Veggie Van present at Knowsley events (Knowsley)
- Make sure food is in place before people start coming through doors. (Halton, C&EC)
- Hand puppets would be more suitable than character suits – particularly in a small centre. Children can be threatened if someone is hanging over them in a large costume. (Wirral)
- Alternatively, have the costume already in the room so children are prepared and they can touch them. (Knowsley)
- Make the Snack Right Brand more prominent. Perhaps have Snack Right logo on splash proof aprons that helpers could wear. (Wirral) Could have a soft toy with Snack Right logo on (C&EC). Use Tupperware snap top containers with Snack Right logo on that children could take home with them and use again. Tesco sell these. (C&EC)
- To promote tinned fruit and vegetables (without added sugar/salt) and frozen vegetables. Could have tinned fruit and vegetables in take-away bag (C&EC)
- Provide child-friendly implements so children could cut up fruit – recommended by Early Years Foundation Stage (C&EC)
- Incorporate some outdoor physical activity. Did have Sport's Link at planning meetings, but they did not offer anything on the events. (Liverpool)
- Emphasise Healthy Start more. Perhaps having a desk as parents come into the event. (Liverpool)

Where to promote

- Promote Snack Right in local mum's and tot's groups to capture people who are not attending children's centres (C&EC)
- Target nursery and reception children and make it exciting so they will take that enthusiasm back home. Children can be the best advocates. (Warrington)

After the events

- Send out invitations to cooking on a budget; family cookery and other healthy cooking sessions in the direct mailing. (Sefton and West Cheshire)
- Have weaning recipes included in Snack Right literature (West Cheshire)
- With literacy problems in the area, would have been useful to know who families were who were going to get direct mailing so could have supported them in completing competition entry (Warrington and Halton)
- Send out regular reminders particularly on a child's birthday offering suggestions for healthy party options. (West Cheshire)
- Use outreach workers to extend Snack Right messages – working directly with parents who have identified children as fussy eaters. (West Cheshire)
- Automatically let children's centre have copies of photographs, of children happily eating fruit. These can then be added to newsletters, web pages, put on to plasma screens or on displays. (Liverpool)

Has Snack Right increased your understanding of social marketing?

Ambassadors had information about social marketing in their event planner and at each ambassador's event that was held. At local planning meetings the social marketing methods that were used were also talked about. Nevertheless, in general, they did not feel that Snack Right had substantially increased their knowledge of Social Marketing. Indeed, some were still a bit vague what it was. Others said they would not have associated the events with social marketing. Many felt they were already doing social marketing as they were practicing health promotion and had a good knowledge of their clientele *"the way they do or don't like things"* so were able to approach them in the best way to get messages across. They felt that social marketing was not a term that is used in Sure Start or Children's centres. Some were already supporting PCT campaigns that were underpinned by a social marketing approach, such as trying to promote breast feeding through "Get Closer". In Knowsley and the Wirral some people showed some insight into social marketing although they felt it was not specifically their role:

"...my understanding is that you know who you want to get the message to and the materials or promotion is designed only for that particular group...Knowing your target audience and how to reach them, which will require a specific message." (Knowsley)

"I think the key with social marketing is targeting particular groups, individuals or whatever, and promoting in the way that they would like." (Wirral)

On the Wirral they were aware that the PCT has Mosaic that describes general behavioural characteristics of people living in a postcode. They were aware that they had used five centres in different areas which may have needed a different approach in each.

Would you be confident in using any elements of social marketing approach in other projects?

Within some PCTs they would be happy to work on similar projects provided they fitted into the agenda within children's centres and there was sufficient staff so they were not dropping off a key part of their role. It would also have to be approved at a higher management level. Other areas felt that they were already supporting social marketing projects, or they were using elements of it. For instance, in one centre in

Liverpool they have to use marketing to advertise their services and have developed a promotional video and they are surveying people to find out why they do not use their services so they can make them more attractive.

Did you attend the ChaMPs CPD event? What did you get out of it?

Although all ambassadors were given invitations to attend, only one person interviewed had attended the ChaMPs Social Marketing event and they had found the template useful to decide if a project was social marketing.

Some had not heard of the event and questioned whether it would be relevant to their roles or continuing professional development, particularly as it sounded rather theoretical. Some felt that with limited staffing they have not got the luxury of going on such a course.

What might be done for you to learn more about Social Marketing?

In particular children's centres are trying to engage with hard to reach groups, and it was generally thought of as not an essential part of their work and they probably know as much as they need to know. With hard to reach groups its: *"going in with no agenda until you reach a common ground"* In C&EC and Warrington they felt that it would be up to strategic management to decide what they need to do with social marketing. In many areas they were reluctant to learn more about social marketing. It was more resources –human and financial – that they needed to fulfil their remit.

In Halton and the Wirral, they questioned whether Snack Right should have been targeted on such a large scale:

"...they need to do a bit more focused work in different areas ...maybe something where they can come in and do something specific on what are the issues for Halton, what are the issues for St Helens...and look at something a bit more specific there, rather than trying to make one package for everybody, because it doesn't." (Halton)

"We have assumed that everyone across Cheshire and Merseyside everyone in those areas should be targeted in the same way. It's a big area." (Wirral)

In Sefton, Liverpool and the Wirral they felt that if there was a course it would have to be local and very specific, with practical relevance to what children's centres are trying to achieve.

Target Audience

Within each PCT in Cheshire and Merseyside carers and parents who had attended a Snack Right event during 2008 were invited via their children's centre to give feedback. Thirty-three people participated during twenty-five interviews and two focus groups. The following section represents their views.

Table 2: Target Audience feedback: Dates of and attendance at interviews / focus groups

PCT area	Number of parents/carers	Date	Whether Focus group Or interviews
C&EC	4	14.7.08	Interviews
Halton	2	7.10.08	Interviews
Knowsley	3	23.7.08	Focus group
	2	23.9.08	Interviews
Liverpool	2	10.7.08	Interviews
	3	2.9.08	Interviews
Sefton	4	25.7.08	Interviews
St Helens	7	27.6.08	Focus group
Warrington	1	9.10.08	Interview
West Cheshire	5	30.7.08	Interviews

Best things about the events:

All interviewees enjoyed the events described as an “eye-opener” “lovely”, “well advertised”, “organised” and “structured” allowing families to come and go as they pleased and giving an opportunity to chat to other parents. All said they would go to another Snack Right event. Most mentioned that the best thing about the event was the tasting. The food was cut up and laid out attractively so the children could help themselves. It also gave them the opportunity to try sometimes unfamiliar fruit and vegetables in an unpressured environment; where they could go back as much as they wanted for more. As one parent said it was an

“Excellent idea to introduce children to what is healthy so they can get the taste for it.”

Reluctant fruit and vegetable eaters were encouraged to taste unfamiliar or previously disliked food by the example set by other children happily munching away. Indeed one parent had been very concerned about her son who had been going through a phase where he was refusing to eat. She was even going to take him to the doctor, as she was so concerned. However, at the event he joined the other children eating the fruit and vegetable snacks and now loves them.

Different ways of presenting fruit and vegetables gave parents ideas that they could use. The children particularly liked making and tasting the fruit yoghurts and some did try the savoury dips but mostly the parents found the dips tasty and were encouraged to make them if recipes were supplied. The children liked collecting the fruit and vegetables in the fruit boxes, which they could also colour in. Many children took full boxes of fruit home with them. One parent thought they would be ideal as lunch boxes as well and would like to know where to purchase them from.

There were plenty of fun activities on a fruit and vegetable theme that kept the children amused particularly making faces out of fruit, which also encouraged children to handle the fruit and taste it. Many parents proudly took photographs of these as a souvenir. In Knowsley and Liverpool children’s centre events there were dental health promotion activities and freebies that were appreciated by the parents and children. There were dental toys that “got the children involved” such as a crocodile with dentures that the children could clean with a large toothbrush and a

little dentist's chair which the children could use for role playing. One mum hoped the chair would take the fear out of going to the dentist, as her child refuses to go at present. The dental freebies included toothbrushes, fluoride toothpaste and a tooth cleaning timer. The combination of the children cleaning the crocodile's teeth and using the teeth cleaning timer has encouraged some children to clean their teeth more thoroughly. The other freebies included the "goody bags" which the children loved to receive and the parents were delighted with the Knowsley "Veggy van" vouchers.

The parents found the helpers at the events very approachable without being too pushy. Two parents mentioned that the fruit character suits for "Pip" and "Narna" added to the fun atmosphere as some children liked following the characters around and playing with them and one little girl always asks for "Pip" when she goes to the children centre. One parent was delighted to be able to sign up for Healthy Start vouchers.

What parents learnt from the events

Most parents said they already give at least fruit to their children as vegetables were not as palatable to all preschoolers. They also considered that they were already aware of the health benefits of fruit and vegetables for children. Indeed, one parent already has tried to increase intake of fruit and vegetables to relieve constipation. At the St Helens focus group parents remarked that they felt that it was a case of "preaching to the converted", however, if they had wanted to ask anything there were plenty of people helping. At most centres parents confirmed that there was a healthy eating policy at their children's centre and children have healthy snacks consisting of cut-up fruit with water or milk. Indeed the researcher was able to observe this on several occasions. It was felt that it was possible to get tips on healthy eating from staff and other parents when attending the children's centres.

Generally they found at the events it was difficult to get advice and information as professionals and helpers were often too busy. One parent in Liverpool wanted to know where they could exchange Healthy Start vouchers for vitamins and was unable to clarify this at the event. Also, some parents said that they too were too busy watching children to talk to professionals. Parents/carers interviewed in Sefton found they could not stay long as it was a busy day for them with other commitments. Not all parents were spoken to by a health visitor to see if they were eligible for Healthy Start vouchers, although some already knew that they could not apply. Furthermore, they were not always aware if a health visitor had been present. Two parents interviewed mentioned they had found they were eligible for vouchers at the events. One was very delighted but the other was a bit embarrassed.

In West Cheshire parents said that helpers were informing parents about the health benefits of fruit and vegetables and giving them tips. In Liverpool parents were informed from helpers about the vitamins and nutrients in fruit and vegetables.

Perhaps most importantly, if their child had eaten new fruit or vegetables then their parents would be tempted to try these at home because they knew that food would not be wasted. Also parents had received information on preparing healthy meals and by demonstration snacks using fruit and vegetables. In summary tips and information that individual parents had received from Snack Right included:

- Making a fruit flower to encourage consumption of fruit

- That bananas can be frozen
- Mashing up ripe fruit into smoothies
- Hiding vegetables in food for fussy eaters
- To cut up fruit and vegetables for snacks and children's parties
- How to prepare fruit yoghurts; the parents found the dips were not always popular with children.
- Trying at home fruit and vegetables that children had eaten for the first time at events
- From the leaflets on preparing food – fruit and vegetable snacks and meals
- What teething foods to use such as carrots and cucumber
- Reinforced message that children should not have sweet foods
- From reading the leaflet one mum bought a smoothie maker
- Learnt that children need 5-a-day
- Learnt about vitamins and nutrients in fruit and vegetables
- Informed about Healthy Start vouchers
- Useful information on weaning in the goody bag
- Learning not to force children to eat fruit and vegetables – they will do it if you leave them out for snacks.
- They had learnt that other children can act as a positive role model if they eat fruit and vegetables.
- That when using a tooth timer (available at Knowsley and Liverpool events) children might be encouraged to brush their teeth.
- Had not thought of using tinned fruit before but will now after reading leaflet because it lasts longer and adds variety to children's diets.

Views on Snacking

Only two parents said they would only give snacks in moderation as they did not want to spoil their child's appetite for main meals. The other parents and carers interviewed thought snacking was vital to health, particularly to give children energy. It was claimed that the foods given for snacks were mainly fruit or sometimes complemented by yoghurt as not all children liked vegetables particularly when raw. It was reported that some young children find it difficult to chew raw vegetables. However, raw or lightly cooked vegetables were reportedly given for teething usually under supervision because they were some concerns about choking. Also, it was stated that mashed cooked vegetables were used for weaning. If children did not like vegetables parents reported that they would try hiding them in other foods such as soup and stews. Many stated that they had a bowl of fruit at home so children could help themselves. Other foods given for snacks were bread and butter; toast, bread sticks, crackers and sometimes crisps.

Sometimes parents would give a biscuit or other sweet food if pestered and some parents said they would give sweets, chocolate and crisps as a reward to children or as a treat.

"It started with getting her to use the potty when she was younger. If she did a wee I'd say good girl and perhaps give her a little jelly sweet and I was thinking it's all the time so I changed a wee to a Pringle."

"I usually put a chocolate mousse on the end of the table, now if you eat it [vegetables] you can have a chocolate mousse. Even if they have a small amount."

Some felt it was wrong to deprive preschoolers of sweet food particularly if they had eaten fruit and vegetables or finished their dinner.

"If he has ate all his dinner and he has been dead good I'll say what do you want and if he says a chocolate biscuit well I'll say you can choose a chocolate biscuit from out of the tub."

"...you shouldn't be beating yourself up if they have a biscuit... Mine have been brought up eating fruit and veg. But everything within reason – they have loads of vegetables with their meal, but ice cream for afters."

"... I think if they have had fruit and vegetables throughout the day then you can't really say no to them for having a little bit of chocolate.."

Although a few parents were totally against their child having sweet food, particularly as they were not good for their teeth or as one parent said they made them *"hyper"*. A number of parents found it hard not to give sweets or chocolate as there was pressure on them from grandparents and in play groups biscuits or *'lollies'* were still supplied.

"I mean I can't say nothing when I go to me mum's 'cos she will 'say has she been a good girl?' and I say yes – well she says 'well she can have a little treat off me.' Which I don't mind when I go to me mum's but then, but if she has chocolate at me mum's I'll say well you are not having it now when we go home..."

"And I shouldn't be given my son crisps and biscuits but it's not just me that does, me mum and everybody does it. So I've just changed it and explained to me mum that I don't want him to have biscuits and crisps every day. And she said yes."

Also, it was felt that men need targeting on healthy snacking. It was claimed that if they are left to look after children they tend to only give unhealthy snack food.

"You know what fella's are like they just eat stodge anyway. It's not just your mum's that you have got to educate. I mean when I go to work... And I say, 'what have the kids ate?' 'I give them pizza for their tea.' 'What did they have for a snack?' 'They had some biscuits.' I say, 'well what has happened to the snack...have they not had any fruit?' 'Oh I can't be bothered!"

At the time of interviewing there was some concern expressed from one parent in a children's centre in Central and Eastern Cheshire, over the increase in the price of fruit and vegetables compared to chocolate that is on special offer. As a result the family were experimenting with growing their own.

In Knowsley and St Helens parents complained about the poor access locally to good quality, variety and reasonably priced fruit and vegetables. Local shops have either closed or they sell *"basic stodge"* and if they sell fruit and vegetables it is over-priced and *"not great"*. Parents have to either walk which takes over thirty minutes with small children or use a car at the weekend. If they walk children will pester on the way for unhealthy food. In St Helens the local supermarket was 3-4 miles away and the farm shop could only be accessed by car. They stated that it was necessary to shop locally as fruit and vegetables do not last long with the amount children can eat. In Knowsley it is often necessary to buy in bulk as fruit and vegetables are sold

in bags at the supermarket and it is not always fresh. Some parents would freeze vegetables or mash bananas to spread on toast or make into smoothies to save wastage. In St Helens they were trying to start a food club – a kind of bag a bargain scheme and were using the Snack Right event to test interest. In Knowsley they lamented that the veggie van had cut back on its stops.

Most parents did not recall having a one-to-one about healthy snacking and only a few had changed their views about snacking. The main change reported in children's snacking was that the parents were more positive and determined about giving fruit and vegetables and were trying them cut up:

- Cut-up fruit and vegetables instead of giving a butty for snacks
- Will cut up fruit and vegetables now when going out for a snack
- More keen to try fruit now
- Buys more fruit now and realises *"that if children are given fruit they are going to eat it rather than have other snacks such as sweets"*
- If child eats fruit and vegetables have found child does not pine for crisps or biscuits anymore.
- Now more determined to give healthy snacks
- More positive about giving fruit & vegetables

Marketing materials

The direct marketing was considered a good idea to keep giving reminders and incentives to children to eat fruit and vegetables. One parent thought it was good that the children would receive *"little presents from the fruit and vegetable characters."* The letters were a brilliant reminder to eat healthily especially the flapjack recipe which uses bananas to bind and sweeten instead of syrup. Some thought it was a good way to compete with competitors for high salt and sugary foods. However, at one children's centre they thought it could not compete with television adverts.

Most parents had their child's photograph taken. However, at the time of the interviews not all parents had received them but they liked the presentation card the photograph would arrive on. The photograph was considered a good souvenir of the Snack Right event.

Not all parents had read or had a chance to read the leaflet and a few had not seen it before or could not remember what it contained. However, it was described in favourable terms as: *"useful", "explains and helps", "easy to read", "well presented"; "an eye-opener" and "informative"* and two parents were going to try some of the tips. However, one parent in St Helens thought the leaflet confusing because it stated that fruit and vegetables are OK for children under 4 years which might give out the message that they are not good for children over 4 years. Some parents mentioned that they had received a leaflet on preparing fruit and vegetables and they had found this very useful.

The Snack Right Five characters on all the marketing materials were liked by the parents and children. Parents thought they were generally appealing to preschoolers and were: *"funny", "great", "cool", "relevant", "aimed at what you need", "look healthy", "child friendly", "best you could do" and "a good idea"*. Children love

to point to them and one parent suggested that children would love them made into little plastic figures. Indeed, at the interviews, the researcher was able to observe how the children were attracted to the colourful marketing materials and some walked off with them or wanted stickers put on their clothes. A couple of children insisted that the book be read to them.

However, there was a mixed response to the life-size fruit characters 'Pip' the apple and 'Narna' the Banana. These were suits of these characters that adults could wear at the events. Some children loved them and followed them around excitedly; whilst other children were scared because of their size and ran away crying and sometimes their parents had to leave early because they were so upset. This happened even if the parent was dressed up in the character suit and were only relieved when they took it off. One little boy on hearing his mother's voice coming from the character exclaimed "*the banana's eaten mummy!*" One parent described Narna's arms as being like a "*Crab's Claws*". However, parents generally thought they were a good idea or as one parent said "*a marvellous idea that children loved*" that added to the fun atmosphere. One little girl liked 'Pip' so much she had kept asking for the character each time she went into the children's centre. Parents and staff enjoyed wearing the suits.

The bowl, sticker charts and placemats that had been received were well used and popular with the children. They caused some older sibling jealousy, particularly the bowl and sticker chart. Children loved the illustrations in the story book and would point to the characters or try to make the sounds. One mum found it useful to teach her child colours. Children often thought carefully about what sticker to use on the charts that corresponded to what they had eaten. Parents found it useful to introduce new foods as it acted as a reward for tasting something unfamiliar. Some children also put stickers on for what their siblings had eaten. However, a few parents used the chart in an unconventional way with one parent confessing to putting the stickers on for their child and another using it as a reward in potty training.

Suggestions for future events

- Demonstrations on how to make fruit and vegetable smoothies and drinks would be fun, particularly if children could assist. This would be particularly helpful as some children are unable to chew hard food and some will not eat fruit and vegetables but might if in a liquid form
- Showing children how to grow their own vegetables or fruit
- Snack Right events could be held in schools during the summer break, as schools do not always provide healthy options. If taken into schools it was felt that: "*reception class children would be very excited to see the fruit and vegetable characters*". Older siblings around 5-6 had missed out on the freebies such as the bowls and sticker charts and were a bit jealous and they also need to be reminded to snack healthily
- The events could be a bit longer particularly as one event finished early after all the food had been eaten; in a few cases there was a delayed start as the event was being set up. Some parents could only attend later when their child had finished nursery and they did not have a very long time there
- The events needed to be held in a large, airy venue as some were a bit cramped and crowded – one parent went home early because they could not move around and they were too hot

- Have a few speakers to talk to mums giving tips, advice and information on local courses. It was easy to miss such information if events were very busy
- More recipes available at events and in direct mailing for snacks, particularly recipes using vegetables that children could make as they love to help and this would encourage them to taste
- To reach a wider audience encourage parents to attend who are not members of the children's centre or they may be more valuable at a community focus. Some community groups such as tots groups held in church halls still have unhealthy snacks such as a biscuit. Having an event in the community may attract parents who would not go to children's centres as they associate them with social services
- Provide some ideas both written and verbally for soothing teething
- Include different types of fruit and vegetables that are reasonably priced but children will not have tasted before such as mangoes
- To have a table next to the fruit where children could make fruit faces, as children transported the fruit to a separate table some of it went on the floor
- A weekend Snack Right event so dads could participate perhaps included in a "Dad's and Tot's" session on a Saturday
- In Knowsley to have the veggie van present to encourage participants to purchase healthy food
- If possible to hold events on a regular basis. They were great fun and would reinforce the need to eat healthily.

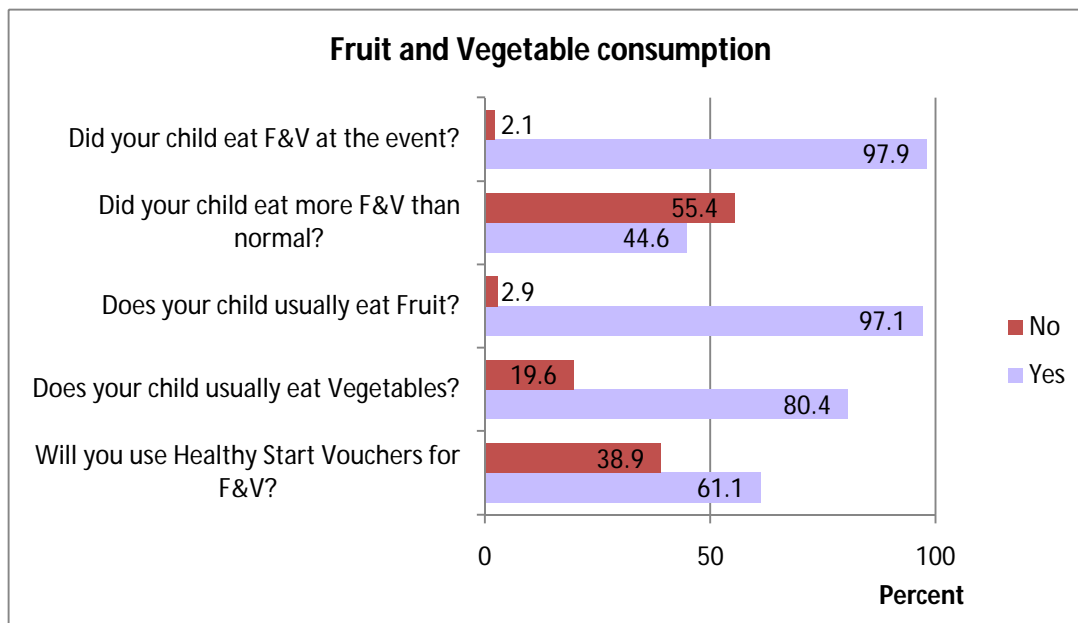
Feedback from Snack Right Events

At the Phase 2 Snack Right events in 2008 parents and carers attending the event were given the opportunity to give an evaluation of the event which required them to tick boxes to show their agreement or disagreement. Only 104 feedback forms were received. A very favourable impression is given of the events, although it could be more likely that those with favourable impressions were more likely to fill in a form. However, there was a lot of form filling on the day such as those for consent if parents wanted their child's photograph taken, this may have deterred some from filling in any more forms. (See appendix 4: Feedback evaluation form)

Table 3: Feedback forms received by PCT and Children's Centre

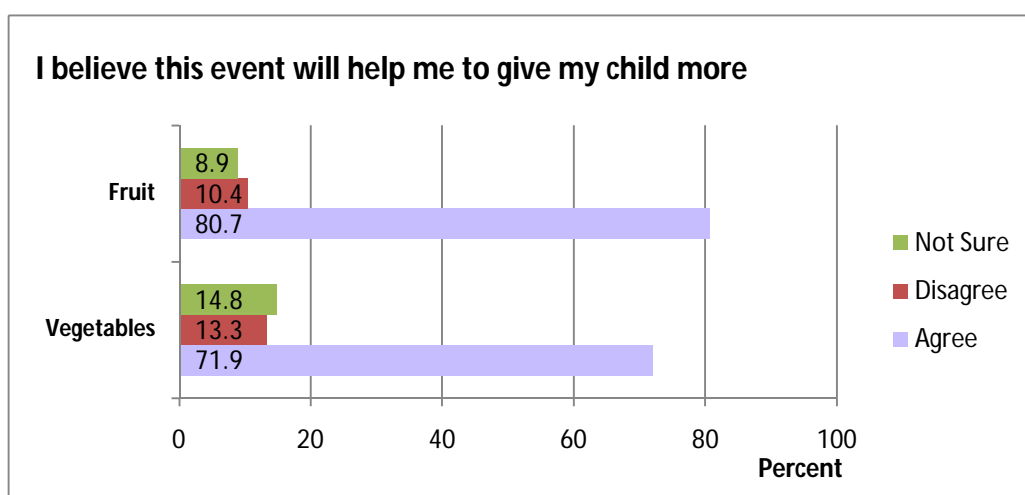
PCT	Frequency	Children's Centre	Frequency	Date of event
C&EC	8	Wharton	8	7.7.08
Halton	4	All Saints	1	23.9.08
		Windmill	3	19.6.08
St Helens	9	Four Ways	5	16.6.08
		Haydock	2	5.9.08
		Mossbank	2	15.7.08
Knowsley	25	Pride	2	11.9.08
		Star	2	11.9.08
		Southmead	9	11.7.08
		Eden	5	9.7.08
		Oaktree	7	9.7.08
Liverpool	35	Anfield	6	19.9.08
		Clubmoor	2	4.7.08
		Dingle Lane	2	13.6.08
		Garston	3	19.9.08
		Hunts Cross	8	4.7.08
		Picton	6	12.9.08
		Stoneycroft	8	3.7.08
Sefton	35	Cambridge	7	16.7.08
		Linaker	21	18.6.08
		Litherland Moss	5	16.7.08
		Waterloo	2	9.9.08
Warrington	4	Dallam	4	10.9.08
W Cheshire	12	Blacon	3	18.9.08
		Thelwall	3	10.6.08
		Westminster	6	6.6.08
Wirral	9	Rock Ferry	6	4.9.08
		Seacombe	3	3.6.08
Total	141		141	

Chart 1: Fruit and vegetable consumption reported at Snack Right event



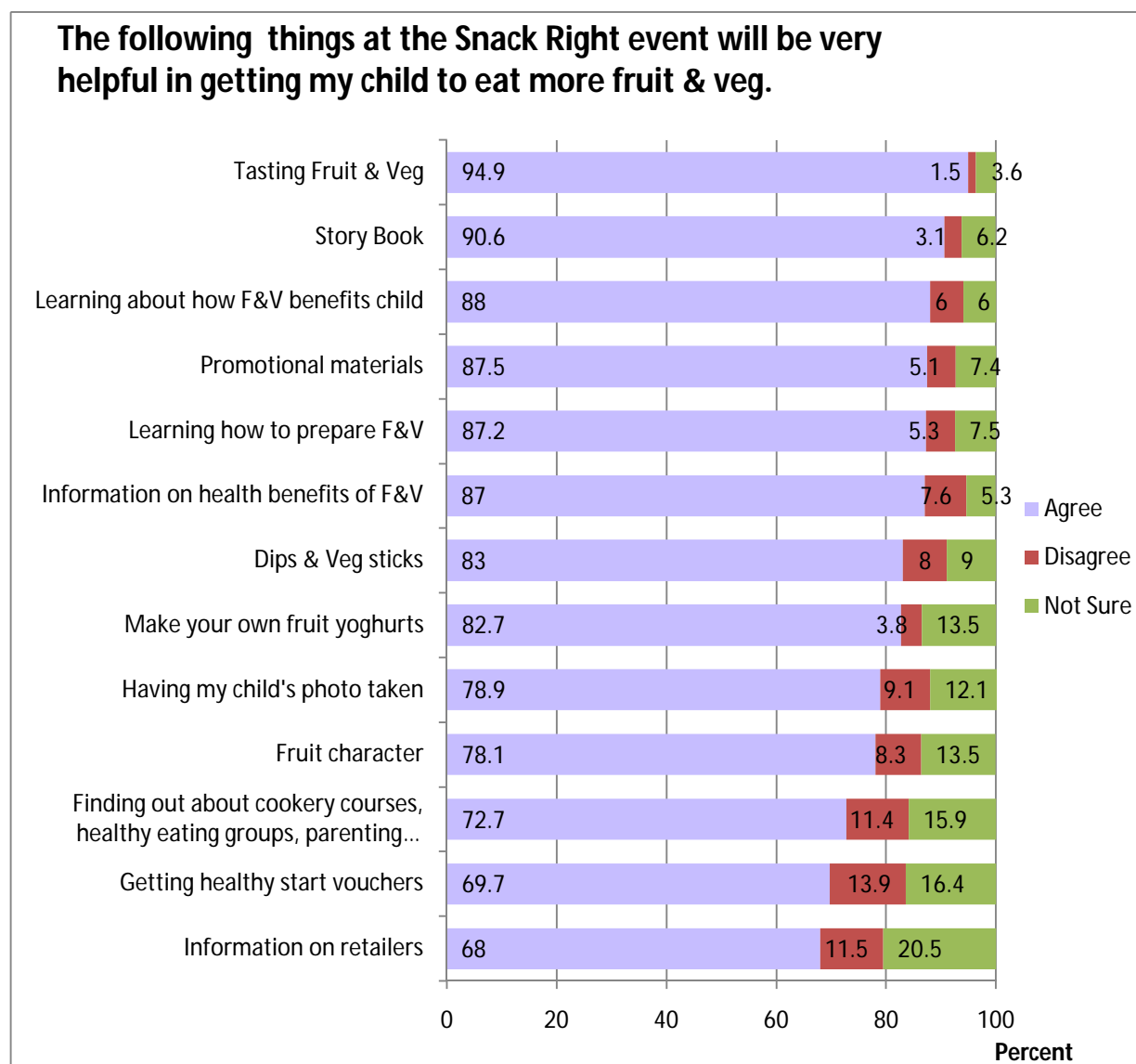
The majority of respondents (98%) reported that their child ate fruit and vegetables at a Snack Right event, although 97% stated that their child usually eats fruit. Less but still a large majority 80.4% said their child usually eats vegetables. There were 44.6% of respondents who considered that their child had eaten more fruit and vegetables than normal. Most (61%) confirmed that they would be using Healthy Start vouchers for fruit and vegetables.

Chart 2: Believe that the Snack Right event would help child to eat more fruit and vegetables



The majority agreed that the event would help them to give their child more fruit (80.7%) and vegetables (71.9%).

Chart 3: The following things at the Snack Right event will be very helpful in getting my child to eat more fruit and vegetables



Most of the respondents reported that all elements of the Snack Right event were very helpful in encouraging their child to eat more fruit and vegetables. The top five in order of priority were tasting fruit and vegetables, the story book, learning about how fruit and vegetables benefits their child, promotional materials such as the leaflet and learning how to prepare fruit and vegetables. However, in error, 24% (34) of an earlier version of the evaluation form contained in the Snack Right events planner were filled in at some events. Unfortunately, it did not contain specific items that were going to be included by the delivery agency such as: dips and vegetable sticks, make your own fruit yoghurts, having my child's photo taken and the fruit character. If these had been included the order of priority may have been different.

Results of Survey data

Response

Table 5 and 6 shows by PCT which centres returned questionnaires for the final questionnaire. Only centres from which returns of questionnaires had been received from the Baseline survey were included in the final survey. Centres were instructed to collect between 5-10 questionnaires each.

Table 4: Questionnaires collected from Intervention Group

Intervention Group				
PCT	Children's Centre	Date Collected	No.	Date of event
C&E Ches	Wharton	20 Dec 08	2	7 July 08
Halton	St. Bebes, Pre-school	-	3	10 July 08
St Helens	Four Ways	15-19 Jan 09	7	6 June 08
	Haydock	6 Jan 09	4	5 Sept 08
	Moss Bank		0	15 July 08
Knowsley	Eden	16-20 Jan 09	4	9 July 08
	Oak Tree	26-27 Nov 08	4	9 July 08
	Southmead		0	11 July 08
	Pride	25/11/08	3	11 Sept 08
Liverpool	Dingle Lane	2-4 Dec 08	5	13 June 08
	Garston	9 Dec 08; 9 Jan 09	4	19 Sept 08
	Granby	23, 25/1/09	4	8 July 08
	Clubmoor	1 Dec 08; 26-30/1	12	4 July 08
	Stoneycroft	20 Jan 09	2	3 July 08
	West Derby	9 Jan 09	1	24 June 08
Sefton	Linaker	9 Jan 09	2	8 July 08
	Cambridge	23 Jan	5	16 July 08
	The Grange		0	27 July 08
	Litherland Moss	10 Dec; 19 Jan 09	5	16 July 08
Warrington	Dallam		2	10 Sept 08
W Ches	Westminster	21 Nov	1	6 June 08
	Stanlaw Abbey	10 -19 Dec 09	5	11 June 08
	Blacon	27 Nov; 1 Dec 08	5	18 Sept 08
Wirral	Seacombe	15 Jan 09	6	3 June 08
	Rock Ferry		0	4 Sept 08
	Bromborough	25-26 Nov 08	4	24 Sept 08
	Ganneys Meadow	21-29 Nov	5	1 July 08
Totals	Nil returns from 5 centres		95	

Of the 27 intervention centres contacted replies were received from 22 making a response rate for the intervention group of 81.5% (22/27).

Table 5: Questionnaires collected from Control Group

Control Group			
PCT	Children's Centre	Date Collected	No.
Halton	Ditton	20-21 Jan 09	10
	Halton Lodge	6-26 Jan 09	8
	Brookvale	26 Jan 09	3
	Warrington Road	16 Dec; 28 Jan 09	5
St Helens	Eccleston	27-29 Jan 09	5
	Rainhill		0
	Sutton	25 Nov; 3 Dec 08	8
Sefton	All Saints	9-10 Dec 08	3
	Seaforth		0
	Mornington	-	1
	Hudson	15 Dec 08	5
	Holy Rosary		0
Knowsley	St. Chad's		0
	New Horizons		0
	Jubilee	-	1
	Cherry Tree		0
Liverpool	Fazakerly	8; 29-30 Jan 09	25
	Walton		0
Warrington	Orchard	3 Feb 09	11
Wirral	Leasowe		0
	New Brighton	22-29 Jan 09	8
	Liscard		0
Totals	Nil returns from 8 Centres		93

Of the 22 control centres that were contacted returns were received from 13 making a response rate for the control group of 59.1% (13/22). The response rate from all centres was 71.4% (35/49). A total of 188 questionnaires were collected; 95 from the intervention group and 93 from the control group. If all centres had returned the minimum of 5 or a maximum of 10 questionnaires each then between 245-490 questionnaires would have been completed. Out of the maximum of 490, the response rate was 38.4% (188/490) for questionnaires completed. No refusals, to fill in forms, were reported to the researcher.

Demographic characteristics

Chart 4: Working Status of intervention respondents by survey (%)

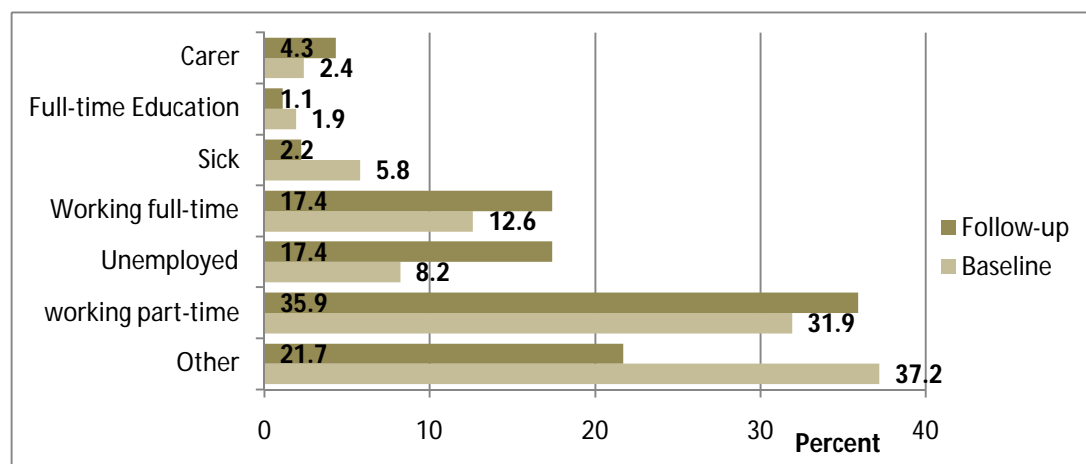


Table 6: Working status – number (%)

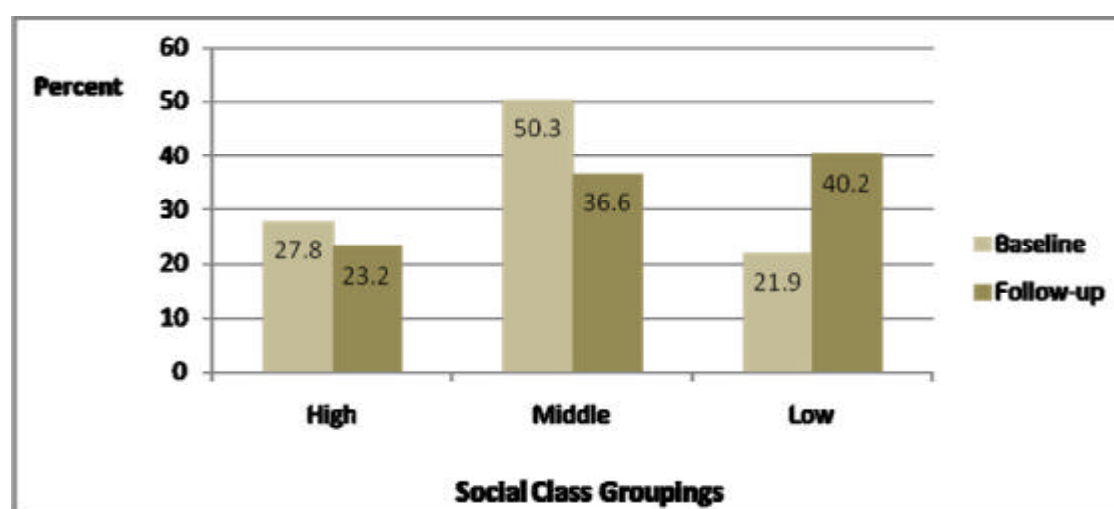
Working Status	Intervention		Control	
	Baseline	Follow-up	Baseline	Follow-up
Full-time	26 (12.6)	16 (17.4)	21 (14.6)	14 (15.2)
Part-time	66 (31.9)	33 (35.9)	44 (30.6)	35 (38)
Full-time Education	4 (1.9)	1 (1.1)	6 (4.2)	5 (5.4)
Unemployed	17 (8.2)	16 (17.4)	28 (19.4)	11 (12)
Carer	5 (2.4)	4 (4.3)	2 (1.4)	2 (2.2)
Sick	12 (5.8)	2 (2.2)	5 (3.5)	7 (7.6)
Other (see below)	77 (37.2)	20 (21.7)	38 (26.4)	18 (19.6)
Total	207 (100)	92 (100)	144 (100)	92 (100)

As illustrated in Chart 4, for the intervention groups there were significant differences found between the baseline and follow-up surveys for unemployment and “other”. (Fisher-Freeman-Haton Exact Test $p=0.03$). Significantly more respondents in the follow-up survey were unemployed and significantly more in the baseline survey were classed as “other”, which in 84% of cases referred to being a full-time parent or in 9.6% of cases on maternity leave. No significant differences were found between the control groups or between the intervention group and control group in the final survey.

Table 7: Social Class Stratification by group and survey – Number (%)

Intervention Groups							
Social Class	I	II	III N	III M	IV	V	unclassified
Grouping:	'High'		'Middle'		'Low'		
Baseline	4 (2)	43 (21.1)	75 (36.8)	10 (4.9)	33 (16.2)	4 (2)	35 (17.2)
Follow-up	1 (1.2)	18 (21.7)	30 (36.1)	0 (0)	32 (36.6)	1 (1.2)	1 (1.2)
Control Groups							
Social Class	I	II	III N	III M	IV	V	unclassified
Grouping:	'High'		'Middle'		'Low'		
Baseline	0(0)	25 (17.7)	52 (36.9)	3 (2.1)	32 (22.7)	5 (3.5)	24 (17)
Follow-up	3 (4)	13 (17.3)	36 (48)	3 (4)	19 (25.3)	0 (0)	1 (1.3)

Chart 5: Distribution of intervention respondents in Social Class Groupings by survey



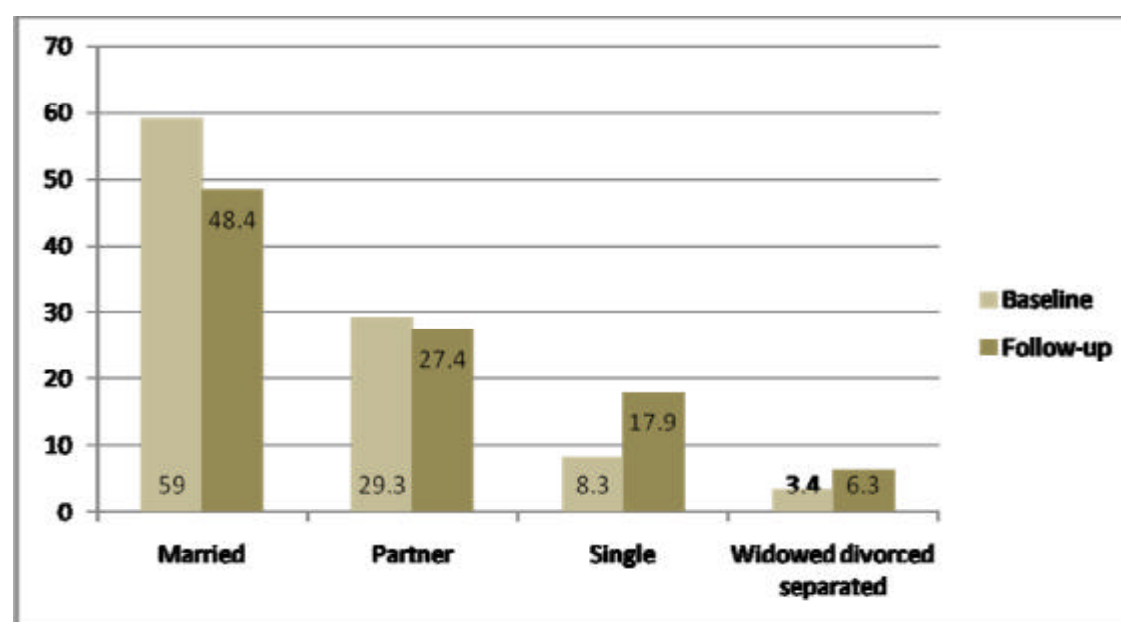
Significant differences in social class groupings, as defined in Table 7, were found between the baseline and follow-up intervention groups. These are illustrated in Chart 5 above. Significantly more intervention respondents in the follow-up survey were classed in the low grouping and significantly less in the middle social class grouping ($\chi^2=9.384, df=2, p=0.009$). Respondents were “unclassified” if no current or previous job was listed.

No significant social class differences were found between the controls or between the intervention and control groups in the final survey. For the final survey 22.4% of respondents were in the highest social class grouping; 44% in the middle (with only 3 1.9% in III manual) and 33.3% in the lowest social class grouping.

Table 8: Family Status of respondents – number (%)

Group	Intervention		Control	
	Baseline	Follow-up	Baseline	Follow-up
Married	121 (59)	46 (48.4)	69 (48.3)	48 (51.6)
Living with partner	60 (29.3)	26 (27.4)	40 (28)	28 (30.1)
Single	17 (8.3)	17 (17.9)	28 (19.6)	15 (16.1)
Widowed etc.	7 (3.4)	6 (6.3)	6 (4.2)	2 (2.2)
Total	205 (100)	95 (100)	143 (100)	93 (100)

Chart 6: Family status of intervention respondents by survey %



As illustrated in Chart 6, for the intervention groups there were significant differences between the baseline and follow-up surveys in family status. Significantly more in the follow-up survey were single and more in the baseline survey were married. ($\chi^2=7.935$, $df=3$, $p=0.047$). No significant differences for family status were found between the control groups or between the intervention and controls in the final survey.

Table 9: Age group of carers – number (%)

Group	Intervention		Control	
	Baseline	Follow-up	Baseline	Follow-up
25 or under	29 (14.6)	14 (15.1)	23 (16/1)	13 (14.1)
26-35	114 (57.6)	47 (50.5)	78 (54.5)	52 (56.5)
36-45	44 (22.2)	26 (28)	39 (27.3)	25 (27.2)
46 and over	10 (5.6)	6 (6.5)	3 (2.1)	2 (2.2)

There were no significant differences for age-group of parent/carer found between the surveys for the intervention or control groups or within group analysis for the final survey. The mean age of respondents was 32.5 years (sd 7, range 18-64). Using the Mann-Whitney test, there were also no significant differences found for the number of children being looked after or the age of the eldest preschool child 4 or under. Most were looking after 1 pre-school child and the mean age of the eldest pre-school child was 2.3 years (sd 0.9, range 0-5).

In summary, no statistically significant differences between the baseline and follow-up survey were found when control groups were compared. However, there were some significant differences between surveys for the intervention groups. More respondents in the follow-up survey were found to be single, unemployed and in the lowest social class groupings. This would put the follow-up intervention group at a socio-economic disadvantage. There were no significant differences in terms of

demographic characteristics between the intervention group and the control group, in the follow-up survey, who had a similar profile.

Snacking

Chart 7: When are snacks given by intervention groups

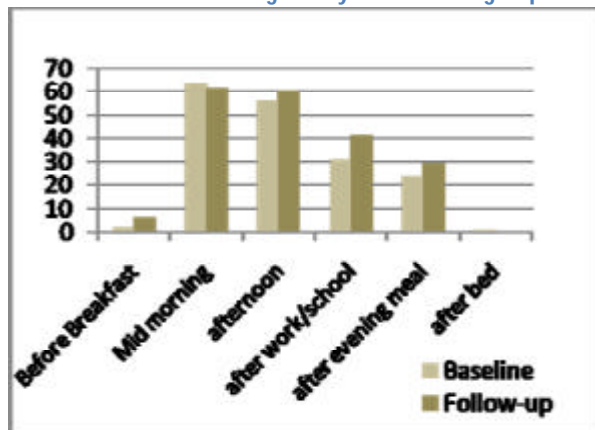


Chart 8: When are snacks given by Control groups

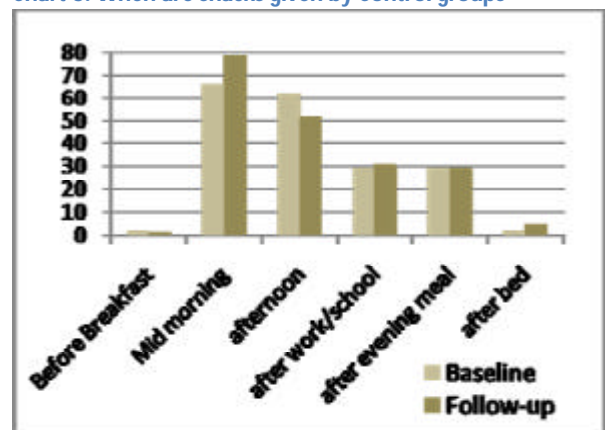


Table 10: When are snacks given by group – number (%)

Intervention	Baseline	Follow-up	p-value
Before Breakfast	5 (2.4)	6 (6.5)	0.082
Mid Morning	132 (63.8)	57 (62)	0.764
Afternoon	116 (56.3)	56 (60.9)	0.462
After work/school	64 (30.9)	38 (41.3)	0.080
After evening meal	50 (24.2)	27 (29.3)	0.343
After going to bed	2 (1)	0	0.859
Control			
Before Breakfast	2 (1.4)	1 (1.1)	1.00
Mid Morning	98 (66.2)	68 (78.2)	0.052
Afternoon	91 (61.5)	45 (51.7)	0.143
After work/school	44 (29.7)	27 (31)	0.833
After evening meal	43 (29.1)	26 (29.9)	0.893
After going to bed	2 (1.4)	4 (4.6)	0.128

There were no significant differences between the intervention groups for when snacks were given. Compared to the first survey, more snacks were given mid-morning in the control group in the follow-up survey with a borderline significance level ($\chi^2=3.769$, $df=1$, $p=0.052$).

When the control group and intervention group were compared in the follow-up survey, the control group were more likely to give snacks mid-morning ($\chi^2=5.573$, $df=1$, $p=0.018$).

As can be seen in Charts 7-8, in the follow-up survey, most snacks were reportedly eaten mid morning (69.8%) and afternoon (56.4%). Thirty-six percent claimed that snacks were eaten after work or nursery and 29.6% said they gave snacks after the evening meal. Very few or none were claimed to be eaten before breakfast (3.9%) or after going to bed (2.2%).

Table 11: Views on snacking by intervention group – number (%)

Intervention Groups		Agree	Neutral	Disagree	p-value
<i>Fresh fruit & veg. are good for my child's health</i>	Baseline	205 (99)	1 (0.5)	1 (0.5)	0.633
	Follow-up	94 (100)	0	0	
<i>If parents/carers eat fruit & veg children will be more likely to</i>	Baseline	175 (85.4)	21 (10.2)	9 (4.4)	0.901
	Follow-up	79 (86.8)	9 (9.9)	3 (3.3)	
<i>Snacks my pre-school child eats are healthy</i>	Baseline	127 (62.3)	72 (35.3)	5 (2.5)	0.099
	Follow-up	56 (61.5)	28 (30.8)	7 (7.7)	
<i>Snacking is vital to my pre-school child's health</i>	Baseline	95 (46.6)	72 (35.3)	37 (18.1)	0.848
	Follow-up	45 (50)	29 (32.2)	16 (17.8)	
<i>It's hard to get my pre-school child to eat fruit</i>	Baseline	36 (17.6)	25 (12.3)	143 (70.1)	0.154
	Follow-up	9 (10.3)	16 (18.4)	62 (71.3)	
<i>It's hard to get my pre-school child to eat vegetables</i>	Baseline	43 (21.1)	43 (21.1)	118 (57.8)	0.542
	Follow-up	24 (27)	17 (19.1)	48 (53.9)	

Table 12: Views on snacking by control group – number (%)

Control Groups		Agree	Neutral	Disagree	p-value
<i>Fresh fruit & veg. are good for my child's health</i>	Baseline	147 (99.3)	1 (0.7)	0	1.00
	Follow-up	92 (98.9)	1 (1.1)	0	
<i>If parents/carers eat fruit & veg children will be more likely to</i>	Baseline	118 (81.9)	11 (7.6)	15 (10.4)	0.025
	Follow-up	71 (78)	16 (17.6)	4 (4.4)	
<i>Snacks my pre-school child eats are healthy</i>	Baseline	83 (57.2)	58 (40)	4 (2.8)	0.508
	Follow-up	56 (62.2)	30 (33.3)	4 (4.4)	
<i>Snacking is vital to my pre-school child's health</i>	Baseline	63 (45)	57 (40.7)	20 (14.3)	0.905
	Follow-up	40 (44.9)	38 (42.7)	11 (12.4)	
<i>It's hard to get my pre-school child to eat fruit</i>	Baseline	21 (14.6)	11 (7.6)	112 (77.8)	0.765
	Follow-up	16 (17.6)	8 (8.8)	67 (73.6)	
<i>It's hard to get my pre-school child to eat vegetables</i>	Baseline	29 (20.4)	37 (26.1)	76 (53.5)	0.291
	Follow-up	23 (25.3)	16 (17.6)	52 (57.1)	

Respondents were asked whether they agreed or disagreed with the above statements on snacking. No significant differences were found between the intervention groups across surveys. However, in a comparison of the control groups across surveys the controls in the follow-up survey were more likely to be undecided about the statement: if parents/carers eat fruit and vegetables, the child will be more likely to eat them ($\chi^2=7.406$, $df=2$, $p=0.025$).

There were no significant differences found for views on snacking between the intervention and control groups in the final survey.

The vast majority of respondents in the follow-up survey (99.5%) thought fresh fruit and vegetables were good for their pre-school child's health. Eighty-two percent thought parents or carers made a good role model for healthy eating. Sixty-two percent thought their pre-school child was eating healthy snacks. However, only 47.5% thought snacking was vital to their pre-school child's health. Respondents found that fruit was more acceptable to their child than vegetables. Comparable results were found for the baseline survey.

Table 13: Number of fruit and vegetable snacks eaten each day – number (%).

Intervention groups							
How many fruit and vegetable snacks would your pre-school child usually eat each day?							
Survey	None	1	2	3	4	5	6 or more
Baseline	6 (3)	19 (9.5)	66 (33)	62 (31)	15 (7.5)	20 (10)	12 (6)
Follow-up	2 (2.3)	7 (8.1)	26 (30.2)	26 (30.2)	6 (7)	14 (16.3)	4 (5.9)
Total	8 (2.8)	26 (9.1)	92 (32.2)	88 (30.8)	21 (7.3)	34 (11.9)	17 (5.8)
Control groups							
How many fruit and vegetable snacks would your pre-school child usually eat each day?							
Survey	None	1	2	3	4	5	6 or more
Baseline	4 (2.8)	11 (7.7)	34 (23.9)	44 (31)	15 (10.6)	26 (18.3)	8 (5.6)
Follow-up	3 (3.5)	7 (8.2)	27 (31.8)	23 (27.1)	7 (8.2)	12 (14.1)	6 (7.1)
Total	7 (3.1)	18 (7.9)	61 (26.9)	67 (29.5)	22 (9.7)	38 (16.7)	14 (12.7)

No significant differences were found within or between intervention groups or control groups on the number of fruit and vegetable snacks eaten per day. For the follow-up survey the mean number of fruit and vegetable snacks eaten per day was 3 (sd 1.7, range 0-10), showing a similar result to the baseline survey with a mean of 3 (sd 1.5, range 0-8). If this includes all the fruit and vegetables eaten per day then this is not equivalent to the recommended five portions per day.

Food Eaten

Table 14: Proportion of intervention respondents (%) who agreed that their child had eaten the following foods the previous day

Group	Intervention		
Survey	Baseline	Follow-up	p-value
	Yes	Yes	
<i>Children's Breakfast Cereals - with added sugar</i>	131 (63.6)	53 (56.4)	0.234
<i>Biscuits or cereal bars</i>	108 (53.2)	38 (42.7)	0.098
<i>Cakes or puddings</i>	42 (21.1)	29 (33.3)	0.028
<i>Sweets or chocolates</i>	70 (34)	52 (57.8)	<0.0001
<i>Crisps</i>	79 (38.7)	31 (34.1)	0.445
<i>Sugared soft drink</i>	88 (43.1)	32 (35.2)	0.198
<i>Water</i>	172 (85.6)	78 (87.6)	0.638
<i>Fresh fruit</i>	183 (88.8)	87 (92.6)	0.319
<i>Baked beans</i>	47 (23.3)	20 (22.7)	0.920
<i>Salad</i>	79 (39.1)	37 (41.1)	0.747
<i>Fried vegetables</i>	25 (12.3)	14 (16.1)	0.379
<i>Vegetables, fresh, frozen or tinned (not fried or salad)</i>	147 (72.8)	64 (71.9)	0.879
<i>Milk or yoghurt: full fat</i>	165 (82.5)	76 (81.7)	0.871
<i>Milk: Skimmed or semi-skimmed or yoghurt low fat</i>	80 (40.2)	33 (37.9)	0.718

Table 15: Proportion of control respondents (%) who agreed that their child had eaten the following foods the previous day

Group	Control		
Survey	Baseline	Follow-up	p-value
	Yes	Yes	
<i>Children's Breakfast Cereals - with added sugar</i>	91 (62.3)	42 (46.2)	0.015
<i>Biscuits or cereal bars</i>	72 (49.7)	45 (50.6)	0.893
<i>Cakes or puddings</i>	53 (36.8)	31 (34.8)	0.760
<i>Sweets or chocolates</i>	67 (45.9)	50 (56.2)	0.126
<i>Crisps</i>	61 (43)	30 (34.1)	0.181
<i>Sugared soft drink</i>	64 (45.7)	28 (31.1)	0.027
<i>Water</i>	119 (83.2)	75 (86.2)	0.545
<i>Fresh fruit</i>	136 (93.2)	80 (87.9)	0.168
<i>Baked beans</i>	33 (23.2)	23 (26.1)	0.619
<i>Salad</i>	62 (43.4)	39 (44.3)	0.886
<i>Fried vegetables</i>	15 (10.6)	5 (5.7)	0.210
<i>Vegetables, fresh, frozen or tinned (not fried or salad)</i>	107 (73.8)	67 (75.3)	0.800
<i>Milk or yoghurt: full fat</i>	126 (85.7)	80 (88.8)	0.482
<i>Milk: Skimmed or semi-skimmed or yoghurt low fat</i>	43 (30.3)	32 (38.1)	0.228

For the intervention groups, statistically significant differences were shown between the baseline and follow-up surveys as more respondents in the follow-up survey were claiming that their child had eaten sweets or chocolates ($\text{Chi}^2=14.640$, $\text{df}=1$, $p<0.001$) and cakes or puddings ($\text{Chi}^2=4.850$, $\text{df}=1$, $p=0.028$) on the previous day.

As the intervention group in the follow-up survey had lower socio-economic status, being more likely to be single, unemployed and in the lowest social class grouping, a statistical analysis was conducted to confirm if these factors were having any influence on food choice. It was found that for intake of sweets and chocolates significantly more respondents in the follow-up survey who were single or married, middle class and had “other” working status were eating sweets and chocolates. The only significant difference found for cakes and puddings consumption was for those in the follow-up survey who were in the middle social class groupings. Therefore only being single could account for some differences in eating sweets or chocolates. These differences are reported in Table 16 and 17 below.

Table 16: Intervention group consumption of sweets and chocolates by socio-demographic

	Sweets and Chocolates eaten:	Intervention groups		
		Baseline	Follow-up	P Value
Social Class grouping	Low (classes IV & V)	20 (54.1)	19(57.6)	0.76
	Middle (classes IIIN & IIIM)	27 (31.8)	14 (53.8)	0.041
Working status	Unemployed	7 (41.2)	11 (68.8)	0.112
	Other	23 (29.9)	13 (68.4)	0.002
Family status	Single	6 (35.3)	12 (75)	0.022
	Married	38 (31.7)	21 (48.8)	0.044

Table 17: Intervention group consumption of cakes and puddings by socio-demographic

	Cakes and puddings eaten:	Intervention groups		
		Baseline	Follow-up	P Value
Social Class grouping	Low (Classes IV & V)	11 (31.4)	9 (29)	0.833
	Middle (Classes IIIN & IIIM)	13 (16)	10 (35.7)	0.028
Working status	Unemployed	6 (37.5)	4 (28.6)	0.605
	Other	16 (21.3)	8 (40)	0.088
Family Status	Single	3 (18.8)	5 (31.2)	0.41
	Married	26 (22.4)	16 (36.4)	0.073

Therefore, as can be seen in the above tables, no significant effect could be found for increased consumption of sweets and chocolates or cakes and puddings by lower social class grouping and unemployment. Furthermore, for consumption of cakes and puddings there was also no significant effect for single status.

In contrast, a comparison of the controls had shown some reported improvement in diet in the follow-up survey as they claimed children were consuming significantly less sugared breakfast cereals ($\text{Chi}^2=5.956$, $\text{df}=1$, $p=0.015$) and sugared soft drinks ($\text{Chi}^2=4.868$, $\text{df}=1$, $p=0.027$).

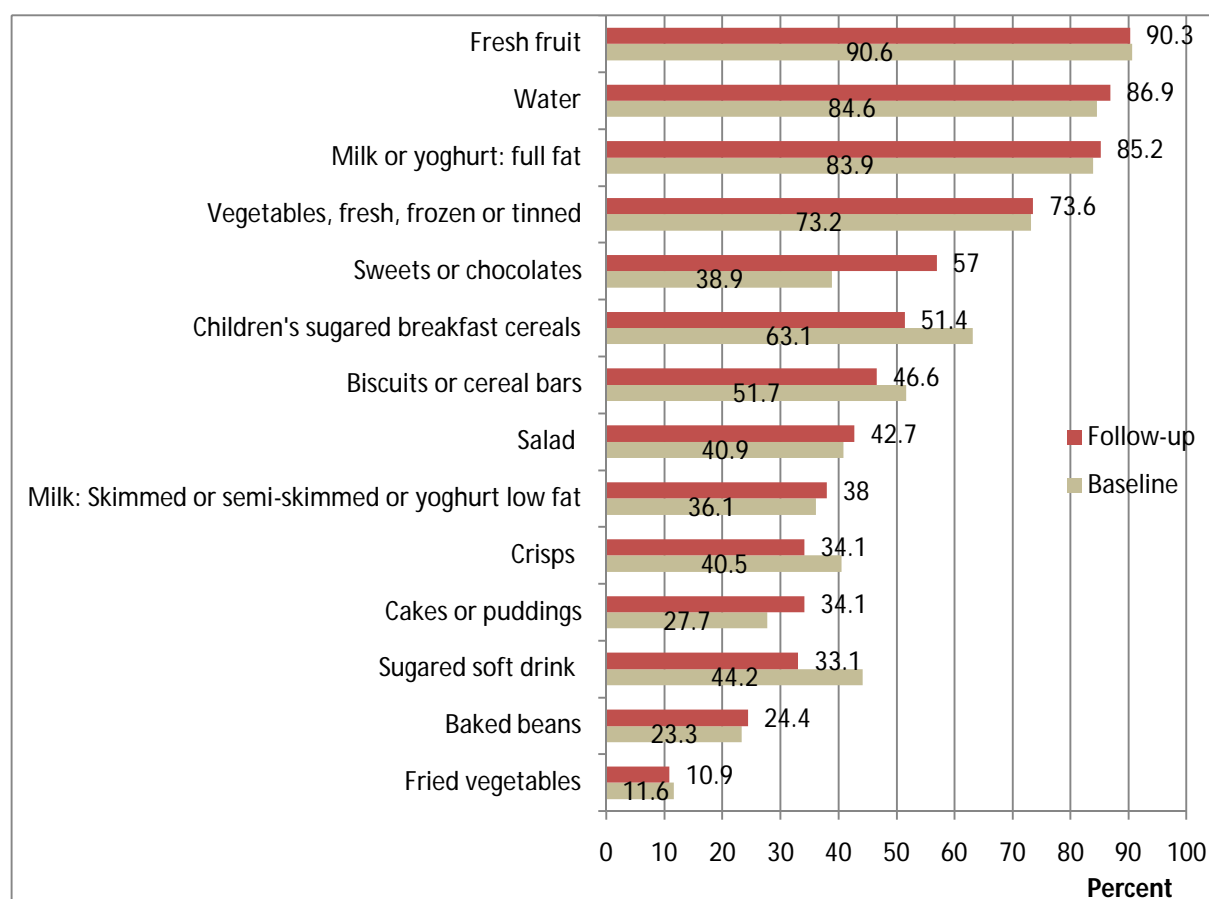
In a comparison of the intervention and control group in the follow-up survey the intervention group was significantly more likely to have reported eating fried vegetables ($\text{Chi}^2=4.786$, $\text{df}=1$, $p=0.029$).

Table 18: Number of sugary foods eaten each day – number (%).

Intervention groups								
Number of sugary foods consumed								
Survey	None	1	2	3	4	5	Mean	sd
Baseline	26 (12.6)	39 (18.8)	58 (28)	59 (28.5)	19 (9.2)	6 (2.9)	2.12	1.26
Follow-up	7 (7.4)	23 (24.5)	27 (28.7)	24 (25.5)	8 (8.5)	5 (5.3)	2.19	1.26
Control groups								
Number of sugary foods consumed								
Survey	None	1	2	3	4	5	Mean	sd
Baseline	6 (4.1)	31 (20.9)	44 (29.7)	44 (29.7)	15 (10.1)	8 (5.4)	2.37	1.19
Follow-up	11 (12)	26 (28.3)	22 (23.9)	13 (14.1)	14 (15.2)	6 (6.5)	2.12	1.45

Using the Mann-Whitney test for controls and the independent t-test for intervention groups no significant differences were found between controls or intervention groups for number of sugary foods consumed. There were no significant differences found between the intervention and control groups in the follow-up survey for number of sugared foods consumed. In the final survey the mean number of sugary foods per day was 2.2, sd=1.357, range 0-5.

Chart 9: Proportion of respondents in both surveys reporting their child had eaten certain foods and drinks



As illustrated in chart 9, the majority of respondents claimed that their children were consuming fresh fruit on the previous day (90.3%), drinking water (86.9%), full-fat milk or yoghurt (85.2%) and fresh vegetables (73.6%). Over half (57%) claimed that

their pre-school child had consumed sweets or chocolates. Just over half (51.4%) said they consumed children's sugared breakfast cereals. The foods that had the lowest reported consumption were fried vegetables and baked beans.

Opinions on Fruit and Vegetables

Table 19: Groups Opinions on Fresh Fruit by survey – number (%)

<i>In my opinion fresh fruit is...</i> Intervention Groups		Agree	Neutral	Disagree	p-value
<i>Inexpensive</i>	Baseline	74 (35.9)	65 (31.6)	67 (32.5)	0.218
	Follow-up	34 (38.6)	34 (38.6)	20 (22.7)	
<i>Inconvenient</i>	Baseline	10 (5)	49 (24.4)	142 (70.6)	0.023
	Follow-up	8 (10)	9 (11.2)	63 (78.8)	
<i>Varied</i>	Baseline	155 (76)	38 (18.6)	11 (5.4)	0.361
	Follow-up	70 (82.4)	10 (11.8)	5 (5.9)	
<i>Bad tasting</i>	Baseline	5 (2.5)	21 (10.6)	173 (86.9)	0.672
	Follow-up	3 (3.7)	11 (13.4)	68 (82.9)	
<i>In my opinion fresh fruit is...</i> Control Groups		Agree	Neutral	Disagree	p-value
<i>Inexpensive</i>	Baseline	42 (29)	51 (35.2)	52 (35.9)	0.025
	Follow-up	42 (46.2)	26 (28.6)	23 (25.3)	
<i>Inconvenient</i>	Baseline	4 (2.9)	22 (15.9)	112 (81.2)	0.196
	Follow-up	0 (0)	18 (20.9)	68 (79.1)	
<i>Varied</i>	Baseline	113 (81.3)	19 (13.7)	7 (5)	0.029
	Follow-up	55 (65.5)	22 (26.2)	7 (8.3)	
<i>Bad tasting</i>	Baseline	2 (1.4)	8 (5.8)	129 (92.8)	0.100
	Follow-up	3 (3.5)	11 (12.8)	72 (83.7)	

Significantly more in the intervention group in the follow-up survey disagreed that fresh fruit is inconvenient ($\text{Chi}^2=7.549$, $\text{df}=2$, $p=0.023$).

For the control group analysis: the control group in the follow-up survey was significantly more likely to agree that fresh fruit is inexpensive. ($\text{Chi}^2=7.360$, $\text{df}=2$, $p=0.025$). The baseline control group was significantly more likely to consider that fruit was varied ($\text{Chi}^2=7.111$, $\text{df}=2$, $p=0.029$).

For the between groups comparison in the follow-up survey it was found that whilst the majority of respondents (78.9%) disagreed that fresh fruit was inconvenient, the intervention group was significantly more likely to consider fresh fruit as inconvenient and controls were more likely to be undecided (Fisher-Freeman-Halton test $p=0.003$). The intervention group was significantly more likely to agree that fresh fruit is varied and the controls were more likely to be undecided ($\text{Chi}^2=6.628$, $\text{df}=2$, $p=0.036$). The majority of respondents in the follow-up survey disagreed that fresh fruit was bad tasting (83.3%) or that it was inconvenient (78.9%). Most agreed that fresh fruit was varied (74%). There was more of a mixed response to whether they considered fresh fruit inexpensive with only 42.5% agreeing.

Chart 10: Opinions on fresh fruit as percentage of all respondents in the follow-up survey

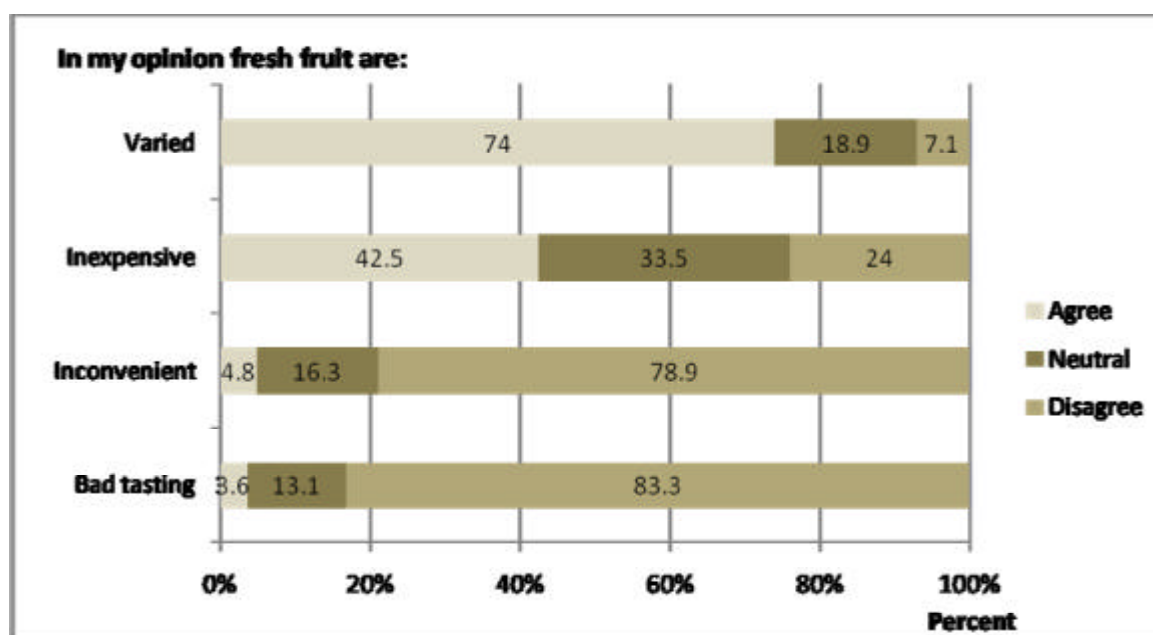
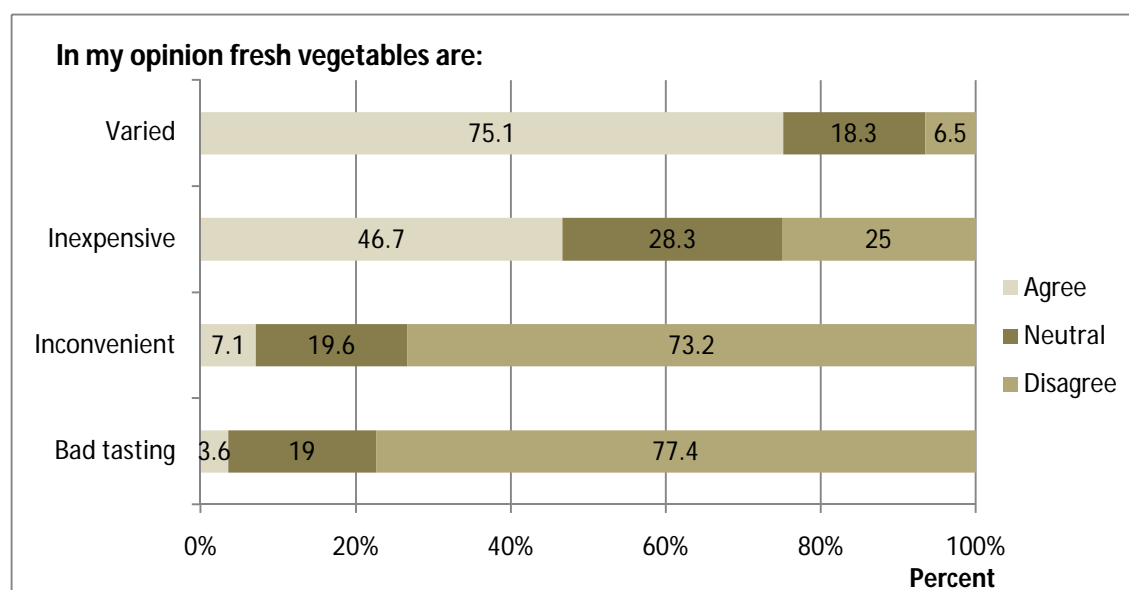


Table 20: Opinions on Fresh Vegetables within groups by survey – number (%)

In my opinion fresh vegetables are... Intervention Groups		Agree	Neutral	Disagree	p-value
Inexpensive	Baseline	90 (43.7)	66 (32)	50 (24.3)	0.941
	Follow-up	37 (42)	30 (34.1)	21 (23.9)	
Inconvenient	Baseline	14 (7)	48 (24)	138 (69)	0.744
	Follow-up	6 (7.4)	16 (19.8)	59 (72.8)	
Varied	Baseline	155 (76.4)	35 (17.2)	13 (6.4)	0.808
	Follow-up	67 (79.8)	12 (14.3)	5 (6)	
Bad tasting	Baseline	13 (6.5)	41 (20.5)	146 (73)	0.131
	Follow-up	1 (1.2)	14 (17.3)	66 (81.5)	
In my opinion fresh vegetables are... Control Group		Agree	Neutral	Disagree	p-value
Inexpensive	Baseline	61 (42.4)	47 (32.6)	36 (25)	0.242
	Follow-up	47 (51.1)	21 (22.8)	24 (26.1)	
Inconvenient	Baseline	8 (5.8)	27 (19.6)	103 (74.6)	0.946
	Follow-up	6 (6.9)	17 (19.5)	64 (73.6)	
Varied	Baseline	106 (75.7)	27 (19.3)	7 (5)	0.664
	Follow-up	60 (70.6)	19 (22.4)	6 (7.1)	
Bad tasting	Baseline	3 (2.1)	19 (13.6)	118 (84.3)	0.110
	Follow-up	5 (5.7)	18 (20.7)	64 (73.6)	

There were no significant differences on opinions of fresh vegetables between and within the groups. Most respondents in the final survey considered that fresh vegetables were varied (75.1%), good tasting (77.4%) and convenient (73.2%) but less than half (46.7%) considered that they were inexpensive. This is slightly more than in the baseline survey (43.1%).

Chart 11: Opinions on fresh vegetables as percentage of all respondents in the follow-up survey



Healthy Eating

Barriers to Healthy eating

Table 21: Barriers to healthy eating by intervention groups - number (%)

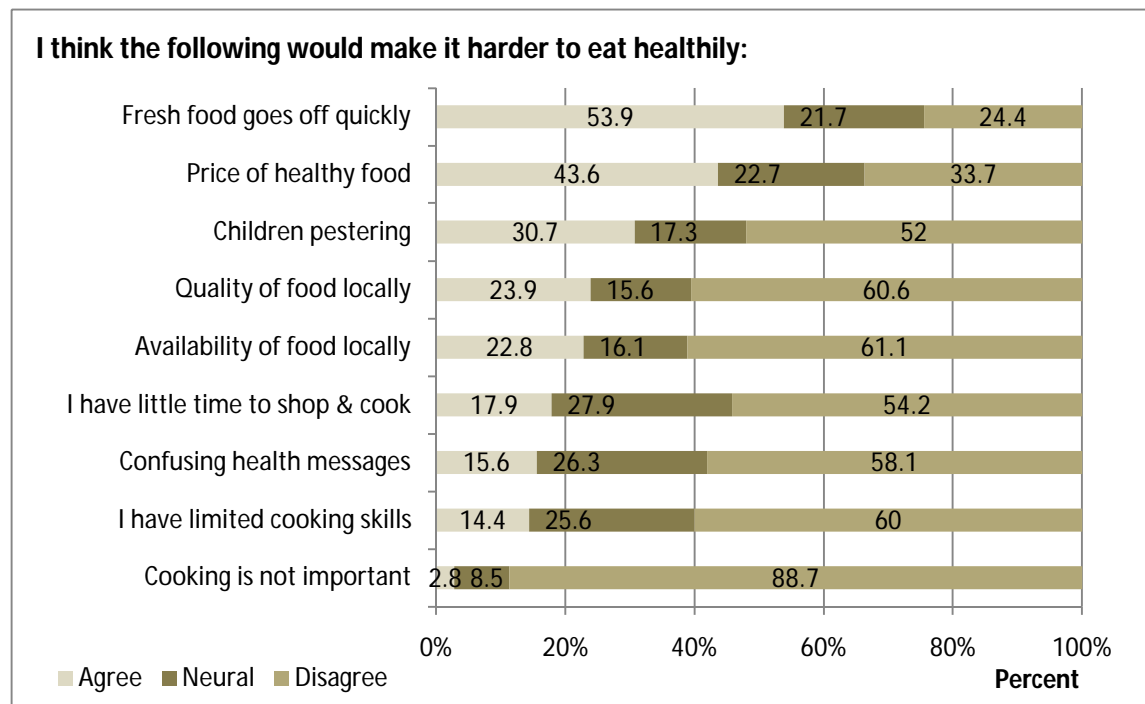
I think the following things make it harder to eat healthily...		Agree	Neutral	Disagree	p-value
Intervention Group					
Quality of healthy food locally	Baseline	36 (17.7)	57 (28.1)	110 (54.2)	0.101
	Follow-up	23 (25.8)	16 (18)	50 (56.2)	
Availability of healthy food locally	Baseline	34 (16.7)	50 (24.5)	120 (58.8)	0.163
	Follow-up	23 (25.8)	17 (19.1)	49 (55.1)	
Price of healthy food	Baseline	100 (49.3)	50 (24.6)	53 (26.1)	0.808
	Follow-up	41 (45.6)	25 (27.8)	24 (26.7)	
Fresh food goes off quickly	Baseline	110 (54.7)	58 (28.9)	33 (16.4)	0.337
	Follow-up	50 (55.6)	20 (22.2)	20 (22.2)	
I have limited cooking skills	Baseline	25 (12.4)	39 (19.3)	138 (68.3)	0.330
	Follow-up	9 (10.1)	24 (27)	56 (62.9)	
I have little time to shop & cook	Baseline	31 (15.3)	44 (21.8)	127 (62.9)	0.122
	Follow-up	13 (14.8)	29 (33)	46 (52.3)	
Cooking is not important	Baseline	6 (3)	8 (4)	188 (93.1)	0.195
	Follow-up	3 (3.4)	8 (9.2)	76 (87.4)	
Confusing health messages	Baseline	35 (17.5)	50 (25)	115 (57.5)	0.921
	Follow-up	15 (17)	24 (27.3)	49 (55.7)	
Children pestering	Baseline	58 (28.4)	43 (21.1)	103 (50.5)	0.729
	Follow-up	26 (29.5)	15 (17)	47 (53.4)	

Table 22: Barriers to healthy eating by control groups – number (%)

<i>I think the following things make it harder to eat healthily...</i>		Control Group	Agree	Neutral	Disagree	p-value
<i>Quality of healthy food locally</i>	Baseline		32 (21.9)	41 (28.1)	73 (50)	0.020
	Follow-up		20 (22)	12 (13.2)	59 (64.8)	
<i>Availability of healthy food locally</i>	Baseline		34 (23.3)	35 (24)	77 (52.7)	0.062
	Follow-up		18 (19.8)	12 (13.2)	61 (67)	
<i>Price of healthy food</i>	Baseline		71 (49.3)	33 (22.9)	40 (27.8)	0.118
	Follow-up		38 (41.8)	16 (17.6)	37 (40.7)	
<i>Fresh food goes off quickly</i>	Baseline		76 (52.4)	44 (30.3)	25 (17.2)	0.127
	Follow-up		47 (52.2)	19 (21.1)	24 (26.7)	
<i>I have limited cooking skills</i>	Baseline		28 (19.3)	26 (17.9)	91 (62.8)	0.503
	Follow-up		17 (18.7)	22 (24.2)	52 (57.1)	
<i>I have little time to shop & cook</i>	Baseline		22 (15.3)	37 (25.7)	85 (59)	0.537
	Follow-up		19 (20.9)	21 (23.1)	51 (56)	
<i>Cooking is not important</i>	Baseline		4 (2.8)	5 (3.5)	135 (93.4)	0.341
	Follow-up		2 (2.2)	7 (7.8)	81 (90)	
<i>Confusing health messages</i>	Baseline		29 (20.1)	39 (27.1)	76 (52.8)	0.422
	Follow-up		13 (14.3)	23 (25.3)	55 (60.4)	
<i>Children pestering</i>	Baseline		36 (25.2)	42 (29.4)	65 (45.5)	0.115
	Follow-up		29 (31.9)	16 (17.6)	46 (50.5)	

There were no significant differences found between the intervention groups on what would make it harder to eat healthily. For the control group analysis the follow-up survey controls were significantly more likely to disagree that the quality of healthy food locally would make healthy eating harder whereas the baseline controls were more likely to be undecided ($\chi^2=7.777$, $df=2$, $p=0.20$). No significant differences were found between the intervention and control groups in the final analysis.

Chart 12: Perceived barriers to healthy eating as a percentage of all respondents



As illustrated in Chart 12, when respondents in the final survey were asked what made healthier eating more difficult, just over a half mentioned fresh food going off quickly. Less than half (43.6%) consider the price of healthy food and less than a third (30.7%) considered children pestering was a barrier.

Incentives to healthy eating

Table 23: Incentives to healthy eating within intervention groups– number (%)

I think the following things would make healthy eating easier... Intervention Group		Agree	Neutral	Disagree	p-value
Cheaper fruit & vegetables	Baseline	172 (84.7)	21 (10.3)	10 (4.9)	0.585
	Follow-up	80 (88.9)	6 (6.7)	4 (4.4)	
Learning about benefits of eating fruit & vegetables	Baseline	126 (62.4)	44 (21.8)	32 (15.8)	0.109
	Follow-up	62 (71.3)	19 (21.8)	6 (6.9)	
Fruit & veg on special offer in supermarkets	Baseline	183 (90.1)	14 (6.9)	6 (3)	0.824
	Follow-up	85 (92.4)	5 (5.4)	2 (2.2)	
Learning how much fruit & veg to eat per day	Baseline	110 (54.7)	48 (23.9)	43 (21.4)	0.069
	Follow-up	60 (67.4)	19 (21.3)	10 (11.2)	
Learning how to cook using fruit & vegetables	Baseline	130 (64.7)	41 (20.4)	30 (14.9)	0.094
	Follow-up	68 (75.6)	16 (17.8)	6 (11.1)	
Recipe ideas for new ways of preparing fruit & veg	Baseline	158 (79)	30 (15)	12 (6)	0.026
	Follow-up	82 (91.1)	4 (4.4)	4 (4.4)	
Celebrities or cartoon characters promoting F&V	Baseline	129 (63.9)	36 (17.8)	37 (18.3)	0.222
	Follow-up	66 (74.2)	12 (13.5)	11 (12.4)	
Advertising the health benefits of fruit and veg.	Baseline	144 (71.6)	41 (20.4)	16 (8)	0.116
	Follow-up	73 (83)	10 (11.4)	5 (5.7)	

Table 24: Incentives to healthy eating within control groups– number (%)

I think the following things would make healthy eating easier... Control Group		Agree	Neutral	Disagree	p-value
Cheaper fruit & vegetables	Baseline	114 (78.6)	21 (14.5)	10 (6.9)	0.544
	Follow-up	68 (74.7)	13 (14.3)	10 (11)	
Learning about benefits of eating fruit & vegetables	Baseline	88 (61.5)	31 (21.7)	24 (16.8)	0.584
	Follow-up	61 (66.3)	20 (21.7)	11 (12)	
Fruit & veg on special offer in supermarkets	Baseline	124 (85.5)	12 (8.3)	9 (6.2)	0.950
	Follow-up	80 (87)	7 (7.6)	5 (5.4)	
Learning how much fruit & veg to eat per day	Baseline	79 (55.2)	38 (26.6)	26 (18.2)	0.693
	Follow-up	56 (60.9)	21 (22.8)	15 (16.3)	
Learning how to cook using fruit & vegetables	Baseline	89 (61.8)	36 (25)	19 (13.2)	0.174
	Follow-up	67 (73.6)	16 (17.6)	8 (8.8)	
Recipe ideas for new ways of preparing fruit & veg	Baseline	117 (81.8)	17 (11.9)	9 (6.3)	0.554
	Follow-up	79 (86.8)	7 (7.7)	5 (5.5)	
Celebrities or cartoon characters promoting F&V	Baseline	105 (73.4)	20 (14)	18 (12.6)	0.691
	Follow-up	63 (69.2)	13 (14.3)	15 (16.5)	
Advertising the health benefits of fruit and veg.	Baseline	103 (72)	28 (19.6)	12 (8.4)	0.116
	Follow-up	70 (77.8)	12 (13.3)	8 (8.9)	

In the comparison of the intervention groups, the intervention group in the follow-up survey were more likely to agree that recipe ideas for new ways of preparing fruit and vegetables would make healthier eating easier ($\chi^2=7.271$, $df=2$, $p=0.026$). There were no significant differences between the control groups.

For the between groups comparison in the final survey, the intervention group were significantly more likely than controls to agree that cheaper fruit and vegetables would make healthier eating easier ($\chi^2=6.118$, $df=2$, $p=0.047$).

Chart 13: Perceived incentives to healthy eating as a percentage of all respondents

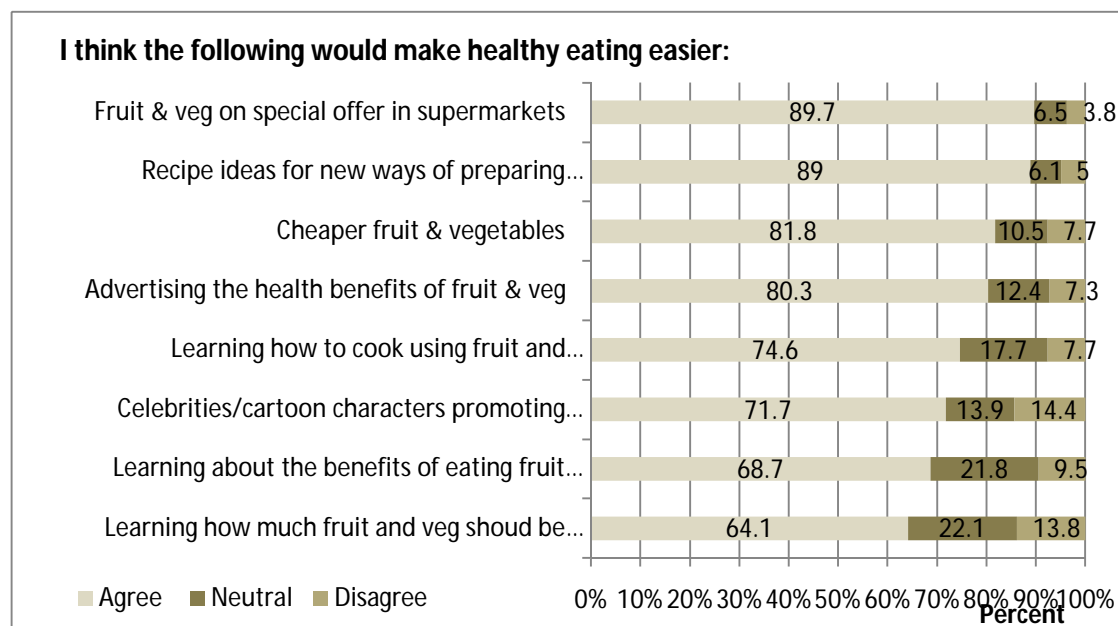


Chart 13 shows, in order of priority, what the majority of respondents in the follow-up survey considered would make healthier eating easier. The most important by 89.7% was having fruit and vegetables on special offer in supermarkets, followed by recipe ideas (89%), cheaper fruit and vegetables (81.8%) and advertising the health benefits of fruit and vegetables (80.3%).

Snack Right

Knowledge of Snack Right

Table 25: Knowledge of Snack Right by group - number (%)

Have you heard of Snack Right?	Yes	No	p-value
Intervention:			
Baseline	27 (13)	180 (87)	P<0.0001
Follow-up	71 (76.3)	22 (23.9)	
Total	98 (32.7)	202 (67.3)	300 (100)
Control			
Baseline:	19 (12.9)	128 (87.1)	0.547
Follow-up	14 (15.7)	75 (84.3)	
Total	33 (14)	203 (86)	236 (100)

As would be expected, there was a highly significant difference between the baseline and follow-up intervention groups in their knowledge of Snack Right. There were 27 (13%) in the baseline survey and 71 (76.3%) in the follow-up survey who were aware of Snack Right ($\chi^2=1.169E2$, $df=1$, $p<0.0001$). No such significant differences were found between the control groups. Only 19 (12.9%) in the first survey and 14 (15.7%) in the follow-up survey were aware of Snack Right.

For the follow-up between group comparison, there was a highly significant difference between the intervention and control groups in their knowledge of Snack Right. The intervention group were (not surprisingly) more likely to have heard of Snack Right ($\chi^2=67.127$, $df=1$, $p<0.0001$).

Table 26: Sources of information about Snack Right – number %

Intervention groups	Baseline	Follow-up	p-value
Snack Right leaflet	5 (19.2)	10 (13.7)	0.499
In Newspaper	2 (8)	0	0.105
Health Visitor	4 (16)	4 (5.5)	0.097
Children's Centre	17 (68)	63 (86.3)	0.041
Friend or family	2 (8)	3 (4.1)	0.445
On radio	0	0	-
Attended a Snack Right event	0	22 (30.1)	0.002
Other	3 (1.4)	2 (2.2)	0.125
Control groups			
Snack Right leaflet	4 (25)	3 (20)	0.739
In Newspaper	2 (12.5)	0	0.157
Health Visitor	3 (18.8)	1 (6.7)	0.316
Children's Centre	9 (56.2)	14 (93.3)	0.018
Friend or family	1 (6.2)	0	0.325
On radio	0	0	-
Attended a Snack Right event	0	3 (20)	0.060
Other	0	0	-

Respondents were asked to tick all sources of information about Snack Right as listed in the questionnaire.

In the comparison of the intervention groups, in the follow-up survey significantly more respondents stated that they had heard of Snack Right through attending an event ($\text{Chi}^2=9.715$, $\text{df}=1$, $p=0.002$) and through their children's centre ($\text{Chi}^2=4.160$, $\text{df}=1$, $p=0.041$).

The follow-up controls were significantly more likely than the baseline controls to have heard about Snack Right through their children's centre ($\text{Chi}^2=5.560$, $\text{df}=1$, $p=0.018$).

For all respondents answering this question in the follow-up survey, 87.5% (77) had heard of Snack Right from their Children's centre, 28.4% (25) from attending a Snack Right event, 14.8% (13) from a Snack Right leaflet, 5.7% (5) from their Health Visitor and 3.4% (3) from a friend or family member. No respondents had heard about Snack Right from the radio or newspapers. There were no statistically significant differences found between the control and intervention groups in where they had heard about Snack Right.

An analysis was undertaken, of the final survey, to see if there were any significant differences between the responses of the 25 who had confirmed that they had attended events and those who had not confirmed they had attended an event. This may be an underestimation of attendance as only 13 respondents said that they had heard about Snack Right from the Snack Right leaflet, but 64 said they had read the leaflet. See table 27 on the next page.

Those respondents who had not attended a Snack Right event (100, 64.5%) were significantly more likely to claim that the snacks that their pre-school child eats are healthy ($\text{Chi}^2=16.673$, $\text{df}=2$, $p<0.0001$) and they were less likely to give their child children's sugared breakfast cereals (83, 51.9%) ($\text{Chi}^2=4.307$, $\text{df}=1$, $p=0.038$).

Those attending the event were significantly more likely to give snacks after work or nursery (14, 56%) ($\chi^2=4.762$, $df=1$, $p=0.029$), however, their pre-school child was on average eating significantly less fruit and vegetable snacks per day; 2.4 compared with 3.2 for non event attendees (Mann Whitney test $p=0.008$). As would be expected the event group were significantly more likely to have heard of Snack Right ($\chi^2=32.760$, $df=2$, $p<0.0001$), to have received a Snack Right leaflet ($\chi^2=28.945$, $df=1$, $p<0.0001$) and to have heard about Snack Right from their children's centre ($\chi^2=7.671$, $df=1$, $p=0.006$)

Snack Right Leaflet

Chart 14: What did you think of the leaflet?

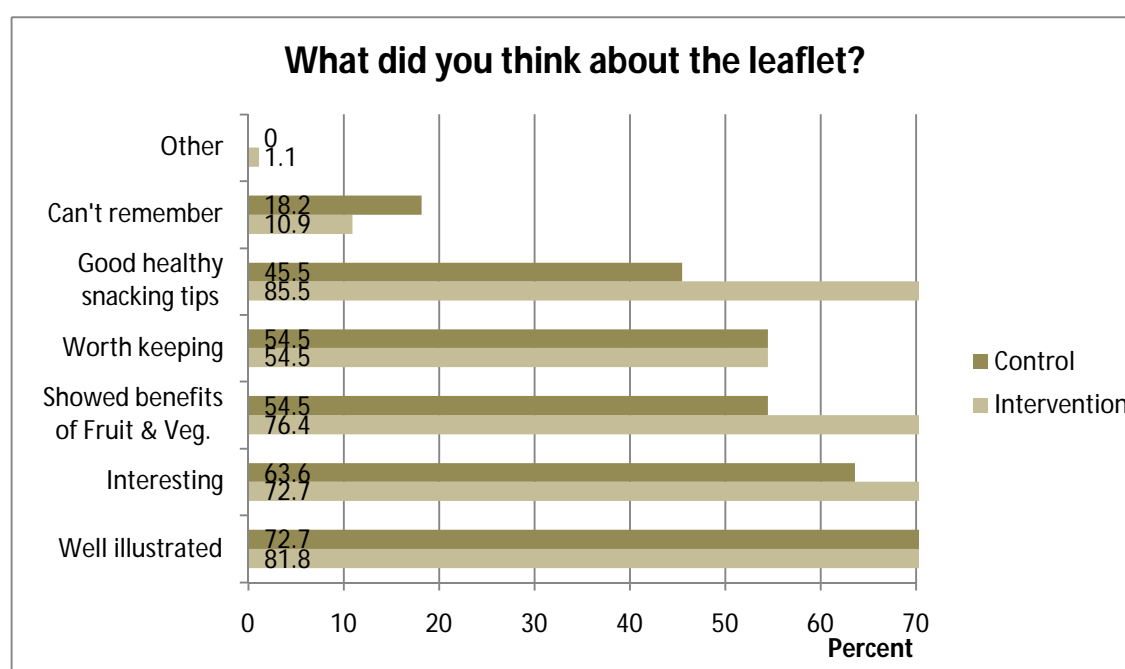


Table 27: Snack Right Leaflet

	Group	Yes	No	p-value
<i>Have you received a copy of the Snack Right leaflet in the last 6 months?</i>	Intervention	57 (61.3)	36 (38.7)	P<0.0001
	Control	75 (84.3)	14 (15.7)	
<i>Have you read the leaflet?</i>	Intervention	54 (93.1)	4 (6.9)	0.015
	Control	10 (66.7)	5 (33.3)	
<i>-Well illustrated</i>	Intervention	45 (81.8)	10 (18.2)	0.489
	Control	8 (72.7)	3 (27.3)	
<i>-Interesting</i>	Intervention	40 (72.7)	15 (27.3)	0.543
	Control	7 (63.6)	4 (36.4)	
<i>-Showed benefits of fruit and vegetables</i>	Intervention	42 (76.4)	13 (23.6)	0.138
	Control	6 (54.5)	5 (45.5)	
<i>-worth keeping</i>	Intervention	30 (54.5)	6 (54.5)	1.000
	Control	25 (45.5)	5 (45.5)	
<i>-contained good healthy snacking tips</i>	Intervention	47 (85.5)	8 (14.5)	0.008
	Control	5 (45.5)	6 (54.5)	
<i>-can't remember</i>	Intervention	6 (10.9)	49 (89.1)	0.5
	Control	2 (18.2)	9 (81.8)	
<i>-other – “ gave me cooking ideas”</i>	Intervention	1 (1.1)	-	-
	Control	-	-	

Only respondents to the final questionnaire were asked about the Snack Right leaflet. It was found to be statistically highly significant that more from the intervention group had received a copy of the Snack Right leaflet ($\chi^2=39.676$, $df=1$, $p<0.0001$). The intervention group were significantly more likely to have read the leaflet (Fisher's Exact test $p=0.015$) and to have considered that it contained healthy snacking tips (Fisher's Exact test $p=0.008$). These differences are illustrated in Chart 14.

Only a small minority said they had not read the leaflet (12.3%). Of those who had the majority of respondents considered that the leaflet was well illustrated (80.3%), contained good healthy snacking tips (78.8%), showed the benefits of fruit and vegetables (72.7%), was interesting (71.2%) and was worth keeping (54.5%). Only 12.1% said they could not remember its content.

Replacing an unhealthy snack

Table 28: Have you replaced an unhealthy snack with a healthy snack as a result of Snack Right?

Group	Yes	No	p-value
Intervention	27 (47.4)	30 (52.6)	0.681
Control	8 (53.3)	7 (46.7)	
Total	35 (48.6)	37 (51.4)	

For the final questionnaire only respondents, who had received a Snack Right leaflet, were asked if they had replaced an unhealthy snack with a healthy snack as a result of Snack Right. There were no significant differences found between the intervention and control groups. Nearly half in the intervention group and just over

half in the controls stated that they had replaced an unhealthy snack with a healthy snack as a result of Snack Right.

Healthy Start Vouchers

Table 29: Have you applied for Healthy Start Vouchers as a result of the Snack Right Project? – number (%)

Intervention Group	Yes	No	p-value
Baseline	3 (12)	22 (88)	0.750
Follow-up	11 (16.7)	55 (83.3)	
Total	14 (15.4)	77 (84.6)	
Control Group			
Baseline	6 (35.3)	11 (64.7)	0.407
Follow-up	2 (15.4)	11 (84.6)	
Total	8 (26.7)	22 (73.3)	

Respondents were asked to fill in this question only if they had heard of the Snack Right Project, therefore only replies from those who have heard of Snack Right have been computed. There were no significant differences found between the intervention groups and the control groups in the number of respondents who stated that they had applied for Healthy Start vouchers as a result of Snack Right. In the follow-up survey 11 (16.7%) from the intervention group and 2 (15.4%) from the control group had applied for vouchers as a result of Snack Right.

Table 30: Do you use Healthy Start Vouchers for fruit and vegetables by group – number (%)

Intervention	Yes	No	Not heard of vouchers	p-value
Baseline	22 (11.5)	80 (41.9)	89 (46.6)	0.015
Follow-up	15 (17.6)	46 (54.1)	24 (28.2)	
Control				
Baseline	22 (15.5)	50 (35.2)	70 (49.3)	0.213
Follow-up	20 (22.7)	34 (38.6)	34 (38.6)	

For the intervention groups, the baseline survey were less likely to use Healthy start vouchers for fruit and vegetables, and less likely to have heard of them ($\chi^2 = 8.420$, $df=2$, $p=0.015$).

Table 31: Knowledge of where Healthy Start vouchers are used? Number (%)

Intervention	Baseline	Follow-up	p-value
Independent Fruit & Veg outlets	6 (11.1)	8 (24.2)	0.106
Local retailers	9 (16.7)	12 (36.4)	0.037
Major Supermarkets	28 (51.9)	21 (63.6)	0.282
Don't know	25 (45.5)	12 (37.5)	0.469
Control	Baseline	Follow-up	p-value
Independent Fruit & Veg outlets	7 (21.2)	8 (25.8)	0.665
Local retailers	17 (51.5)	14 (45.2)	0.611
Major Supermarkets	25 (75.8)	23 (74.2)	0.885
Don't know	7 (20.6)	7 (22.6)	0.845

Table 31 gives the number and percentage of responses computed from those who were aware of Healthy Start vouchers. Vouchers can be exchanged at any retail outlet provided they are taking part in the scheme.

The only significant difference found for knowledge of where Healthy Start vouchers are used was that the follow-up intervention group who were more likely to be aware that they can be used in local retailers ($\chi^2=4.340$, $df=1$, $p=0.037$).

There were no significant differences in the number of retail outlets mentioned by respondents within or between intervention and controls. The mean for the final survey was 1.1, $sd=1.09$, range 0-3.

Summary of results from the questionnaire surveys

A total of 188 questionnaires were collected for the final survey including 95 from the intervention group and 93 from the control group, with a response rate of 38.4% (188/490) for questionnaires completed. For the baseline survey conducted in the summer of 2008, 335 questionnaires were completed.

Demographic characteristics

No statistically significant differences between the baseline and follow-up survey were found when control groups were compared. However, there were some significant differences between surveys for the intervention groups. More respondents in the follow-up survey were found to be single, unemployed and in the lowest social class groupings. This would put the follow-up intervention group at a socio-economic disadvantage. There were no significant differences in terms of demographic characteristics between the intervention group and the control group, in the follow-up survey, who had a similar profile.

Snacking

When snacks were given

Compared to the first survey, more snacks were given mid-morning in the control group in the follow-up survey with a borderline significance level of $p=0.052$.

When the control and intervention groups were compared in the follow-up survey, the control group were significantly more likely to give snacks mid-morning.

In the follow-up survey, most snacks were reportedly eaten mid morning (69.8%) and afternoon (56.4%). Thirty-six percent claimed that snacks were eaten after work or nursery and 29.6% said they gave snacks after the evening meal. Very few or none were claimed to be eaten before breakfast (3.9%) or after going to bed (2.2%).

Views on snacking

In a comparison of the control groups across surveys the controls in the follow-up survey were more likely to be undecided about the statement: if parents/carers eat fruit and vegetables, the child will be more likely to eat them.

The vast majority of respondents in the follow-up survey (99.5%) thought fresh fruit and vegetables were good for their pre-school child's health. Eighty-two percent thought parents or carers made a good role model for healthy eating. Sixty-two percent thought their pre-school child was eating healthy snacks. However, only 47.5% thought snacking was vital to their pre-school child's health. Respondents found that fruit was more acceptable to their child than vegetables. Comparable results were found for the baseline survey.

Number of fruit and vegetables snacks per day

In both surveys on average 3 fruit and vegetable snacks were eaten per day. If this includes all the fruit and vegetables eaten per day then this is not equivalent to the recommended five portions per day.

Foods Eaten

Respondents were asked to confirm if their pre-school child had eaten, on the previous day, any foods from a list that included some desirable and undesirable items. For the comparison of intervention groups, it was found that in the follow-up survey statistically more respondents were claiming that their child had eaten sweets or chocolates and cakes or puddings. Being single was found to account for some differences in eating sweets or chocolates.

In contrast, a comparison of the controls had shown some reported improvement in diet in the follow-up survey as they claimed children were consuming significantly less sugared breakfast cereals and sugared soft drinks.

In a comparison of the intervention and control groups in the follow-up survey the intervention group was significantly more likely to have reported eating fried vegetables.

The majority of respondents claimed that, on the previous day, their pre-school child was consuming fresh fruit, water, full-fat milk or yoghurt and fresh vegetables. Over half claimed that their pre-school child had consumed sweets or chocolate and children's sugared breakfast cereals. The foods that had the lowest reported consumption were fried vegetables and baked beans.

Opinions on Fruit and Vegetables

Fresh fruit

When intervention groups were compared across surveys significantly more in the follow-up survey disagreed that fresh fruit is inconvenient.

For the within control group analysis: the control group in the follow-up survey was significantly more likely to agree that fresh fruit is inexpensive. The baseline control group was significantly more likely to consider that fruit was varied.

For the between groups comparison in the follow-up survey it was found that whilst the majority of respondents (78.9%) disagreed that fresh fruit was inconvenient, the intervention group was significantly more likely to consider fresh fruit was inconvenient and controls were more likely to be undecided. The intervention group was significantly more likely to agree that fresh fruit is varied and the controls were more likely to be undecided.

The majority of respondents in the follow-up survey disagreed that fresh fruit was bad tasting (83.3%) or that it was inconvenient (78.9%). Most agreed that fresh fruit was varied (74%). There was more of a mixed response to whether they considered fresh fruit inexpensive with only 42.5% agreeing.

Fresh vegetables

There were no significant differences on opinions of fresh vegetables between and within the groups. Most respondents in the final survey considered that fresh vegetables were varied (75.1%), good tasting (77.4%) and convenient (73.2%) but less than half (46.7%) considered that they were inexpensive. This is slightly more than in the baseline survey (43.1%).

Barriers to healthy eating

For the within control group analysis, the follow-up survey controls were significantly more likely to disagree that the quality of healthy food locally would make healthy eating harder whereas the baseline controls were more likely to be undecided.

When respondents in the final survey were asked what made healthier eating more difficult, just over a half mentioned that fresh food goes off quickly. Less than half (43.6%) considered the price of healthy food was a problem and less than a third (30.7%) considered children pestering was a barrier.

Incentives to healthy eating

In the comparison of the intervention groups, the intervention group in the follow-up survey were more likely to agree that recipe ideas for new ways of preparing fruit and vegetables would make healthier eating easier.

For the between groups comparison in the final survey, the intervention group were significantly more likely than controls to agree that cheaper fruit and vegetables would make healthier eating easier.

The majority of respondents in the final survey, thought that having fruit and vegetables on special offer in supermarkets (89.7%) was the most important incentive, followed by recipe ideas (89%), cheaper fruit and vegetables (81.8%) and advertising the health benefits of fruit and vegetables (80.3%).

Knowledge of Snack Right

As would be expected, in the intervention group comparison significantly more in the follow-up survey were aware of Snack Right. There were 27 (13%) in the baseline survey and 71 (76.3%) in the follow-up survey who were aware of Snack Right. No such significant differences were found between the control groups. Only 19 (12.9%) in the first survey and 14 (15.7%) in the follow-up survey were aware of Snack Right.

For the follow-up survey there was a highly significant difference between the intervention and control groups in their knowledge of Snack Right. The intervention group were (not surprisingly) more likely to have heard of Snack Right.

Sources of knowledge of Snack Right

In the comparison of the intervention groups, in the follow-up survey significantly more respondents stated that they had heard of Snack Right through attending an event and through their children's centre.

The follow-up controls were significantly more likely than the baseline controls to have heard about Snack Right through their children's centre.

For all respondents answering this question in the follow-up survey, 87.5% (77) had heard of Snack Right from their Children's centre, 28.4% (25) from attending a Snack Right event, 14.8% (13) from a Snack Right leaflet, 5.7% (5) from their Health Visitor and 3.4% (3) from a friend or family member. No respondents had heard about Snack Right from the radio or newspapers.

Analysis of those who claimed to have attended a Snack Right event

An analysis was undertaken to see if there were any significant differences between the responses of the 25 respondents who had confirmed that they had attended events and those who had not confirmed they had attended an event. This may be an underestimation of attendance as only 13 respondents said that they had heard about Snack Right from the Snack Right leaflet, but 64 said they had read the leaflet.

Those respondents who had not claimed to have attended a Snack Right event were significantly:

- more likely to claim that the snacks that their pre-school child eats are healthy
- less likely to give their child children's sugared breakfast cereals.

Those claiming to have attended a Snack Right event were significantly more likely to:

- give snacks after work or nursery, however their pre-school child was on average eating significantly less fruit and vegetable snacks per day; 2.4 compared with 3.2 for non event attendees.
- have heard of Snack Right
- have received a Snack Right leaflet
- have heard about Snack Right from their children's centre

What respondents in the final survey thought about the Snack Right leaflet

It was found to be statistically highly significant that when compared to the controls more from the intervention group had received a copy of the Snack Right leaflet and more from this group claimed to have read the Snack Right leaflet and to have considered that it contained healthy snacking tips.

Only a small minority of those respondents who had received a Snack Right leaflet said they had not read it (12.3%). Of those who had, the majority of respondents considered that the leaflet was well illustrated (80.3%), contained good healthy snacking tips (78.8%); showed the benefits of fruit and vegetables (72.7%), was interesting (71.2%) and was worth keeping (54.5%). Only 12.1% could not remember its content.

Replacing an unhealthy snack

For the final questionnaire only, respondents who had received a Snack Right leaflet were asked if they had replaced an unhealthy snack with a healthy snack as a result of Snack Right. There were no significant differences found between the intervention group and control group responses. Nearly half in the intervention group and just over half in the control group stated that they had replaced an unhealthy snack with a healthy snack as a result of Snack Right.

Healthy Start Vouchers

Respondents were asked to fill in this question only if they had heard of the Snack Right Project, therefore only replies from those who have heard of Snack Right have been computed. There were no significant differences found between the intervention groups and the control groups in the number of respondents who stated that they had applied for Healthy Start vouchers (HS) as a result of Snack Right. In the follow-up survey 11 (16.7%) from the intervention group and 2 (15.4%) from the

control group had applied for HS as a result of Snack Right. Overall, in the final survey 13 (14.4%) said they had applied for HS as a result of Snack Right.

The baseline intervention groups were less likely to use Healthy Start vouchers for fruit and vegetables or to have heard of them.

The only significant difference found for knowledge of where Healthy Start vouchers are used was that the follow-up intervention group were more likely to be aware that they can be used in local retailers.

There were no significant differences in the number of retail outlets mentioned by respondents within or between intervention and controls. The mean for the final survey was 1.1, sd=1.09, range 0-3.

Discussion

Limitations of the evaluation

There would have been some sampling bias as the intervention centres and therefore the few remaining control centres could not be randomly sampled as the Strategic ambassadors working with the children's centres decided where the Snack Right events were to be held. The sample is a convenience sample as the data would have been collected at a time and day selected by the key contacts at the children centres. Therefore there may have been some members of the population who attend children's centres that are less likely to be included than others, if they attend at different times and days.

There is also the potential for the influence of selection bias as the control group in the baseline survey were of a lower socio-economic status to the intervention group with a higher intake of sugared snacks. Also, the final intervention group was of lower socio-economic status than the baseline intervention group and also had a higher intake of some sugared snacks. With small sample sizes these factors cannot be adjusted for using regression analysis. However, there were no significant differences in demographic characteristics between the control groups across surveys, or between the intervention group and control group in the final survey. However, there may have been some inaccuracies of the social class grouping which was based purely on the respondent's brief description of their occupation – which may have put some individuals into the wrong group. Also as 17% in the baseline and 1.3% in the follow-up survey did not give a present or previous occupation they had to be "unclassified". All respondents with an occupation were classified.

Furthermore, although the intervention centres were asked to only fill in forms with respondents who had attended a Snack Right event nearly a quarter of the intervention group in the final survey said they had not heard of Snack Right and less than a third, in this group, confirmed that they had attended events, although there may have been more who had not filled in the question correctly. These factors could potentially distort the true picture regarding the effects of Snack Right.

Social desirability bias²⁶ is the tendency for respondents to want to represent themselves in the most favourable way either consciously or unconsciously and it is difficult to account for this bias or eliminate it. Although no personalised data was collected on the questionnaires, it was necessary for ethical reasons to ask people to fill in a consent form and they may have felt that they could be traced. Children's centres were asked to fill in the questionnaires with respondents. Therefore, the presence of a known interviewer, although this helps with responding to all questions particularly for those who have literacy problems, means there is another person viewing responses. There may have also been a "healthy volunteer effect"²⁷ whereby people who volunteer for studies tend to be healthier or more health conscious than the general age-specific population and this will also tend to lead to an under-estimation of problems.

The study may have been affected by seasonal changes in food preferences as the baseline was conducted during the Summer of 2008 and the follow-up survey in the Winter starting late November and finishing at the end of January 2009.

Given the collection difficulties encountered, the sample size was smaller than intended with 147 less than the baseline survey. Also, matched pairs (using the same subjects for the baseline and follow up) was not used as it would be difficult to trace the same parents and carers again. These difficulties can lead to considerable variance and the possibility of type II errors: that is false negatives failing to find a significant difference when there is one.

Given the time constraints there was no opportunity to conduct a test-retest reliability check whereby a sample of respondents fill in the survey more than once, to see how much their answers vary. Thus we cannot calculate how much respondents answers would vary over time without any intervention. These problems limit the generalisability of findings.

It is important to add that the evaluation of the social marketing project Snack Right cannot be conducted as a formal research study and there are many factors that are difficult to control for. For instance, from the answers to the questions there was some evidence of contamination. That is fourteen respondents from the control centres were aware of Snack Right and three confirmed they had attended a Snack Right event. However, this is difficult to avoid with such interventions. There were some acknowledged inconsistencies in the presentation of the intervention, for instance with some centres not being able to have health visitors present, differences in partner agency involvement, in numbers of parents and children present and how well messages were taken on board by those conducting the events or the ease in which they could convey these given the numbers involved. There were also unforeseen circumstances for instance, where at one centre children's photographs could not be taken, although parents were still able to sign up for the direct mailing. Therefore, the study can only detect differences in responses not changes and cannot attribute cause and effect (that is whether the intervention caused any differences to occur).

Conclusions

From the survey data, there were very modest differences between subjects and controls in reported behaviour and opinions that were not always consistent with the Snack Right messages.

From the qualitative research and feedback at the end of the events parents had found the Snack Right events very enjoyable and said they had picked up some tips on healthy eating. Ambassadors and children's centre staff had found the events valuable. It has provided children's centres with some innovative ideas to further promote fruit and vegetables. The events are useful for staff who know the theory but have not seen how much children love healthy snacks. It was felt that the events definitely did the job of sharing an interesting way to snack with your child. It gave parents a chance to talk to their peers and perhaps exchange views and confide their worries around food. It was observed that children seeing another child eating something encouraged them to have a go, whilst parents got ideas on what they could provide in the home that their child would like. Parents had received information on preparing healthy meals and by demonstration, snacks using fruit and vegetables, but few parents recalled having a one-to-one discussion about healthy snacking at the events. All the marketing materials had received many favourable comments. Most parents confirmed that they already provide at least fruit for snacks, while vegetables were generally found not as palatable to young tastes. However, there is still a culture of giving sweets as treats and as a reward.

Snack Right has clearly improved since the piloting in Phase 1, although it might have benefitted more if behavioural theories had been a more prominent aspect of the campaign. This was highlighted during the interviews with the Social Marketing Steering Group and when the National Social Marketing criteria were applied to assess Snack Right. However, better use of behavioural theories will be made in future social marketing projects. The National Social Marketing Centre's Total Process Planning Model had been followed rigorously and it was found to be very useful and easy to use. There were thought to be no pitfalls in its use, as it provides a flexible tool where different elements can be revisited as required. It can be used in its entirety in future social marketing projects.

Snack Right is described as a "quality product" and an example of good practice and is listed as a case study on the National Social Marketing Centre website. Nevertheless, the enthusiasm for social marketing has led to over-optimistic expectations from this project in terms of behavioural change.²⁸ To make a sustainable impact, many observers have implied that it has to be delivered as a more or less continuous activity and target more pre-school families in deprived communities that do not attend children's centres and get access to healthy eating messages. However, through the network of Ambassadors, plans have already been put in place in most PCT areas to support the continuation of Snack Right and training of those putting on events is being provided.

The project has illustrated a number of problems in implementation. It has highlighted some difficulties of getting commercial involvement from a major retailer. It has required a great deal of sustained, hard work, particularly from those involved

in coordination such as the project manager, and it has required a large budget of £323,000. In terms of cost it showed the value of doing something on a larger footprint. If each PCT had tried to do this separately the costs would have been much too high, but by sharing the work across Cheshire and Merseyside the costs came down to an average of £14,000 for each PCT per year over three years. Nevertheless some Ambassadors, in particular those in Halton and one on the Wirral, questioned whether Snack Right was appropriate for such a large footprint as it was not tested on the target audience in all areas of Cheshire and Merseyside.

Recommendations:

From the outcomes of the survey data and the suggestions received from the qualitative research the following recommendations are made to enhance the delivery of Snack Right:

Prior to events:

- Have a training event in each PCT for staff who are going to run events.
- Have pre-planning meetings with all staff to look at different ways to promote events and target families.
- Have consultation with delivery agency before event to confirm details
- Plan events well in advance so they can be advertised in children's centre newsletters and other appropriate ways.
- Consider having more consultation with local families in all areas when developing new marketing materials.
- Pass on to PCTs a breakdown of the costs to run an event including cost of any equipment, recipes and fruit and vegetables, as this information is important for the legacy. This could be included in the Snack Right event planner along with clarification of roles and responsibilities and the essential number of staff involved at events.
- Provide more training for family support / link workers who are engaging parents on a one-to-one basis in the home, so they can also pass on the Snack Right messages.
- Have a named person as a point of contact when planning each event.
- Appropriate resources should be provided for communities that do not have English as a first language.
- Holding events on a regular basis where possible, as they were great fun for those attending and would reinforce the need to eat healthily.

At the events

- Have someone at the events who was responsible for giving nutritional advice to parents including the importance of snacking for pre-school children.

- Have a few speakers to give a talk to mums giving tips, advice and information on local courses. Parents and carers found it was easy to miss such information if events were very busy.
- Ensure healthy snacking is the focus of events.
- Provide some ideas both written and verbally for soothing teething.
- Include different types of fruit and vegetables that are reasonably priced but which children will not have tasted before, such as mangoes.
- Have the table at which children can make fruit faces immediately next to the fruit, to stop it falling on the floor 'in transit'.
- Provide more information about the cost and value of different foods, such as their sugar content.
- Ensure sufficient staff are available to run events.
- Demonstrations on how to make fruit and vegetable smoothies and drinks would be fun, particularly if children could assist. This would be helpful as some children are unable to chew hard food and some will not eat fruit and vegetables but might if in a liquid form.
- Show children how to grow their own vegetables or fruit.
- Where possible have the Veggie Van present at Knowsley events.
- Ensure food is in place before people enter events.
- Hand puppets or soft toys with logo on may be more suitable than character suits – particularly in a small centre. Children can feel threatened if someone is hanging over them in a large costume.
- Alternatively, have the costume already in the room so children are prepared and can touch them.
- Make the Snack Right brand more prominent. Perhaps have the Snack Right logo on splash-proof aprons that helpers could wear. Use Tupperware-type snap top containers with Snack Right logo on that children can take home with them and use again (Tesco sell these).
- Promote tinned fruit and vegetables (without added sugar/salt) and frozen vegetables. Could have tinned fruit and vegetables in take-away bag.
- Provide child-friendly implements so children can cut up fruit – recommended by Early Years Foundation Stage.
- Have more recipes available at events and in direct mailing for snacks, particularly recipes using vegetables that children could make, as they love to help and this would encourage them to taste.
- Emphasise Healthy Start more. Perhaps have a desk as parents come into the event.

- Consider making the events longer or at a time when parents collecting children from nursery would be able to participate.

Where to promote/hold events

- Promote Snack Right in local mums and tots groups to reach people who are not attending children's centres, especially those who associate them with social services. Some community groups such as tots groups held in church halls still provide unhealthy snacks.
- Consider targeting nursery and reception children and make it exciting so they will take their enthusiasm back home.
- Hold a weekend Snack Right event so that working dads could participate
- Have events in large, airy venues as some were a bit cramped and crowded.

After the events

- Send out invitations to cooking on a budget; family cookery and other healthy cooking sessions in the direct mailing.
- Include weaning recipes in Snack Right literature.
- Children's centres to send out regular reminders, particularly on a child's birthday, offering suggestions for healthy party options.
- Use outreach workers to extend Snack Right messages – working directly with parents who have identified children as fussy eaters.
- Children's centres to have copies of photographs that can be used for publicity, particularly of children happily eating fruit. These can then be added to newsletters, web pages, put on to plasma screens or on displays.

Social Marketing

- Realistic discussion should be undertaken on the long-term funding and resource input required for social marketing.
- Theories of health behaviour should be the explicit basis of any social marketing campaign.
- The Snack Right social marketing programme should continue and a further evaluation should be undertaken in two years' time.

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Glossary

Ambassador	A health or early years professional, either on a strategic or practitioner level who is supporting the Snack Right project.
ChaMPs	ChaMPs is the public health network for Cheshire and Merseyside primary care trusts, local authorities, NHS trusts and wider organisations. It is run by staff at offices in Bromborough and further details can be found on their website http://www.champs-for-health.net/ .
Stages of Change Theory	This model defines a series of 6 stages which people pass through when a positive change in health behaviour occurs. Stages: pre-contemplation (problem not recognised), contemplation (intending to change in next 6 months), preparation (intending to take action in immediate future), action (in past 6 months have made changes); maintenance (trying to prevent relapse) and termination (where individuals are not vulnerable to relapse). Progression is cyclical not linear through the first 5 stages as initially many individuals relapse on their change efforts.
Generalisable	Findings are generalisable if they can be used to predict what will happen in new and different situations.
Healthy Start	NHS initiative which replaces the welfare food scheme. It helps families from low income and disadvantaged households by giving vouchers for free milk and fresh fruit and vegetables to children and mums-to-be. The scheme also encourages earlier and closer contact with health professionals who can give advice on pregnancy, breastfeeding and healthy eating.
Mosaic	A people classification system that can be used for mapping, which classifies the UK population into 11 main groups and, within this, 61 different types and 243 segments according to socio-demographics, lifestyles, culture and behaviour.
Non-probability Sampling	Nonprobability sampling does not involve random selection. Therefore we may or may not represent the population well, and it is hard to know how well this has been done. However, in applied social research, such as this evaluation, it may not be feasible, practical or theoretically sensible to do random sampling. For example where we sample with a <i>purpose</i> in mind and would have one or more specific predefined groups we are seeking.
NS-SEC	National Statistics Socio-economic Classification. A new social strata classification, with a defined conceptual basis, that has been developed to replace Social Class and Socio Economic Group for national surveys.
Reliability check	To test how consistent replies are from a questionnaire completed more than once by the same respondents.

Significant difference	Refers to a statistically significant difference whereby the difference noted is more than expected and unlikely to have occurred by chance.
Social Class based on occupation	Formerly Registrar General's Social Class. A scale for classifying people into five groups (represented by roman numerals), one sub-divided. The composition of the classes groups people together according to occupational skill.
Social Marketing	The systematic application of marketing along with other concepts and techniques to achieve specific behavioural goals for a social good.
Sure Start Children's Centres	They are service hubs where children under five years and their families can receive integrated services and information to provide children with the best start in life. Originally developed in the most disadvantaged neighbourhoods and by 2010 they will be situated in every community.
Theory of Reasoned Action	A person's voluntary behaviour is predicted by their attitude toward that behavior and how they think other people including peers would view them if they performed the behavior. A person's attitude, combined with subjective norms, forms their behavioral intention.

Appendices

Appendix 1: Baseline Questionnaire

Appendix 2: Final Questionnaire

Appendix 3: Assessment of Snack Right against National Social Marketing Centre Benchmark Criteria.

Appendix 4: Snack Right Evaluation Form

Appendix 1: Baseline Questionnaire



Baseline Questionnaire – Parents/carers

No ☐

This research is being carried out by Liverpool University for ChaMPs (Cheshire and Merseyside Public Health Network). We are trying to understand more about the feelings of local people about children's healthy snacking (eating small amounts of food between meals). This is for pre-school children who have been weaned (eating solid food instead of only baby formula or breast milk) between the ages of 6 months to four years. Please would you answer the following questions? Your replies will be kept confidential.

If you have more than one pre-school child between the ages of 6 months to four years please answer the questions with the oldest child in mind.

1. When do you give your child snacks or treats to eat between meals? (Please tick ALL that apply)					
Before breakfast	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	After evening meal	<input type="checkbox"/>
Mid morning	<input type="checkbox"/>	After work/school/nursery	<input type="checkbox"/>	After going to bed	<input type="checkbox"/>

2. Please tick the box nearest to the way you feel.	Agree	Neutral	Disagree
Fresh fruit and vegetables are good for my pre-school child's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I t's hard to get my pre-school child to eat fresh fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I t's hard to get my pre-school child to eat vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I f parents and carers eat fruit and vegetables, the child will be more likely to eat them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacking is vital for my pre-school child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The snacks my pre-school child eats are healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How many fruit and vegetable snacks would your pre-school child usually eat each day?	<input type="text"/>
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4. Did your pre-school child eat any of these things yesterday?	Yes	No
Children's Breakfast Cereals (e.g. Frosties, Sugarpuffs, Rice crispies, [not Ready brek])	<input type="checkbox"/>	<input type="checkbox"/>
Biscuits or cereal bars	<input type="checkbox"/>	<input type="checkbox"/>
Cakes or puddings	<input type="checkbox"/>	<input type="checkbox"/>

Question 4 continued. Did your pre-school child eat any of these things yesterday?	Yes	No
Sweets or chocolates		
Crisps		
Sugared soft drink (e.g. Ribena, orange squash, lemonade, soda stream, Coca-Cola etc.)		
Water		
Any fresh fruit such as apples, oranges (any type), pears, bananas, plums etc		
Baked beans		
Any type of salad e.g. celery, tomatoes, lettuce, cucumber, etc		
Any fried vegetables e.g. Fried onions, fried mushrooms or fried tomatoes etc		
Any other vegetables, fresh, frozen or tinned e.g. peas, cabbage, carrots, leeks green beans, kidney beans, parsnips, tinned tomatoes, cauliflower, leeks, turnips or sprouts etc.		
Milk or yoghurt: full fat		
Milk: Skimmed or semi-skimmed or yoghurt low fat		

5. In my opinion fresh fruit is... (Tick the box that is nearest to the way you feel)			
	Agree	Neutral	Disagree
Inexpensive			
Inconvenient			
Varied			
Bad tasting			

6. In my opinion fresh vegetables are... (Tick the box that is nearest to the way you feel)			
	Agree	Neutral	Disagree
Inexpensive			
Inconvenient			
Varied			
Bad tasting			

7. I think the following things make it harder to eat healthily. (Please tick the box that describes your feelings)			
	Agree	Neutral	Disagree
Quality of healthy food locally			
Availability of healthy food locally			
Price of healthy food			
Fresh food goes off quickly			
I have limited cooking skills			
I have little time to shop & cook			
Cooking is not important			
Confusing health messages			
Children pestering			

8. I think the following would make healthy eating easier. (Please tick the box that describes your feelings)			
	Agree	Neutral	Disagree
Cheaper fruit and vegetables			
Learning about the benefits of eating fruit and vegetables			
Fruit and vegetables on special offer in supermarkets			
Learning about how much fruit and vegetables should be eaten each day			
Learning how to cook using fruit and vegetables			
Recipe ideas for new ways of preparing fruit and vegetables			
Celebrities or cartoon characters promoting fruit and vegetables			
Advertising the health benefits of fruit and vegetables			

9. Have you heard of Snack Right?	Yes		No	
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If no, please go to question 12.

10. Where did you hear about Snack Right? (Please tick all that apply)					
Snack Right Leaflet		In newspaper		From Health Visitor	
On radio		Attended a Snack Right event		From Children's Centre	
Friend or family		Other please specify:			

11. Have you applied for Healthy Start Vouchers as a result of the Snack Right Project?	Yes		No	
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12. Do you use Healthy Start Vouchers for fruit and Vegetables?	Yes		No		Not heard of vouchers	
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If you have not heard of Healthy Start vouchers, please go to question 14.

13. Where can you exchange Healthy Start Vouches for fruit & vegetables? (Please tick ALL that applies).					
Major supermarkets		Local retailers		Independent fruit and vegetable outlets	
Don't Know					

14. Your age:	
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15. Eldest preschool child's age: [4 or under]	
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16. Number in family aged 4 or under	
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17. Working Status (Please tick only one)	
Working full time (30+ hours per week)	
Working part time (8-29 hours per week)	
In full-time education	
Unemployed (seeking work)	
Working as a carer	
Unable to work due to illness	
Other (please state)	

18. What is your job? (If you are not working what did you do in your last job?)	
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19. Family status (Please tick only one)	
Married	
Living with partner	
Single	
Widowed/divorced/separated	

20. Place of residence	District/Suburb/small area: [eg <u>Everton</u> or <u>Anfield</u> as in Liverpool]	First part of postcode:
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For interviewer, please fill in:

Name of children's centre		Today's date:
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Name of Primary Care Trust (PCT on list of contacts)	
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Please check that all of the questions have been answered.

Thank you very much for your time and attention. Please return the questionnaire to the person who gave it you to fill in; they will return it in the stamped addressed envelope provided.

Appendix 2: Final Questionnaire



Final Questionnaire – Parents/carers

No

☐

This research is being carried out by Liverpool University for ChaMPs (Cheshire and Merseyside Public Health Network). We are trying to understand more about the feelings of local people about children's healthy snacking (eating small amounts of food between meals). This is for pre-school children who have been weaned (eating solid food instead of only baby formula or breast milk) between the ages of 6 months to four years. Please would you answer the following questions? Your replies will be kept confidential.

If you have more than one pre-school child between the ages of 6 months to four years please answer the questions with the oldest child in mind.

1. When do you give your child snacks or treats to eat between meals? (Please tick ALL that apply)					
Before breakfast	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	After evening meal	<input type="checkbox"/>
Mid morning	<input type="checkbox"/>	After work/school/nursery	<input type="checkbox"/>	After going to bed	<input type="checkbox"/>

2. Please tick the box nearest to the way you feel.	Agree	Neutral	Disagree
Fresh fruit and vegetables are good for my pre-school child's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I t's hard to get my pre-school child to eat fresh fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I t's hard to get my pre-school child to eat vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I f parents and carers eat fruit and vegetables, the child will be more likely to eat them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacking is vital for my pre-school child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The snacks my pre-school child eats are healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How many fruit and vegetable snacks would your pre-school child usually eat each day?	<input type="text"/>
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4. Did your pre-school child eat any of these things yesterday?	Yes	No
Children's Breakfast Cereals (e.g. Frosties, Sugarpuffs, Rice crispies, [not Ready brek])	<input type="checkbox"/>	<input type="checkbox"/>
Biscuits or cereal bars	<input type="checkbox"/>	<input type="checkbox"/>
Cakes or puddings	<input type="checkbox"/>	<input type="checkbox"/>

Question 4 continued. Did your pre-school child eat any of these things yesterday?	Yes	No
Sweets or chocolates		
Crisps		
Sugared soft drink (e.g. Ribena, orange squash, lemonade, soda stream, Coca-Cola etc.)		
Water		
Any fresh fruit such as apples, oranges (any type), pears, bananas, plums etc		
Baked beans		
Any type of salad e.g. celery, tomatoes, lettuce, cucumber, etc		
Any fried vegetables e.g. Fried onions, fried mushrooms or fried tomatoes etc		
Any other vegetables, fresh, frozen or tinned e.g. peas, cabbage, carrots, leeks green beans, kidney beans, parsnips, tinned tomatoes, cauliflower, leeks, turnips or sprouts etc.		
Milk or yoghurt: full fat		
Milk: Skimmed or semi-skimmed or yoghurt low fat		

5. In my opinion fresh fruit is... (Tick the box that is nearest to the way you feel)			
	Agree	Neutral	Disagree
Inexpensive			
Inconvenient			
Varied			
Bad tasting			

6. In my opinion fresh vegetables are... (Tick the box that is nearest to the way you feel)			
	Agree	Neutral	Disagree
Inexpensive			
Inconvenient			
Varied			
Bad tasting			

I think the following things make it harder to eat healthily. (Please tick the box that describes your feelings)			
	Agree	Neutral	Disagree
Quality of healthy food locally			
Availability of healthy food locally			
Price of healthy food			
Fresh food goes off quickly			
I have limited cooking skills			
I have little time to shop & cook			
Cooking is not important			
Confusing health messages			
Children pestering			

8. I think the following would make healthy eating easier.			
(Please tick the box that describes your feelings)	Agree	Neutral	Disagree
Cheaper fruit and vegetables			
Learning about the benefits of eating fruit and vegetables			
Fruit and vegetables on special offer in supermarkets			
Learning how much fruit and vegetables should be eaten each day			
Learning how to cook using fruit and vegetables			
Recipe ideas for new ways of preparing fruit and vegetables			
Celebrities or cartoon characters promoting fruit and vegetables			
Advertising the health benefits of fruit and vegetables			

9. Have you received a copy of the Snack Right leaflet, within the last 6 months?	Yes		No	
---	-----	--	----	--

If no, please go to question 13.

10. Have you read the leaflet?	Yes		No		If no, please go to question 12.
--------------------------------	-----	--	----	--	---

11. What did you think about the leaflet content? (Please tick ALL that applies)			
Well illustrated		Worth keeping	
Interesting		Contained good healthy snacking tips	
Showed benefits of fruit & veg		Can't remember	
Other (please state)			

12. Have you replaced an unhealthy snack with a healthy snack as a result of Snack Right?	Yes		No	
---	-----	--	----	--

13. Have you heard of Snack Right?	Yes		No	
------------------------------------	-----	--	----	--

If no, please go to question 16.

14. Where did you hear about Snack Right? (Please tick ALL that apply)				
Snack Right Leaflet		In newspaper		From Health Visitor
On radio		A Snack Right event		From Children's Centre
Friend or family		Other please specify:		

15. Have you applied for Healthy Start Vouchers as a result of Snack Right?	Yes		No	
---	-----	--	----	--

16. Do you use Healthy Start Vouchers for fruit and Vegetables?	Yes		No		Not heard of vouchers	
---	-----	--	----	--	-----------------------	--

If not heard of, please go to question 18.

17. Where can you exchange Healthy Start Vouches for fruit & vegetables? (Please tick ALL that applies).				
Major supermarkets		Local retailers		Independent fruit and vegetable outlets
Don't Know				

18. Your age:	
---------------	--

19. Eldest preschool child's age [4 or under]:	
--	--

20. Number in family aged 4 or under	
--------------------------------------	--

21. Working Status (Please tick only one)	
Working full time (30+ hours per week)	
Working part time (8-29 hours per week)	
In full-time education	
Unemployed (seeking work)	
Working as an unpaid carer (eg receiving Carer's Allowance or looking after someone close who is disabled.)	
Unable to work due to illness	
Other (please state)	

22. What is your job? (If you are not working what did you do in your last job?)	
--	--

23. Family status (Please tick only one)	
Married	
Living with partner	
Single	
Widowed/divorced/separated	

24. Place of residence	District/Suburb/small area: [eg <u>Everton</u> or <u>Anfield</u> as in Liverpool]	First part of postcode:
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For interviewer, please fill in:

Name of children's centre		Today's date:
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Name of Primary Care Trust	
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Please check that all of the questions have been answered.

Thank you very much for your time and attention. Please return the questionnaire in the envelope provided.

Appendix 3: Assessment of how the Snack Right meets the NSMC benchmark criteria

The National Social Marketing Benchmark criteria has been assessed by ChaMPs Social Marketing group, to check that Snack Right is a project using social marketing methods and to test the Benchmark criteria itself. Below is a table outlining how well the project meets the eight points of the benchmark criteria.

Benchmark criteria – French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2002)

Benchmark	What to look for
1. Customer Orientation ‘Customer in the round’. Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources	<ul style="list-style-type: none">• A broad and robust understanding of the customer is developed, which focuses on understanding their lives in the round, avoiding potential to only focus on a single aspect or features.• Formative consumer/market research used to identify audience characteristics and needs, incorporating key stakeholder understanding• Range of different research analysis, combining data (using synthesis and fusion approaches) and where possible drawing from the public and commercial sector sources, to inform understanding of people’s everyday lives

How well does Snack Right meet this criteria?

Phase 1

- ChaMPs Social Marketing group, was developed in response to Choosing Health White Paper. The group looked at where would social marketing had a good chance of having an impact and what aspect of health needed addressing. Obesity, was the theme that was decided on, and the group took a strategic health decision to look at the are of food.

The intervention was then scoped to be targeted at 2-5 year olds in the most deprived areas of Cheshire and Merseyside.

Why this age group? As there were lots of interventions for other parts of the population such as babies and pre school children, and teenagers were a harder age group to target, the group felt to 2-5 year olds would be a good group to target. Also in these formative years, the group felt that this lifestyle slot was the time that tastes were developing and if the intervention could influence these formative years, it would be able to instill habits that would support future good health.

Why deprived areas of Cheshire and Merseyside?

Obesity an issue for all areas of society, but it was felt that in deprived areas families were facing other inequalities such as low incomes, high unemployment, lower levels of literacy etc which impacted on their lives and health. In more affluent areas, there were generally lower number of issues that impacted on families lives.

- Mapping –1. Index of Multiple deprivation - Lower Super Output Areas in Cheshire & Merseyside - that are amongst the quintile with the highest proportion of 3-5 year olds AND the quintile with the highest proportion of people who have never worked or are long-term unemployed.
2. Murray consultancy literature review. 3. Key stakeholder understanding – nutritionists, public health, communications and marketing leads etc

4. Low end supermarkets eg Aldi. Lidl, Kwik Save, demonstrated smaller pockets of deprivation

- 15 Focus groups carried out across Cheshire and Merseyside in those areas identified. Mosaic categories used to sample for focus groups. Wild card group Surestart Children's Centre nursery workers.

- Key areas of understanding were gathered from these focus groups around attitudes to food by the target group – can't cook/won't cook, perceived high cost of healthy food, peer power, perception that their children wouldn't eat healthier food options. Surestart workers highlighted that children ate well in day care settings, but would they go home and be given junk food/snacks.

This key insight was then checked through 2 further focus groups and the ChaMPs Social Marketing group then made the decision to focus on snacking behaviour in 2-5 years olds, targeting their parents and carers in the most deprived areas of Cheshire and Merseyside

Phase 2

- Further understanding of the audience was gathered during Phase 1 that fed into Phase including

1. extending the age range of the children to include under 2's. It was identified that tastes and preferences, and parental choices were in some cases instilled by habit for children aged 2-4.

2. Improving marketing materials, so that a leaflet wasn't relied on but more retainable materials were used such as a bowl, a placemat, photo and photo presentation card for the families, and a book produced.

3. Providing further incentives for parents to engage in events and messages by providing a photo of their child for parents/carers which was sort after by the target group.

4. Working to sustain the messages to families over a longer period of time through direct mail, to families who attended Snack Right events.

Benchmark	What to look for
2. Behaviour Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behavioural goals	<ul style="list-style-type: none">• A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for <u>both</u><ul style="list-style-type: none">-the 'problem' behaviour-the 'desired' behaviour• Intervention clearly focused on specific behaviours ie not just focused on information, knowledge, attitudes and beliefs• Specific actionable and measurable behavioural goals and key indicators have been established in relation to a specific 'social good'• Intervention seeks to consider and address four key behavioural domains:<ol style="list-style-type: none">1: formative and establishment of behaviour2: maintenance and reinforcement of behaviour3: behaviour change4: behavioural controls (based on ethical principle)

How well does Snack Right meet this criteria?

- As outlined in Benchmark 1 a range of different research analysis informing an understanding of the target group's lives and consumer and market research was carried out to identify –
 - Problem behaviour – unhealthy snacking on 'junk' foods
 - Desired behaviour – snacking on fruit and vegetables
- Intervention was focused on specific behaviour – unhealthy snacking and a key change in that behaviour – replacing one unhealthy snack each day with a healthy snack
- Specific actionable and measurable goals and key indicators were established –
 - Snack Right's goals

Key goal

For children to ***replace at least one unhealthy snack each day with a healthy one***

Secondary goals

1. Parents and carers to attend a Snack Right event with their children
2. Parents and carers attending Snack Right events overcome negative perceptions of fruit and vegetables as a snack food for children
3. Every child has the opportunity to try a fruit and vegetables snack at the events
4. Ambassadors are engaged in the process and attend a Snack Right event
5. Ambassadors deliver their own events
6. Children continue to snack right in the future – through work of ambassadors, primary care trusts, local authorities, communities, etc

-Key indicators –

1. Liverpool Public Health Observatory baseline and final questionnaires with target group, in target areas, to assess if there has been a change in behaviour
 2. Number of parents, carers and children attending Snack Right events
 3. Number of families, signed up to the direct mail
 4. Number of families who complete 4 weeks of healthy snacking and enter the competition at the end of those 4 weeks
 5. Post event evaluation
 6. Qualitative information from the Snack Right Ambassadors who participate with Snack Right events/distribute messages etc
- Considering and addressing four key behavioural domains-
 1. Work was carried out to understand why children behave as they do about snacks
 2. Snack Right has specific goals – replacing an unhealthy snack with a healthy one
 3. Maintaining the behaviour through the direct mail element
 4. Behavioural controls. ChaMPs Social Marketing group were aware of this throughout the process and provided a response to consultation about junk food advertising for kids.

Heart of Mersey were doing this on Snack Right's behalf, and further behavioural controls were not appropriate to the scale of the project or appropriate to the scope of the project.

Benchmark	What to look for
3. Theory Is behavioural theory-based and informed. Drawing from an integrated theory framework	<ul style="list-style-type: none"> • Theory is used transparently to inform and guide development, and theoretical assumptions tested as part of the process • An open integrated theory framework is used that avoids tendency to simply apply the same preferred theory to every given situation • Takes into account behavioural theory across four primary domains: <ol style="list-style-type: none"> 1. bio-physical 2. psychological 3. social 4. environmental/ecological

How well does Snack Right meet this criteria?

- Behaviour theory wasn't formally used to guide and inform development and theoretical assumptions weren't tested as part of the process such as –
 - what stage of change is my audience at?
 - where have we got the best chance of success (when refining segmentation)
- This may have been covered in areas of the project through the expertise of working group.

Benchmark	What to look for
4. Insight Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'	<ul style="list-style-type: none"> • Focus is clearly on gaining a deep understanding and insight into what moves and motivates the customer • Drill down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour • Approach based on identifying and developing 'actionable insights' using considered judgement, rather than just generating data and intelligence

How well does Snack Right meet this criteria?

- Research carried out with the target audience identified what moves and motivated target group during Phase 1. Insight of the target group in Phase 1 shaped the refined intervention in Phase 2. (see above – Benchmark 1)
- Intervention moved away from health and focused on fun, easy, popular and practical activities that our target group would engage in. Also based on parents wanting their best for children (which doesn't always equate to the best health choices) but wanted a photograph of their child
- Actionable insights – able to address a number of insights at events – changing unhealthy snacking behaviour, providing opportunities for children to taste fruit and veg, providing suggestions and practical tips for parents about preparing healthy snacks, supporting parents to sign up to Healthy Start voucher scheme etc

Benchmark	What to look for
5. Exchange Incorporates an 'exchange' analysis. Understanding what the person has to give to get the benefits proposed	<ul style="list-style-type: none"> • Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc) • Analysis of the perceived/actual costs versus perceived/actual benefits • Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences, based on what they value

How well does Snack Right meet this criteria?

- Freebies at events – Snack Right book, Snack Right bowl, and activities at events plus direct marketing to parents and carers post event, including a sticker chart and stickers, competition, and a Snack Right placemat is a good exchange for families to change their behaviour.
- At events we are overcoming barriers to the behaviour change – providing information about preparing snacks, looking at cost of fruit and veg, and how it can be reasonable, providing opportunity to sign up the Healthy Start voucher scheme to reduce the cost for families on low income, overcoming negative perceptions of children not liking fruit and veg snacks etc
- Physical exchange of product - by replacing one unhealthy snack with a healthy one
- Emotional exchange of product – changing habits and sustaining this habit
- No lecturing to get families to change behaviour

Benchmark	What to look for
6. Competition Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience	<ul style="list-style-type: none"> • Both internal and external competition considered and addressed <ul style="list-style-type: none"> -Internal eg psychological factors, pleasure, desire, risk taking, addiction etc -External eg wider influences/influencers competing for audience's attention and time, promoting or reinforcing alternative or counter behaviours • Strategies aim to minimise potential impact of competition by considering positive and problematic external influences and influencers • Factors competing for the time and attention of a given audience considered

How well does Snack Right meet this criteria?

- Internal competition considered eg ease of giving into pester, keeping kids happy by giving them crisps perception of the cost of fruit and veg, perception of the children not liking fruit and veg etc, habit, cultural norms.
- External competition – asking families to replace the unhealthy snacks (the competition) with the healthy snacks.
- Work with the Aldi in Phase 1 and work to try and partner Co-op in Phase 2.

Benchmark	What to look for
7. Segmentation Uses a developed segmentation approach (not just targeting). Avoiding blanket approaches	<ul style="list-style-type: none"> • Traditional demographic or epidemiological targeting used, but not relied on exclusively • Deeper segmented approach that focus on what 'moves and motivates' the relevant audience, drawing on greater use of psycho-graphic data • Interventions directly tailored to specific audience segments rather than reliance on 'blanket' approaches • Future lifestyle trends considered and addressed

How well does Snack Right meet this criteria?

- Focus groups and insight from Phase 1 to focus intervention on what moves and motivates the target audience
- Intervention was targeted specifically in deprived areas, didn't use a blanket approach
- Future lifestyles – get children to snack Right now, will be healthier in the future. Ongoing engagement through PCT's and Children's Centre through data captured from families

Benchmark	What to look for
8. Methods mix Identifies an appropriate 'mix of methods' 'Intervention mix' = Strategic SM 'Marketing mix' = Operational SM	<ul style="list-style-type: none"> • Range of methods used to establish an appropriate mix of methods • Avoids reliance on single methods or approaches used in isolation • Methods and approaches developed, taking full account of any other interventions in order to achieve synergy and enhance the overall impact • Four primary intervention domains considered: <ol style="list-style-type: none"> 1. informing/encouraging 2. servicing/supporting 3. designing/adjusting environment 4. controlling/regulating

How well does Snack Right meet this criteria?

- Range of methods were used to establish an appropriate mix eg desk top research, focus groups, insight about families from Phase 1 and Ambassadors.
- Partnership with Healthy Start, Aldi, Local PCT and Local Authorities
- Range of techniques - Snack Right events, Snack Right messages at 1:1 meetings with families, Media campaign, Ambassadors information eg events planner and www.snackright.co.uk, direct mail post event to families, ongoing work of Ambassadors re Snack Right, mailing leaflets to families.
- Have carried out the first 3 primary intervention domains through the techniques used.

- Controlling/regulating - Heart of Mersey where doing this on Snack Right's behalf, and further behavioural controls were not appropriate to the scale of the project or appropriate to the scope of the project.

ChaMPs Social Marketing group comment on the NSMC benchmark criteria

A plain English approach to some of the language in the criteria may make it a more usable tool for a number of people.

It should be clear that not every point within the benchmark criteria need to be met by a project/programme, for it still to be a social marketing project/programme.

Benchmark 2 – Behaviour

Four key behavioural domains – point 3 should come before point 2, as you can only maintain and reinforce behaviour, once behaviour change has been achieved

Benchmark 4 – Insight

First bullet could be clearer

Benchmark 6 – Competition

Second and Third bullet cover the same point

Benchmark 8 – Segmentation

Benchmark differentiates between intervention mix – strategic social marketing and marketing mix – operational social marketing. But both are needed for marketing.

First bullet – need to change first bullet from 'range of methods used to establish an appropriate mix of methods' to 'range of techniques used to establish an appropriate mix of methods'

Appendix 4: Snack Right Evaluation Form



Evaluation

Have your say

Your views are very important, so we can improve our events. Please fill in this feedback, fold it up and put it in the box provided. Your reply will be treated confidentially.

Thank you for your help.

This evaluation will be returned to:

Lyn Winters

Researcher

Liverpool Public Health Observatory

University of Liverpool

Liverpool L69 3GB

Date of event:...../...../...../.....

Held at:

Please circle either yes or no for the following questions		
Did your child/children eat fruit and vegetables at the Snack Right event today?	Yes	No
Did your child/children eat more fruit and vegetables than normal?	Yes	No
Does your child/children usually eat fruit?	Yes	No
Does your child/children usually eat vegetables?	Yes	No
Will you use Healthy Start vouchers for fruit and vegetables?	Yes	No

Tick which ever best describes your feelings			
I believe this event will help me to give my child/children more:	Agree	Disagree	Not sure
Fruit			
Vegetables			



Please check that all of the questions have been answered.

Please tick which ever best describes your feelings

I think the following things at the Snack Right event will be very helpful in getting my child/children to eat more fruit & vegetables.

Activity	Agree	Disagree	Not sure
Tasting fruit & vegetables			
Make your own fruit yoghurts			
Dips and vegetable sticks			
Getting healthy start vouchers			
Information on retailers			
Having my child's photo taken			
Promotional materials - stickers, leaflet			
Finding out about cookery courses, healthy eating groups, parenting courses			
Fruit character			
Information on health benefits of fruit & veg.			
Learning how fruit & vegetables keeps children energised longer, soothes teething			
Learning how to prepare fruit & veg.			
Story Book			



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