
Customer Journey Mapping as an Advocacy Tool for Disabled People: A Case Study

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Abstract

Customer journey mapping originated as a market research tool to help commercial businesses understand consumers' motivations and behaviors. More recently, customer journey mapping has been used by the public sector to identify ways of understanding citizens' experiences of public services, with the aim of both improving the quality of public services and of enabling ordinary people to engage with the political process. This article reports on the first known use of customer journey mapping by a national charity as an advocacy tool, used as part of a program to campaign for improved access to goods and services for disabled people.

Keywords

research, best practices, other practice areas, innovations, customer journey mapping

Introduction

Customer Journey Mapping

Customer journey mapping is a market research technique that emerged in the 1960s and 1970s, in response to the emerging "consumer society" and the marketing philosophy of customer orientation. Despite the fact that most marketers will be familiar with aspects of the practice of customer journey mapping, there is surprisingly little written about the technique in the social sciences literature. A search of the pubmed database for this article failed to identify any peer-reviewed articles on the subject.

The topic is discussed in the British Government's report "Service Transformation" on improving public sector services (Varney, 2006), and in a series of guides produced by the Cabinet Office in 2007. Customer journey mapping is described there as, "the process of tracking and describing all the experiences that customers have as they encounter a service or set of services, taking into account not only what happens to them, but also their responses to their experiences" (Cabinet Office, 2007).

Customer journey mapping—in common with a range of research methods including focus groups and mystery shopping—is an established technique for eliciting emotional responses to products,

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Figure 1. Step 1: A template for map showing axes for 'time' and 'emotion'.

goods, and services. It is used to document and understand the many different steps or stages in a journey that a person may undertake. Many of these steps may not seem significant in isolation nor to the individuals taking them, but seen in context may help service providers and policy makers to improve the customer experience.

In the commercial environment, customer journey mapping has played an important role in the design of the retail environment. Market researchers routinely employ the technique to monitor shoppers' responses as they pass through the stacked shelves, noting where customers look, what attracts their attention, and importantly, recording how customers feel and how they respond emotionally to the retail environment. The feedback from this kind of investigation enables retailers to decide where to place products to maximize profits. Similarly, travel companies use the technique to track customers' experiences from ticket booking, through check in and travel experiences, to the moment they exit the service.

Customer journey mapping is ideal for identifying the "glitches" in the service process, just as it is in identifying what works well. For marketers—commercial or social—this information is vital, as it helps focus attention on what needs changing to improve the quality of the experience—whether this be in a commercial service or in a government run program or service. While focus groups and mystery shopping exercises also gather information about people's experiences and emotional responses to products and services, neither focuses specifically on how customers respond to goods and services at different stages of the journey.

Moreover, while other qualitative research techniques tend to lead to data outputs in the form of written reports, the principal output from customer journey mapping is an easy to read graph that pinpoints where change is needed. Typically, the graph has two axes—showing time (over the course of the journey) on the x axis, and emotional response on the y axis (Figure 1). Overlaid onto this simple frame can be applied a process map developed by the customer (Figure 2). By plotting the emotional "highs" and "lows" of the journey on the chart, service providers and policy makers can quickly identify areas for attention (Figure 3). In many cases, the remedial actions are simple to fix and lead to big improvements in customer satisfaction.

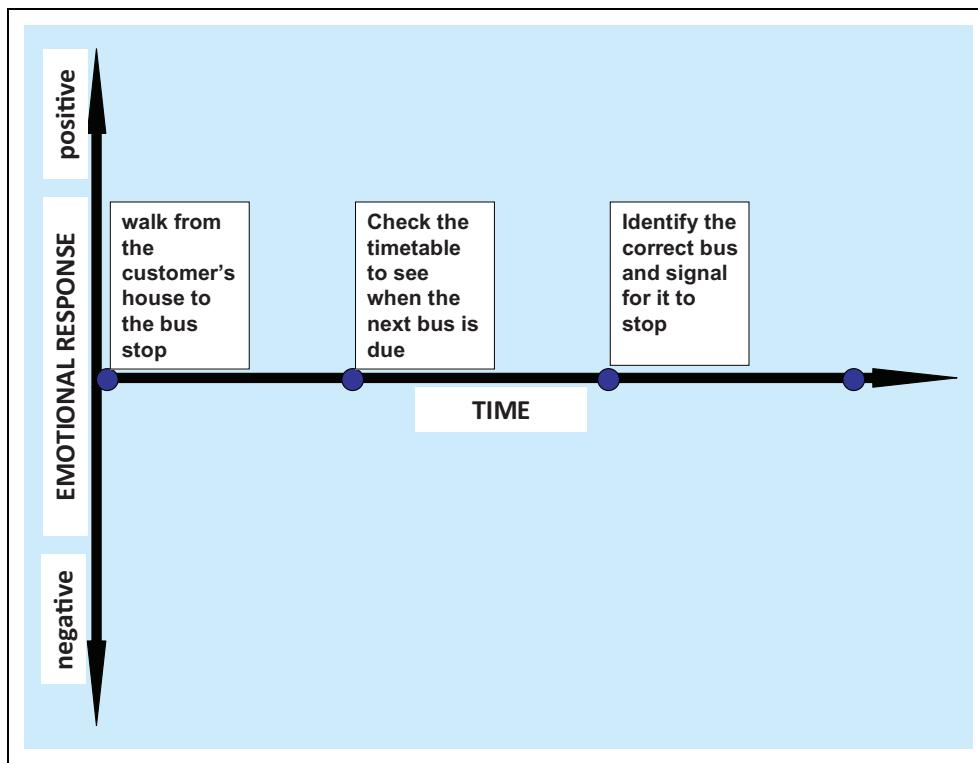


Figure 2. Step 2: Events on the time line.

As with the growth of social marketing in general, the interest in customer journey mapping by public sector service managers and policy makers reflects a growing awareness of the need for better customer service in the public sector. Politicians and policy makers began to use the customer orientation techniques of social marketing to in the late 90s to improve the quality of public sector services, of which customer journey mapping is one such technique (Varney, 2006).

Today, customer journey mapping is increasingly recognized by government sector and nongovernmental service providers as a vital research tool. For example, in the UK's National Health Service (NHS), there is increasing appreciation of the importance of what are described as "patient experience" outcomes—and not just clinical outcomes. The concept of "patient experience" encompasses much more than whether the clinical intervention was successful. It includes whether—and to what extent—the patient felt valued and appreciated as a human being rather than as an object or target to be hit. Customer—or patient—journey mapping enables health care providers to see the journey from the point of view of the patient and to understand what to do and where to focus attention to improve the experience.

There are other examples of the use of customer journey mapping in the NHS and across government departments (Cabinet Office, 2007, National Health Service [NHS], 2008). Indeed, the NHS Institute for Innovation and Improvement highlighted customer journey mapping as a proven quality and service improvement tool.

Using Customer Journey Mapping for an Advocacy Campaign

This article reports on the use of customer journey mapping among blind and partially sighted people, as part of a program of action that sought to improve access to goods and services. As far as we know,

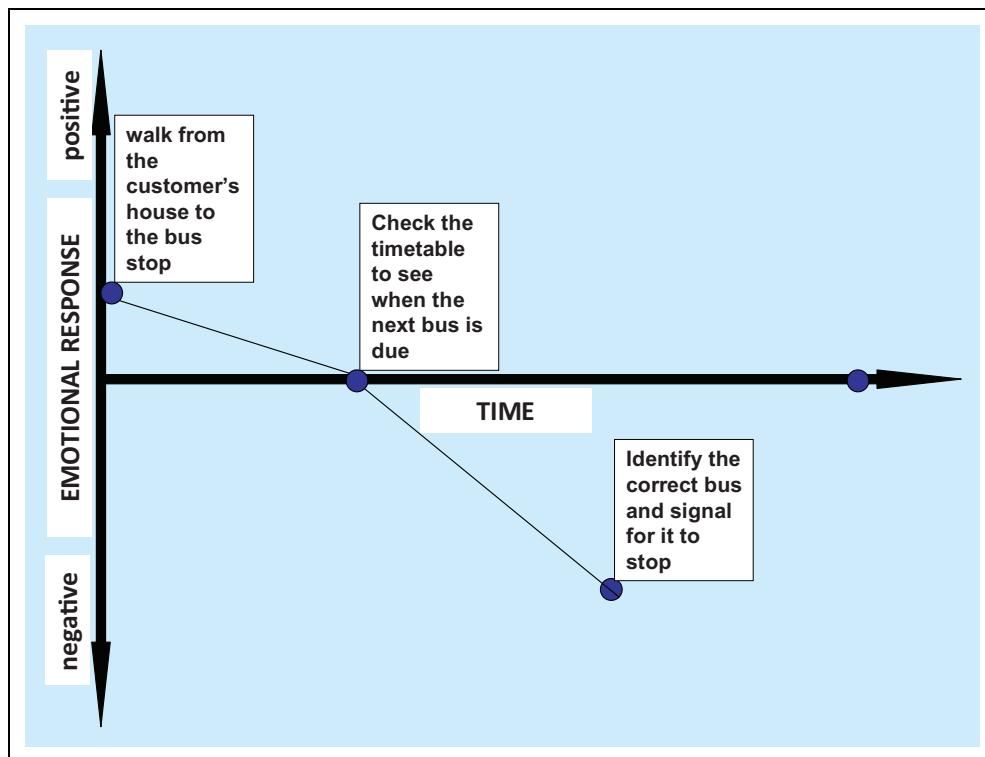


Figure 3. Step 3: Linked events with emotional response.

customer journey mapping has not been used by any charity to date as an advocacy or campaigning tool, but we feel that it has much to offer in this respect.

It is estimated that there are over 10 million disabled people in the United Kingdom (Department for Work and Pensions [DWP], 2010). According to Royal National Institute of Blind People (RNIB), the leading charity on sight loss, around 2 million of that group are blind or partially sighted (Access Economics, 2009). With an aging population and an increased likelihood of disability with age, disabled people make up an increasingly important economic segment of society. The most recent estimate of the combined spending power of disabled people in the United Kingdom is from 2004, when the Disability Rights Commission estimated the figure to be in the order of £80 billion per year (Disability Rights Commission [DRC], 2005).

As several commentators have argued, there is a compelling business case for both commercial and public sector enterprises to ensure that their services are accessible to disabled people (Office for Disability Issues [ODI], 2010). This is additional to the legal requirements set out in the Disability Discrimination Act 1995 and the Equality Act 2010, the purpose of which are to ensure that disabled people are not discriminated against in accessing goods and services. The requirements of these laws on providers of goods and services are to make “reasonable adjustments” to ensure access to disabled people.

While important in demonstrating society’s commitment to equality and ending discrimination, it is unclear how effective legislation has been in achieving these goals (Hurstfield et al., 2004). The most recent national survey to investigate the experience of discrimination among disabled people found that around a third of this group reported experiencing discrimination in many walks of life, from using transport services to accessing public, commercial, and leisure goods and services. This was in line with similar findings

reported in 2001. Around 70% of people with mobility or sensory impairments reported having experienced discrimination (Office for National Statistics [ONS], 2009).

One of the three priorities of RNIB's 2009–2014 strategy (Royal National Institute of Blind People [RNIB], 2009) is the creation of an inclusive society. This is underpinned by a number of specific goals including one related to ensuring that more blind and partially sighted people are able to shop independently. In 2009, a program of work was established to encourage service providers to appreciate the economic value to their businesses of this group's custom, and then act to make their services more accessible. The program culminated with consultation events that brought together blind and partially sighted people with the providers of transport and retail services. These events were held in three locations—Manchester, Lincoln, and Edinburgh. In preparation for these events, the authors undertook a series of Customer Journey Mapping studies with blind and partially sighted people in each of the three cities.

Customer Journey Mapping the Needs of Blind and Partially Sighted People

For most blind and partially sighted people, the “shopping journey” typically begins at home, with considerably more attention paid to planning than would be the case for sighted people. Planning is required to determine purchases needed, how to travel to the shops, the journey between shops, and back home. Once the journey is underway, the key stages may include: travelling to the retail center, identifying the store, entering the store, seeking assistance, assessing the display of product, navigation through the retail environment, product selection, payment, and exit.

A distinctive advantage of customer journey mapping for this study over other social research techniques—including focus group or depth interviews—was the opportunity it provided to elicit in depth responses from respondents about the practical and emotional impacts of what may appear at first sight to be relatively unimportant aspects of the shopping experience.

Method

The study involved between five and eight blind and partially sighted people living in each of the three locations. These people had been diagnosed with a range of different sight loss conditions. In each location, participants were asked to undertake a series of journeys, both on public transport and in individual retail outlets, including large multiples and independent retailers, shopping malls and city centers. Their experiences were recorded both on audio and in the form of written notes as they completed their journey, through one-to-one interviews at various stages of the journey. A series of journey maps were then produced.

Individual experiences were produced in the form of case studies. Each case study was reviewed by the participant in order to ensure the account was accurate. Individuals' experiences were then synthesized to produce a “composite journey” that reflected the range of concerns identified by participants. This too was validated through group discussion with participants.

The audio recordings of respondents recounting their experiences were edited to produce a series of sound files and inserted into a visual presentation. Presentation of these findings was made at a forum comprising retail, travel, and finance representatives, where possible solutions were discussed.

Findings

Examples of Participants' Experiences

The following describes the experiences of one participant in Lincoln.

Case study 1. Ms A is a middle-aged woman who has no sight and who uses a cane for mobility. The account describes her journey around two high street shops in Lincoln town center, a place she visits

twice a week, always with a carer or a family member. Ms A has lived without sight for all her adult life and was partially sighted as a child. She is independently mobile within her immediate neighborhood as she has memorized routes for navigation. This enables her to get from her home to the local shops. For trips into Lincoln town center, she is taken by a friend or family member by car. She has had bad experiences of using public transport, including falling up the steps of a bus and finding it difficult to find her way round the bus.

Ms A finds the experience of shopping on her own frightening. She has been told by her GP (General Practitioner) and her carer that she should not try to go into the town alone because her sight loss means that she is a “danger.” ‘When I think about going into town on my own I think, “Oh heck—I don’t really want to. I’m frightened I’ll bang people with my cane. I know from experience that in shops, some staff will help and some won’t.”

Today, she first visits a multiple discount clothing store with the intention of buying a jumper for herself and a multiple high street pharmacy, where she aims to buy some shower gel.

“Shopping is never a pleasure. It’s a necessity. As a blind person, you can’t browse as you can if you have sight. Being totally on my own without a carer, I was petrified. I got into the store and all I could hear was a lot of indistinct noise. I thought I’d aim for the sides of the shop and made my way towards the sound of people talking. I asked them where the jumpers were. I didn’t know if they were staff or customers. But one of them said, ‘here are some jumpers’. I said that I was blind and that I couldn’t see and she took me to them; she didn’t ask whether I wanted to be guided, she kind of held my shoulder. I later found out she was a member of staff. I asked her what jumpers there were. She said there were some grey, black and red jumpers. I said I’d like a grey jumper and she said there were normal or long styles. I decided to take the long style and she found my size. I then asked her where I should go to pay. She said the cash tills were ‘over there’. I said again that I was unable to see and she said she would take me there. Again, she didn’t ask whether or how I’d like to be guided. When we got to the queue for the cash tills, she just left me. I had to queue for about 10 minutes. It was a very long queue and I had to feel my way along. At the cash desk I paid over the money and the cashier just plonked the change back in my hand, without telling me how much I was being given. I thought that was arrogant. I then had to make my way back to the exit of the store unassisted. Overall, I felt the experience of shopping at the clothes store an unpleasant one. I felt uncomfortable and anxious. When I asked for assistance, it was only half hearted,”

Ms A’s next shopping trip was to the high street pharmacy, across the street from the clothing retailer. “I made my way into the shop and asked where the shower gel was. I was offered assistance immediately by a woman who asked if I needed her help and she guided me to the shower gels and explained the products and prices. She then asked me if I wanted anything else, and then guided me to the cash desk, and stayed with me while I paid. After that she guided me to the exit and made sure that I was meeting someone before leaving me. Overall, the experience in the pharmacy was really good. I would definitely go back there, but I wouldn’t bother with the clothes shop.”

Case study 2. Mrs B is an older woman who is registered partially sighted. She has poor central vision but has good peripheral vision. Mrs B has other disabilities, which she has lived with for the past 10 years, and she feels that her sight loss is not her main disability. She now relies on her husband and other family members to take her shopping, though because she has good peripheral vision, she is able to make her way around stores unassisted.

“We do the weekly shopping here at the local supermarket (one of the big 5). The staff know me and they’re all very helpful. My main problem is locating goods. For instance today I wanted to buy some scones, but I couldn’t see them, because they weren’t in their usual place. And then when I did find them, I had a real job working out whether they were plain or fruit scones. The print on the labels is so small that it’s very hard to see for someone like me. Another thing that I find really difficult is when the item I want is put down on the bottom shelf. I find that really hard, both finding the items and

then finding the price. If something is on the bottom shelf I literally can't get to it, let alone see it. When supermarkets change the layout of the store, that really confuses me. I really need everything to be put in the same place so that I know where I can find it. Some goods I have to identify by the colour on the packaging—like tinned mushrooms in garlic sauce. I can't read the label because of my eyesight, but I go by the colour of the tin. Because of my condition I generally keep to a set routine, and over the years the staff have got to know me, so that now if I need anything, they're very helpful. The other thing that would help would be to make sure the aisles are kept clear. Sometimes you find yourself bumping into things—that's why I use a delta frame trolley, because if I do hit something, it will get hit before me!"

The loss of independence is a huge factor in her quality of life. "I used to love going to town alone and doing things on my own. It's still something I think about and it would just be great to be able to do that kind of thing again."

Case study 3. Mr C is in his late 50s and has been partially sighted from birth. For many everyday activities, he is able to get around independently. His main difficulty when travelling by public transport is reading bus numbers and timetables. Mr C has found that he is able to read the train timetable on the Internet relatively easily, but the timetables for the local buses are a different matter.

"The national train timetable is relatively easy to see, but the local bus timetable is impossible."

Mr C has had many bad experiences of traveling around Lincoln by public transport. Recently, he wanted to attend the local society meeting for blind and partially sighted people.

"The bus drivers can be very awkward with you. I carry a white cane so they can see I'm partially sighted, but unless you almost stand in the road, some of them won't stop. On this occasion, I told the driver the road where I wanted to get off. Most of them are helpful and will put you out where you want to get off, but this one just left me. After a while I asked another passenger whether we were at the place I wanted to go, only to be told that this bus didn't even go there. I was left miles away from where I had wanted to get to, and had to get another bus back into town. I think it's wrong; the driver must have known that I was on the wrong bus when I got on, but he didn't say anything."

Discussion

Making Customer Journey Mapping Accessible to a Nonsighted Audience

As described above, an important feature of customer journey mapping is that it lends itself to a highly visual output that is at once engaging and simple to understand, incorporating several features on a single display—including time points, experience, emotional response, and solutions.

The events organized by RNIB consisted of roughly equal numbers of retailers, transport providers, blind and partially sighted people, and charities working on their behalf. The customer journey mapping presentation formed the centerpiece of the information provision at the events.

A traditional visual presentation would have made aspects of the method inaccessible to large numbers of the audience. Instead, a spoken narrative was provided, outlining the key stages and moments of the shopping journey. In order to convey the emotional impact of the experiences at different points on the journey, audio files of participants' voices were played at key moments on the journey. This provided a clear sense that the experiences were authentic and conveyed the feeling of exclusion experienced by the participants (Figure 4).

Using Customer Journey Mapping to Trigger Action

Customer journey mapping is a technique that is capable of providing powerful insights into everyday activities. It has an important role to play alongside other social marketing approaches and is adaptable to the needs of a wide range of audiences, including disabled people. Organizations working with

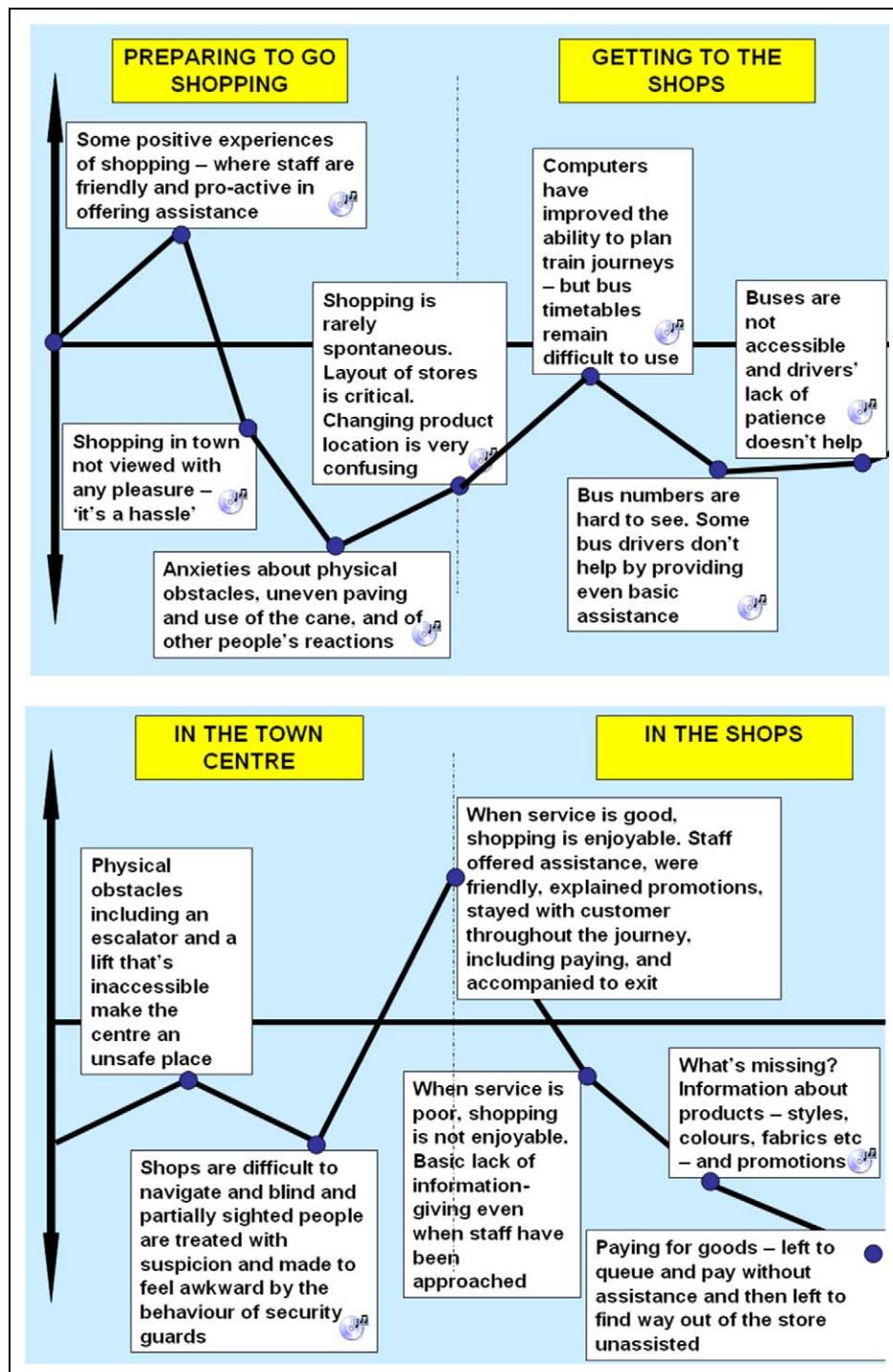


Figure 4. (Continued)

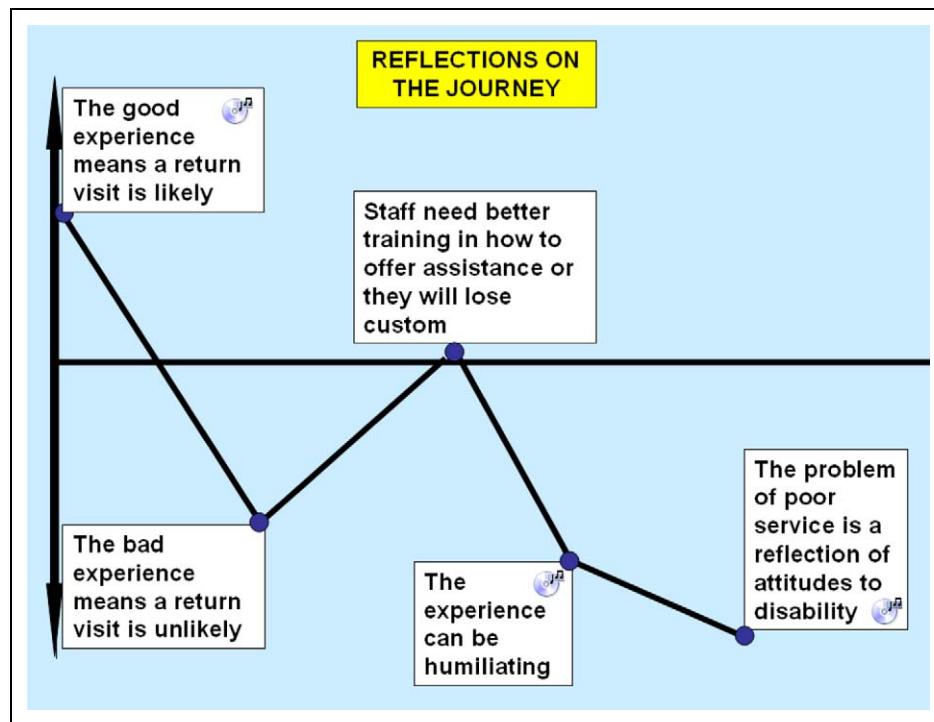


Figure 4. Illustration of customer journey map (CJM) for blind and partially sighted people shopping in Lincoln.

people with sensory impairments may find it helpful to conduct similar studies to that described in this report.

While the study described produced a powerful and solution-oriented set of findings, it was only the beginning of the process of engaging retailers and service providers to change their behaviors to take more account of the needs of their blind and partially sighted customers. The impact of RNIB's program of work in this area requires monitoring of service providers to assess whether the promises made at the engagement events are turned into action.

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References

- Access Economics. (2009). *Future sight loss UK 1: Economic impact of partial sight and blindness in the UK adult population*. RNIB. Retrieved from <http://www.rnib.org.uk/aboutus/Research/reports/prevention/Pages/fsluk1.aspx>

- Cabinet Office. (2007). *Customer journey mapping: An introduction*. HM Government.
- Department for Work and Pensions. (2010). *Family Resources Survey UK 2008/09*. Retrieved from http://research.dwp.gov.uk/asd/frs/2008_09/frs_2008_09_report.pdf
- Disability Rights Commission. (2005). *Disability in Scotland 2004. Key facts and figures*. Retrieved from <http://www.leeds.ac.uk/disability-studies/archiveuk/DRC/Disability%20in%20Scotland.pdf>
- Hurstfield, J., Meager, N., Aston, J., Davies, J., Mann, K., Mitchell, H., O'Regan, S., Sinclair, A. (2004). *Monitoring the Disability Discrimination Act (DDA) 1995: Phase 3*. Retrieved from <http://www.leeds.ac.uk/disability-studies/archiveuk/hurstfield/Final%20-pdf.pdf>
- National Health Service Institute for Innovation and Improvement. (2008). Retrieved from http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/process_mapping_-_an_overview.html
- Office for Disability Issues. (2010). *2012 Legacy for disabled people: Inclusive and accessible business*. Retrieved from <http://www.bis.gov.uk/assets/biscore/business-sectors/docs/0-9/10-1126-2012-legacy-for-disabled-people-case-for-the-disabled-customer>
- Office for National Statistics. (2009). *Life opportunities survey*. Retrieved from <http://www.statistics.gov.uk/pfddir/los1210.pdf>
- Varney (2006). *Service transformation: A better service for citizens and business, a better deal for the taxpayer*. HM Treasury. Retrieved from <http://www.official-documents.gov.uk/document/other/011840489X/011840489X.pdf>
- Royal National Institute of Blind. (2009). *Strategy 2009-2014*. Retrieved from http://www.rnib.org.uk/aboutus/Documents/public_stragey9_14.doc

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