Co-creation in a Social Marketing Smokefree Programme. A Service Systems Perspective

Dr Nadina Luca  
University of York  
nadina.luca@york.ac.uk

Prof Sally Hibbert, University of Nottingham  
Prof Ruth McDonald, University of Manchester
Micro, meso, macro?

Image source: https://conversation.which.co.uk/money/reclaim-ppi-claims-management-companies-mystery-shop/
Macro-level (natural environment; policy; institutions)

Meso level (community; public services; education and health services; family and peer networks; cultural norms)

Micro level (individual: attitudes, knowledge, motivation)
Theoretical perspective

- Service literature: Service Dominant Logic (SDL) (Vargo and Lusch, 2006; 2014; 2016)
- Midstream social marketing (Russell-Bennett, Wood and Previte, 2013; Bryant et al., 2007; McKenzie-Mohr, 2000 etc.)
- Systems (Layton, 2011) and Network theory (Granovetter, 1973; Gummesson, 2008)
A systems view on value creation

- Service Dominant Logic (SDL) (Vargo and Lusch, 2014): value is (co-)created through interactions between actors at the micro, meso and macro level.

- Co-creation as a network based process: understanding value creation in a relational context;

- Understanding interactions, resources, experiences and patterned relationships.
Research setting: The Smokefree case

- Focus on building capacity at the middle level (staff).
- The smokefree homes and cars programme: engagement of a wide range of actors from different contexts:

  - Health professionals (health visitors, nurses, midwives)
  - STOP Smoking Services staff
  - Community health development workers and volunteers
  - Children’s Centres’ managers, family support workers, teachers, receptionists
  - Members of the public (as the target audience).

Image source: http://www.gasp.org.uk/health-education-resources/smokefree-homes-and-cars/
Research aims

- To explore the process of value co-creation and the interactions leading to co-creation;
- To develop understanding of the factors influencing co-creation.
- To explore how a collaborative interactional approach is supported and experienced in a social marketing context.
Methods

- A qualitative approach
- Interviews, observation and document analysis
- Thematic analysis

Source: http://resources.smokefree.nhs.uk/resources/
<table>
<thead>
<tr>
<th>Data collection</th>
<th>Interviews (semi-structured and recorded)</th>
<th>Interviews (unstructured, informal, not recorded)</th>
<th>Observation</th>
<th>Document analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff and members of the public</td>
<td>45</td>
<td>43</td>
<td>25 hours</td>
<td></td>
</tr>
<tr>
<td>Members of the public</td>
<td>5 Children’s Centres sessions;</td>
<td>Smokefree Evaluation docs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children’s Centres Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smokefree promotional items (leaflets)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Understanding the relational context
Staff-staff & staff member of the public interactions: Feedback and co-learning

“...I found out how well we were doing from my Sure Start colleague, [...] But it's about me being motivated to go and keep doing it, it's about getting something back for me as a profession, getting something back saying, actually we've done this.” (Allie, health visitor, CC 12).
Understanding staff practices

- Existing ties
- Choice and care
- Support and safeguarding

“Empowering people to search for their own problems and then how can we help that but you’re gently guiding and then you’re there with the information, the support networks.” (Lona, practice teacher and health visitor team manager, centres 4, 6 and 8).

Image source @Cammeraydave | Dreamstime.com
Staff-member of the public interactions: customizing

““When you’ve first gone in their house [...] how well you think the first half an hour or so has gone and then you know how to approach it. I mean, if I went in and the mom has started crying and she’s really upset, then the paperwork would be the last thing on my mind but the first thing would be to try and get mom or dad obviously sorted and then get them calm and relax before we do anything...” (Kally, family support officer, CC 3)".

Image source: http://www.zest.marketing/how-customising-your-website-can-increase-leads/
‘Making it real…’

“Getting people to […] come and explain it, because you get handed loads of leaflets and you don’t read them you just throw them away, but if someone comes and says look, and explains it then you’re more likely to take it in.” (Cornelia, member of the public, CC 14)
The network effect

“…it made my husband wash his face and arms, because I’ve told him about [...] and then I think he realised how dangerous... when I took some of the leaflets home they were just laying around, [...]” (Jemma, member of the public, CC4)
Understanding the context of behaviour...

“...a family that’s involved in domestic violence the last thing you’re going to suggest is that they give up smoking, [...] it’s not a priority and sometimes in fact that cigarette actually, you know with a family where there’s anger issues sometimes that cigarette can actually stop that person from battering their child because it’s an anti-stress mechanism.” (Katt, senior family support officer, CC 4).

Image source:
Co-creation in dynamic networks

- Role support
- Changes to the health professional profession
- Priorities: where does health promotion sit within their role?

“But a lot of [health promotion] is taken away from you 'cause you haven't got the time, 'cause your time is taken up with the families that concern you, that health promotion isn't top of their agenda, it's more about ‘can I get rehoused, I'm not getting any money, there's financial problems, domestic violence, and all those types of things take over people's lives.” (Shonda, health visitor, centre 11)
Conclusions: Conditions for co-creation driven health programmes

Consider existing networks and the culture of the community

Support networks - may facilitate a better understanding of the world of each individual.

Service driven Interaction -> an individual customized approach; trust relationships

Organisational learning capabilities; feedback and knowledge sharing; connector role.