



Curtin University

2021 IMPACT EVALUATION KEEP WATCH PROGRAM

COLLABORATION FOR EVIDENCE, RESEARCH & IMPACT IN PUBLIC HEALTH

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KEY FINDINGS & IMPLICATIONS

Background

The Keep Watch program is a well-established drowning prevention program; a fixture in the Western Australian (WA) public health landscape for 25 years (1). The multi-strategy program aims to increase knowledge and skills regarding toddler drowning prevention in WA, targeting parents and carers of children under five years of age as the primary target audience and professionals in the child care, child health and injury prevention industry living in WA as the secondary target audience. Delivery of multiple strategies includes the use of mass media. There have been a number of iterations of the mass media campaign since its inception. The Keep Watch program reflects current global practice, whereby mass-media is used as one component of a multi-strategy approach to tackle a broad range of preventable injuries (2). In 2020, a new media campaign execution was launched, *'Kids can't help themselves around water, you need to'*. This iteration was developed following a rigorous formative evaluation process in conjunction with the Royal Life Saving Society of Western Australia (RLSSWA), Collaboration for Evidence, Research and Impact in Public Health (CERIPH) research team, and the creative agency. The formative evaluation process included: review of evidence; consultation; theory mapping; developing and pre-testing of concepts; and finalisation of concepts. The new execution is a departure from the previous mass media campaign *'Water. It's only safe when you're watching'*, which reflected Health Belief Model constructs of perceived susceptibility and severity and was more consistent in its delivery with traditional threat appeal public education campaigns. Stylistically the new campaign is fast-paced and uses attention grabbing images, music and text. The focus is on increasing self-efficacy and changing social norms; and the new suite of television commercials provide explicit cues to action, specifically to *Supervise, Restrict, Teach and Respond*. As described above, the move to refocus the campaign is a result of significant investment in formative research and application of behavioural theory constructs, which have guided direction. The current evaluation sought to assess target group awareness of the campaign along with knowledge, self-efficacy and social norms.

Evaluation Approach

A mixed methods evaluation was used to explore the impact of Keep Watch during the evaluation period. First, a population level, cross-sectional online survey was conducted at two time-points for the period July 2020- June 2021. Time-point one (T1) (23 October – 22 November 2020) was conducted at baseline, prior to the first wave of the new media campaign (n= 279). Time-point two

(T2) (21 January – 15 March 2021) was conducted post the media campaign wave (n=700). Collection protocols required an 80:20 metropolitan/regional split and 50:50 equal split of those living on properties with a pool or large body of water, and those without. For T1 a survey link was promoted through social media, online forums and relevant stakeholder newsletters. Post T1 the research team and RLSSWA met to discuss alternative recruitment strategies to increase the T2 sample size and ensure a representative sample of the WA population. Consequently a social research company was engaged to access participants (n=505), of whom 197 met the survey criteria. After data cleaning, the final samples were n=236 (T1) and n=350 (T2). Descriptive statistics were used to summarise: demographics; swim ability and confidence; water-based activity; safety actions; factors influencing behaviour; attitudes and knowledge. At T2 descriptive statistics were also used to assess the current campaign and program recall, as well as campaign recognition, and awareness, campaign key messages, advertising diagnostics and behavioural intent.

Qualitative interviews were undertaken with stakeholders from the secondary target group (professionals in the child care, child health and injury prevention industry living in WA, including child and community health nurses, day care staff and population health staff) were approached via email to participate in a one-on-one interview (n=15). Participants were purposively selected to provide commentary in relation to their experiences with RLSSWA. Interviews were conducted online (n=1) and via telephone (n=8). Length of interviews ranged from 9 - 27 minutes. Interviews explored stakeholder self-efficacy, confidence, engagement and value and the relevant program objectives. All interviews were recorded and transcribed verbatim and analysed deductively against project objectives to uncover key themes. Descriptive quotes were selected to illustrate key findings. Quotes are included without identifying features, to ensure the anonymity of stakeholders.

It is important to note that the advent of COVID-19 during 2020 will have had an impact on campaign awareness and participation in evaluation. Results should be considered in this context.

Key Findings and Implications

Key findings are summarised and considered in relation to recent peer reviewed literature to inform RLSSWA practice and research.

Demographics

In 2021, the demographic profile shifted from T1 to T2, specifically age, gender and carer status, however participation by those born overseas remained consistent to previous evaluation rounds. Changes included an increased proportion of males, older adults 55+, and grandparents. The increase in the proportion of older adults and grandparents were threefold. This may in part be explained by a change in the recruitment process for participants at T2 which was jointly undertaken in-house by RLSSWA and by an external market research organisation. It would be prudent to assume the external market research organisation would have broader reach. Accordingly, the demographic profile has changed from T1 and from previous campaign evaluations conducted in the preceding 2015-2019 period. Consistent with the drowning prevention research in general (3, 4), females continue to be over represented. However the increasing proportion of males, older adults and grandparents at T2 is a positive trend. Maintaining this trend and encouraging further participant segmentation will yield greater diversity and more varied insights for campaign refinement and/or development.

Water Based Activity

In March 2020 the State Government Department of Health called for all public swimming pools to close from midnight (5) in response to the COVID 19 pandemic. The closures were relaxed on 18 May 2020 with public pools re-opening with limited numbers allowed to enter the pools and returned to full operational capacity on 1st September 2020. This may explain the higher proportion of public pool presentations at T1 (79.2%) vs T2 (68.8%) as the community sought to support the local aquatic industry, including swim schools that had suffered significant financial loss during public health restrictions. Of interest and consistent with this observation, participation in swimming lessons were higher in T1 compared with T2 (67.8% vs 50.9% respectively). This is an interesting period of observation on the use of, and access to public pools In view of the impact of COVID-19. Meteorological data does not explain these findings as temperatures were on average higher at T2 than T1 (6). These findings should be monitored in the short-medium term.

Safety Actions

Planning for the new mass media execution together with a review of previous Keep Watch findings demonstrated parental knowledge and awareness of supervision and intention to supervise around water was high, however potential distractions and environmental barriers were worthy of further exploration. Consequently, new items were added to the survey to examine potential safety actions (supervision, restrict, learn and respond). Always supervising children '*within arm's reach*' was a consistent finding at both T1 and T2, which reflects positively on the reinforcing effect that this Keep

Watch message has had over time. However grandparents were less likely to supervise bath-time. As grandparents play an increasing role in the provision of child-care in the Australian context (7) this is an important consideration for future campaign framing and messaging. However, it is possible grandparents misinterpreted the question and answered according to whether they are involved in bath-time supervision, versus indicating a willingness to leave their grandchildren unsupervised in the bath. The wording of questions should be reviewed in future surveys to increase relevance or appropriateness for grandparents.

Environmental supports are often used to complement behavioural change in health promotion campaigns. Accordingly, the importance of ensuring barriers such as pool gates, latches and locks are maintained appears to require increased emphasis. Strategies to increase awareness of the importance of environmental barriers should continue to be embedded in future campaign messaging. Advocacy efforts should be continued and where needed, increased to ensure policy and/or legislation around standardised and legislated barrier measures.

Fewer participants at T2 were likely to attend water familiarisation classes. Cost and time were reasons for non-participation. These logistical issues were consistent with findings from the literature which cite a range of similar reasons for lower or poor uptake (8-10). Less than a quarter of participants indicated they had completed CPR training within the last 12 months and only a small proportion planned to do so in the next three months. These results were consistent with those from previous evaluations and with the review by Heard and colleagues (11) of public engagement in first aid training which suggests the need for greater attention to strategies to increase participation. The literature has suggested that first-aid training tends to be undertaken by males, those who are younger or who have a higher level of education, and specifically those who are students or employed (12, 13). These findings have implications for Keep Watch which has a greater focus on women and older people as carers of young children and may therefore need specific strategies to address this issue. The literature is lacking on enablers for first aid training more broadly. Heard and colleagues (11) cite a range of literature which suggests that understanding emotional and confidence barriers to participation is an area for further exploration as well as addressing logistical concerns. The greater focus on tangible actions including to 'Respond' in the new campaign iteration may yield increasingly positive behavioural intention and change towards CPR practices in future evaluations. Results should be considered in relation to the absence of available training courses, competing priorities, concerns over health and financial pressures presented due to the COVID-19 pandemic.

Factors Influencing Behaviour

Self- efficacy

Overall, self-efficacy was high at baseline and sustained at T2 for both parents and grandparents. Self-efficacy is among the most important and modifiable predictors of behaviour (14), albeit one of the most complex. Self-efficacy as conceptualised in this evaluation, was parents' and grandparents' perceptions of their ability to positively influence the behaviour of their children and grandchildren.

In general, the literature suggests parents with strong beliefs in their own parenting efficacy also engage in positive parenting behaviours (15) which we posit may translate to the aquatic environment. The recent drowning prevention literature highlights the combination of physical, cognitive, and affective competencies required to reduce the risk of drowning. This has been defined by Stallman and colleagues as “the sum of all personal aquatic movements that help prevent drowning as well as the associated water safety knowledge, attitudes, and behaviours that facilitate safety in, on, and around water” (16) (page 2). The current media aimed to increase self-efficacy. While initial findings are positive, it is important to note the likely impact of response bias from self-report, which may inflate perceived levels of efficacy based on practice deemed by the individual to be efficacious and appropriate, but may not be consistent with best practice. This requires further consideration. Of interest higher parenting self-efficacy has been observed in mothers of less emotional and more sociable children, and among better educated mothers with higher family incomes, and more previous experience with children (15). A more sophisticated examination of self-efficacy and /or parenting efficacy constructs using observational and in-depth interviews as a combined approach is worthy of consideration.

Social norms

Norms regarding behaviours related to drowning varied by situation and carer status. Societal approval regarding propping a pool gate open was considered unlikely. This is possibly emphasised by the belief that a child may be more susceptible to drowning if an environmental barrier is not used (17, 18). Approval regarding leaving a child unsupervised in the bath was considered more likely than leaving the pool gate open, which suggests normative practices may differ inside the home. Interestingly grandparents and parents differ on the approval of this behaviour. This may suggest generational differences whereby the younger cohort of parents may have had recent exposure to previous Keep Watch messages e.g. ‘This Much’ and ‘Distraction’, and therefore are less likely to approve of leaving children unattended in the bath. Emotional connection and responsibility of primary carers may contribute to lower levels of approval than other caregivers, family and friends. Keep Watch may need to continue to explore self-efficacy and social norms and target grandparents more explicitly building messages, choosing channels, developing partnership, generating publicity, inventing fresh content; and joining up strategies (19) across the suite of programs offered by RLSSWA.

Attitudes and Beliefs

Generally attitudes and beliefs towards drowning prevention were positive, likely a result of sustained messaging over time. The most formidable attitudes expressed by all participants were that *‘all childhood drowning can be prevented’* and *‘drowning can occur in less than 5 minutes’*. At both T1 and T2 participants expressed a strong belief that children are at risk of drowning even when adults do not expect them to be around water (a campaign message). Parents may be influenced by their educational attainment, social norms or expectations and the number and age of children. For example, mothers of younger children have been found to have more accurate perceptions of injury

prevention than parents of older children (20). Of interest, carer status and country of birth appear to play a role in shaping attitudes and beliefs towards up to date CPR skills and the presence of backyard pools. Findings related to attitudes and beliefs towards CPR skills echo findings by Heard and colleagues (2020) regarding the range of barriers to first aid training uptake. Findings relating to country of birth may relate to overall health literacy, previous experience with water or different health priorities which has also been found in other research on drowning prevention and migration (21, 22). Further considerations of the cultural, socio-demographic and emotional dimensions of helping-behaviours are warranted in order to more effectively target and tailor strategies.

Knowledge

Knowledge remains high (80%) at both T1 and T2. This reflects the long-term investment by RLSSWA and the Keep Watch program over the last 25 years to provide evidence informed programs for Australian parents about how to keep their children safe in and around water. Given the continuing high scores over time, greater investment could now be made in exploring the scores and profiles specifically of those who scored lower on the knowledge scale. In 2017, around one in five Australian children were cared for by their grandparents on a weekly basis (23). Current findings suggest that grandparents were less likely to be able to identify effective prevention strategies to protect children aged 0 – 4 years from drowning when compared with parents. With increased reliance on intergenerational care, grandparents are now required to supervise, educate and set boundaries for toddlers and children in a variety of settings and often spend considerable time transporting toddlers and children around the community (7). Further consideration of grandparents' ability to identify and implement effective prevention strategies is worthwhile as we recognise the increasingly significant role that grandparents play in shaping the lives and experience of their grandchildren and other children in their care.

Media Campaign

Whilst around half of participants could recall any advertisement about water safety, there was no recall of the new iteration of the mass media campaign. This is in contrast to unprompted recall following the first media wave for previous campaigns, *'This Much'* (10%) and *'Water. It's only safe while you're watching'* (7.0%). A number of factors related to the current media landscape may explain the lower than anticipated awareness. These include: the impact of COVID-19 on attention and awareness of other public health issues; and a change in the media buy away from free-to air, targeted commercial television. Of interest, a proportion of participants (8.4%) recalled the previous media execution *'Water. It's only safe while you're watching'* at T2. When prompted, 6.7% of participants recognised the new campaign, which is also low when compared to previous campaigns, *'This Much'* (32.4%); and *'Water. It's only safe while you're watching'* (*Distraction* 20.6%, *Pool gate* 15.2%). Of those who recognised the mass media campaign, key execution components evaluated highly with all participants indicating the advertisement was relevant, believable and easy to understand. A further 9 out of 10 participants indicated the advertisements were attention grabbing and stuck in their mind. These were positive outcomes in view of the new creative direction, a radical

departure from the previously more sombre advertisements. Critical to highlight is that awareness is the first step in a hierarchy of communication steps and builds over time. Results should be considered in that context.

Keep Watch Program

The Keep Watch program and brand recognition remain high. In 2020, almost three quarters of participants had heard of the Keep Watch program, and whilst this dipped slightly in 2021 to just over half we may assume that competing public health messages due to the COVID-19 pandemic may have provided a distraction for parents. However, the results are consistent with Keep Watch program recognition reported in the previous two evaluation periods. These findings are consistent with the literature which suggests that brands are not usually built in a month or two, rather, are years in the making (24). Key to the longevity of the relationship between the Keep Watch program and its constituents over their life-time is maintaining consistency in program naming and broad branding, whilst embracing a variety of supporting health promotion strategies (19).

Stakeholder Interviews

Findings from interviews with key stakeholders, including service providers (n=5) and community health organisations (n=4), are highlighted below. Providers were situated in metropolitan (n=6), semi-rural (n=1), regional (n=1) and remote (n=1) locations around Western Australia. The evaluation explores two overarching themes: *Participant capacity to deliver drowning prevention strategies*; and *Value and impact of the Keep Watch strategies*.

Overall, stakeholders indicated they had a valued relationship with the Keep Watch Program. They saw the importance and impact of the Keep Watch program on the delivery of drowning prevention content to their clients. They reported on the benefits of having RLSSWA staff deliver education to their clients, as well as the impact of the resources and strategies as conversation starters, allowing drowning prevention messages to extend beyond the parent information and first aid sessions run by RLSSWA. In particular, stakeholders highlighted the usefulness of both digital and physical resources to the provision of drowning prevention messages to their clients. Some parents/carers thought that the information was less relevant to them personally. This may impact on participation in education sessions or uptake of messages. Further consideration of how key messages can be embedded in broader parenting advice is warranted. Exploration of parent/carer perceived susceptibility across key demographics is worthy of investigation to determine how best to engage the target group.

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