

# CASE STUDIES

In developing the toolkit, we worked with Local Authorities and Departments to pilot collaborative activity. Their experiences are summarised in the following case studies and helped highlight best practice and pitfalls to avoid.

## CASE STUDY

### Department for Work and Pensions, Sheffield City Council

#### What was the campaign?

“A joint employment campaign between the Department for Work and Pensions (DWP) and the Sheffield City Region based upon the DWP Disability Confident campaign framework, working with local employer networks and grounded in local strategic priorities to halve the disability employment gap.”

#### What made the collaboration successful?

##### How did you make that work?

“Initial overtures to authorities in the Sheffield region to suggest a joint project were successful, as we were able to build upon established connections between the department and the Head of Communications at Sheffield City Council to make preliminary contact and secure engagement. We then used the OASIS model for campaign-planning to draft a clear proposal. This provided a recognisable and structured framework to shape the project. The OASIS plan was informed by background research into the Sheffield City region. We consulted NOMIS Labour Market statistics and the ‘State of Sheffield’ reports 2014 and 2015, gathering information on employment rates and skill provision and analysing

this in the context of DWP’s campaign objectives. This identified commonalities between the employment needs of the Sheffield Region and the objectives of DWP’s See Potential campaign, which led us to develop a proposal for a joint employment campaign, based upon the See Potential campaign framework.

We shared this campaign framework with contacts in the Sheffield City Region, then arranged a meeting in Sheffield to discuss it further with Tony Tweedy, the Director of Lifelong Learning, Skills and Communities. This meeting was vital to successful collaboration. It allowed us to fully discuss DWP’s campaign objectives and Sheffield’s regional aims, identifying areas of overlap. It was essential that attendees were frank in sharing information about corporate priorities and resource, as well as flagging any potential risks.

As a result of feedback from the meeting, we understood the priorities of the Sheffield region were in fact more in line with DWP's Disability Confident campaign. We were therefore able to refine the plan, so it better reflected the objectives of both parties and was a genuinely co-created project. The fact that the proposal complimented DWP's objectives also helped to engage support from internal campaign teams for project delivery."

### **What were the main challenges?**

"The principal challenge was continuing to drive the project forward, while juggling multiple other priorities and demands on time, both within DWP and in the Sheffield region. It took considerable time to set up meetings and to refine the campaign proposal, so that it accurately reflected the objectives of the department and Sheffield. Our original planning meeting in Sheffield was postponed as authorities were meeting with Policy officials to discuss collaboration on the Work and Health Programme, a central factor in the City region's devolution deal.

Another challenge came from internal staff changes at DWP and the wider restructuring of the directorate in line with the Modern Communications Operating Model. This affected the leadership of the project and its continued resourcing. This challenge was partially mitigated by involving campaign teams in project delivery, linking the project's aims with their own localism objectives. This delayed the implementation of the project, however, as it required further discussion and internal approval."

## **CASE STUDY**

### **Cheshire West and Chester Council, Public Health England and Northern Powerhouse**

#### **What was the campaign?**

“We have been running two collaborative campaigns. One was a joint campaign bringing together Cheshire West & Chester, Warrington and Cheshire East councils to make a case for devolution as the Gateway to the Northern Powerhouse. The other was a Public Health England (PHE) campaign called ‘One You’ which was designed to drive behaviour change to make people healthier.”

#### **What made the collaboration successful?**

##### **How did you make that work?**

“On the devolution campaign, initially it was important to get people together to jointly shape the plan. This got everyone on board. It was useful that there was support from central Government with branding and Ministerial support. The PHE campaign set out to engage local authorities in the shape and design to make it work for local people, however due to tight timescales, this campaign ended up being less collaborative.”

#### **What were the main things to consider?**

“Definitely involving us in the shape and design of the campaign as early as possible. We have a lot of insight on local audiences and in order to achieve a successful campaign, we should use that to drive the campaign and not just to raise awareness. This is particularly true when we are trying to change behaviour. In addition, I believe less is more and it would be better for us to streamline the number of public campaigns and really drive behaviour change with a sustained and collaborative effort across all of our channels.”

## **CASE STUDY**

### **Department for Education, Together, we can tackle child abuse**

#### **What was the issue?**

One of our departmental aims is to make sure that all children and young people are protected from harm, creating the conditions to unlock every child's potential. As part of the Tackling Child Sexual Exploitation Action Plan, we wanted to encourage the public to report suspected child abuse and neglect, so that more children can get the support they need, more quickly.

Our research showed that when it comes to child welfare, the public want and expect to engage with their LAs children's services. As such, we wanted to explore the idea of working with LAs to run the campaign.

We also acknowledged that many LAs were already running local campaigns around specific issues such as child sexual exploitation. We wanted our campaign to support this work, but we also recognised that a coordinated national effort based on robust insight would have a greater impact.

#### **What did we decide to do?**

Before we started planning the campaign, we surveyed LAs about the principle and timing of the campaign and this confirmed that there was interest in supporting the campaign locally; 95% of LAs said that they would promote a campaign about reporting abuse and neglect in their area if DfE provided the materials. We therefore decided that our strategic approach would be to plan a campaign that LAs could run in their area.

#### **How did we do it?**

Throughout the planning of the campaign, we worked closely with LAs to make sure our strategy reflected the way they deal with reports of child abuse and that it supported their current communications activity.

Four months in advance of the campaign launch, we sent out a ministerial letter to all Directors of Children's Services inviting them to support the campaign.

We followed this up with a survey to communications leads on the campaign plan and tactics, which was completed by 60% of LAs. The insight we gained from the survey helped us develop a plan to pilot the paid-for campaign in 33 LAs and provide a toolkit of materials for all other LAs to support the campaign locally. As part of the toolkit, we developed brand guidelines and templates, to make it as easy as possible for LAs to support the campaign and minimise the need for them to use their own time and resource. We ran a series of webinars to talk LAs through the toolkit and how to use the materials.

These were attended by around a third of LAs, and we received feedback that they liked the toolkit materials and found the webinar sessions useful.

We also involved 11 LA communications teams, who helped develop the creative and inform evaluation methods. Their contribution helped shape a campaign that would work in local areas. This was important because in the areas where we weren't paying for advertising, LAs would know that the campaign was relevant for their audiences and would be more likely to use their media space and channels to run the campaign.

In the run up to the launch of the campaign, we kept communications leads informed on media plans and invited them to start using the resources available to support the campaign.

### **What were the results?**

Less than one week in, almost 70 LAs out of a total of 152 ran the campaign, and a further 40 were highly engaged and 'likely to run' it. We also had fantastic support from dozens of police forces, health trusts and charities who were involved at an early stage, and several LAs are extending the campaign by running it on local buses and trains, in GP surgeries and in newsletters. We've been delighted by the response from LAs, who have told us that they've appreciated our joined up approach and the opportunity to be involved early on.

### **North Yorkshire**

*"Brilliant campaign initiative. It is great to have a joined up national approach that is a coordinated in message."*

### **Islington**

*"We really like the digital materials. Despite our lack of funding we will be doing our best to maximise the use of it all. We are being as creative as possible and have placed the digital content on our website homepage, and have done a lot of promotion using the suggested tweets in the DfE toolkit."*

### **Buckinghamshire**

*"Thanks for the webinar, it's been really helpful. We love the campaign toolkit and the creative and will definitely be using it."*

Five days after launch, we'd reached more than 6 million people on social media. Full evaluation is in progress to assess the reach, as well as the impact on calls and referrals to children's services.

## **CASE STUDY**

### **Stoke-on-Trent City Council, Smokefree Cars/Stoptober**

#### **What was the campaign?**

To work with Public Health England (PHE) to successfully promote the new smoking in cars legislation coming into force and to encourage people to use this as an opportunity to quit - signposting to local stop smoking services.

#### **What made the collaboration successful?**

As well as this being a national priority it also fitted in with our local public health priority area – to reduce the number of smokers we have in the city.

A full ROSIE communications plan was written using local insight (from mosaic data) into where our smokers lived, how old they were, what technology they used and where they shopped. We also used local data from our smoking prevalence survey. Knowing that PHE would be doing

blanket coverage in the area to notify the public in general, we were then able to target our advertising specifically to our local audience.

Working with PHE we agreed the flexibility to adapt wording on the advertising materials to account for local health literacy levels in the city, to use national logos as needed and to get artwork approved for new advertising channels that centrally had not been used, for example petrol pumps.

It also worked well that we were given a specific person to work with in PHE rather than having to go through the generic contacts each time.

It seems PHE have also found the partnership to be a useful one, and have requested to use our campaign as an example nationally for the case for collaboration.

#### **Main Challenges/things to consider**

Being involved in the campaign right from creation, particularly on tactics like the wording used or the best places to target advertising in our area, would have saved us both from paying for advertising for the same campaign.

Longer lead times would have been more helpful. The window in getting the initial artwork was short and didn't allow for the approval of any amends to this that we wish to make. When booking advertising, we have to meet external timescales which often means that we need to send the artwork off sometimes up to a month before it is due to go live. Embargoes can sometimes restrict what can be done locally so it would be good to build flexible thinking for local delivery in right at the beginning. Prompt receipt of campaign evaluation data would increase future buy-in and the opportunity for learning to inform future campaigns.

## **CASE STUDY**

### **Stoke-on-Trent City Council, Flu/winter health**

#### **What was the campaign?**

NHS England, TDA, Monitor and PHE combined their 'Flu: Catch it, Kill it, Bin it'; 'Keep Warm, Keep Well'; 'Feeling Under the Weather' and NHS 111 campaigns to create cohesive national messages in a single campaign, called 'Keep well this winter'.

The campaign aimed to reduce pressures on NHS services, particularly urgent and emergency care, in the winter months, prevent illness and improve patient experience.

Locally we assisted with the promotion of this campaign and targeted in particular our own local authority front-line staff to increase the number of eligible council staff receiving the flu jab.

#### **What made the collaboration successful?**

A specialist media planning agency were employed nationally, to make recommendations on the optimum media budget and most efficient and effective channels for reaching the target audiences. Their insight formed the basis of the campaign. They suggested national resources should focus on television, radio, press, out of home, door drops and digital channels and local areas should focus their resources on face-to-face and HCP-led patient interactions.

A number of meetings/workshops were held to introduce the campaign materials to local authorities both via PHE and also NHS England where comments and questions were welcomed. Good communications were received throughout the campaign including a full toolkit touse each week.

Local budgets did not have to be used to help promote this campaign, as nationally they had covered all of the areas needed to reach the audience. Social media and media releases were our main form of promotion along with an internal campaign to staff.

We were also able to access some of the free thermometers/information sheets produced for the campaign (that the Fire Service had agreed to give out), which our social workers also helped to distribute.

#### **Main Challenges/things to consider**

Due to the number of partners involved in the campaign, local authorities were not involved in the creation of the artwork but there were many types of posters produced which provided choice for each particular local authority.

We were kept informed of where advertising would take place in our area but not specifically asked where we thought this should be targeted which would have allowed us to help ensure effectively targeted visibility to local audiences.

Informal feedback from Public Health England was that no other local Health Authorities had provided flu vaccination uptake data so we were unable to benchmark ourselves against other similar areas, which would have been helpful alongside our own year-on-year trends.