



Curtin University

2023 IMPACT EVALUATION KEEP WATCH PROGRAM

COLLABORATION FOR EVIDENCE, RESEARCH & IMPACT IN PUBLIC HEALTH



Make tomorrow better.

[curtin.edu.au](https://www.curtin.edu.au)

KEY FINDINGS & IMPLICATIONS

Background

The Keep Watch program is a well-established drowning prevention program, and for over 25 years, has been a key community-facing campaign for the Royal Life Saving Society of Western Australia (RLSSWA) (1). The multi-strategy program aims to increase knowledge and skills regarding toddler drowning prevention in Western Australia (WA). It targets parents, grandparents and carers of children under five as the primary target audience and professionals in the childcare, child health and injury prevention industry living in WA as the secondary target audience.

The current Keep Watch program reflects current global practice, whereby 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'*. The campaign was developed following a comprehensive formative evaluation process with the 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 departs 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 provides explicit cues to action, specifically to *Supervise, Restrict, Teach and Respond*. The current campaign results from significant investment in formative research and the application of behavioural theory constructs, which have guided direction.

The 2020-2023 evaluation sought to assess target group awareness of the campaign, 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 three time points. 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). No data were collected after media wave two, over the summer of 2021-22. Time point 3 (T3) is the latest data collection point of the evaluation survey (February – March 2023) and follows media wave 3 (summer 2022-23) (n=532).

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 e-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. Subsequently, a third-party social research panel was engaged to access participants (n=505), of whom 197 met the survey criteria. At T3, a panel was again engaged for recruitment (n=100) alongside existing RLSSWA networks (n=430). After data cleaning, the final samples were n=236 (T1), n=350 (T2) and T3 (n=269). Descriptive statistics were used to summarise: demographics; swim ability confidence; water-based activity; safety actions; factors influencing

behaviour; attitudes, and knowledge. At T2 and T3, descriptive statistics were also used to assess the current campaign and program recall, campaign recognition, awareness, campaign key messages, advertising diagnostics and behavioural intent.

Qualitative interviews were undertaken with stakeholders from the secondary target audience (professionals in the childcare, child health and injury prevention industry living in WA, including child and community health nurses, day care staff and population health staff) who were approached via email to participate in a one-on-one interview (n=15). Participants were purposively selected to provide commentary concerning their experiences with RLSSWA. Interviews (n=4) were conducted online (n=1) and via telephone (n=3). The length of interviews ranged from 16 - 38 minutes. Interviews explored stakeholder self-efficacy, confidence, engagement, value, and the relevant program objectives. All interviews were recorded, 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.

Key Findings and Implications

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

Survey

Demographics

The profile of typical respondents were female, live in the metropolitan area, university educated and Australian born. In 2023 (at T3), the demographic profile shifted. More than a ten-fold increase was recorded in participation by those identifying as Aboriginal and/or Torres Strait Islander and an increased proportion of participants aged 25 – 34 years. Of note, the proportion of grandparents decreased, and participants born overseas who had spent 6 -10 years in Australia increased from T2 levels. Differences may partly be explained by a change in the recruitment process for participants at both T2 and T3. It would be sensible to assume that external market research organisations would have a broader and more diverse reach. Accordingly, the demographic profile has differed over the three-year evaluation timeframe and from previous campaign evaluations conducted in the preceding 2015-2019 period. Maintaining demographic diversity and encouraging further participant segmentation will yield varied insights for campaign refinement and/or development. The opportunity to increase the recruitment scope using panels has advantages for the sampling frames and reduces the burden of in-house recruitment by RLSSWA staff.

Water Based Activity

Participants reported three key swimming locations that have remained consistent over time, these are the beach, residential pool and public pool. Of interest, participation in swimming lessons was lower in T3 (53.9%) compared with T1 (67.8%). This is consistent with T2 findings (50.9%). Post COVID-19 restrictions, this remains a critical period of observation on the use of and access to public pools because of the pandemic's impact. For example, a recent report found two years of disrupted swimming lessons during COVID-19 translated to an estimated 10 million lessons cancelled, extensive wait lists, and a reduced aquatic workforce meant returning to swimming lessons is slower than anticipated (5). Parallel and significant cost of living pressures may also contribute to fewer children participating in swimming lessons (5). These issues will impact drowning prevention efforts in children and toddlers in the short-term and findings should continue to be monitored.

Safety Actions

Previous Keep Watch findings demonstrated high levels of parental knowledge, supervision awareness and intention to supervise around water; however, we identified *potential distractions* and *environmental barriers* worthy of further exploration. At T3, always supervising 'bath time' and always supervising children 'within arm's reach' was high and consistent with T1, T2. Whilst not significant, there was a downward trend of both parents and grandparents indicating they always 'keep their child within arm's reach around water', and always 'ensure their pool gate is closed'. It may be worthy of further targeted messaging, cues to action and/or educational strategies for the specific audience

of carer/grandparent to reiterate the importance of maintaining barriers such as pool gates, latches and locks. Strategies to increase awareness of the importance of environmental barriers should continue to be embedded in future campaign messaging. Of interest, significantly fewer participants at T3 reported always *'emptying the paddle pool or bath'* compared with T1. These drowning prevention strategies were targeted in *'This Much'*, a campaign and messaging which has not aired for over five years.

Fewer participants at T3 intended to attend water familiarisation classes. Noting the data were collected at the end of the WA summer, we also posit cost, wait lists, lack of workforce capacity and other logistic issues, consistent with the literature, for lower or poor uptake (5). Less than a quarter of participants indicated they had completed CPR training within the last 12 months; however, one-third planned to do so in the next three months, almost doubling the finding at T1. The greater focus on tangible actions, including to *'Respond'* in the new campaign iteration, appears to have shifted behavioural intention and change towards CPR training. This positive outcome for 2023 aligns with the other T3 findings; for the first time CPR is a top four listed drowning prevention strategy, and nine out of ten participants agree that having up-to-date skills CPR was important. These findings have implications for Keep Watch, which focuses on parents and older people as carers of young children. Results and future strategies should be considered in the context of the availability of and access to training courses, competing priorities and economic hardship currently faced by WA families.

Factors Influencing Behaviour

Only self-efficacy was evaluated at T3. Self-efficacy was conceptualised as parents' and grandparents' perceptions of their ability to positively influence the behaviour of their children and grandchildren. It is among the most important and modifiable predictors of behaviour (6), albeit one of the most complex. Both parents and grandparents had high self-efficacy at baseline, T2 and T3. There was a significant difference in self-efficacy scores when T3 was compared with T1. Parents had higher self-efficacy scores than grandparents at T3 and T2, which were significant. As the current Keep Watch media campaign aimed to increase self-efficacy, a dip downwards at T3 warrants discussion. Recent studies suggest an examination of parents' abilities, their response to social persuasion (e.g. encouragement or praise from others) and their emotional state (e.g. confidence and happiness) are more likely to instil a higher self-efficacy (7), and this may be worthy of exploration in subsequent evaluation with both parents and grandparents. Finally, peer support can boost parent self-efficacy by creating a sense of community and collective responsibility (7); continued investment by RLSSWA in parent/grandparent and peer support networks for connection and reciprocal learning is recommended.

Attitudes and Beliefs

At T1, T2 and T3, around half of the participants strongly believed that *'children are at risk of drowning even when adults do not expect them to be around water'* (a campaign message). Across all three time points, nine out of ten participants agreed that up-to-date CPR skills were important. For the first-time parents and carers nominated learning CPR skills as a top four strategy. The findings demonstrate that there has been a shift in attitudes and beliefs over time, with fewer participants strongly disagreeing about the safety of fenced backyard pools and the risk of drowning for toddlers in homes without pools. Over time these findings were significant. Utilising the media to promote campaign messaging appears to contribute to a change in attitudes. Re-visiting the use of strategies to share real-life stories and testimonials and showcase positive role models as part of a complementary execution may have utility to influence attitudes and beliefs in specific sub-groups of parents and carers, for example new parents or recently arrived migrant parents. Further consideration of the cultural, socio-demographic and emotional dimensions of attitudes and beliefs' is warranted to target strategies more effectively.

Knowledge

Knowledge remains high (80%) for three out of the five knowledge questions across all time points. The result confirms the importance of a sustained and long-term investment in Keep Watch, an evidence-informed program delivered to parents to keep children safe around waterways. A previous recommendation to explore the knowledge items individually and not as an aggregated score which was implemented in this evaluation, has provided some additional insights. Specifically, participant knowledge of *'within arm's reach'* is significantly lower compared with T2

and T1. Similarly, participant knowledge at T3 of *'where children under 5 years who live in Australia drown'* was significantly lower than at T2 and T1. There are two considerations for these findings. First, the panel recruitment may have attracted a more diverse sample, reducing sampling and reporting bias and second, a less blunt exploration of the knowledge variables has given some additional perspectives not seen in the previous mean score analysis. Identifying knowledge gaps is an important component of the evaluation. By analysing specific questions, we can identify areas lacking knowledge, which may help direct resources toward addressing these gaps. These are important insights to inform new content designed for educational strategies and any refinement of campaign messaging.

The Keep Watch strategies were explored differently with participants in 2023. Parents and carers learning CPR skills entered the top four for the first time at T3 whilst *'Supervise within arm's reach'* was the most frequently identified strategy at number one, as seen at T1. T3 findings suggest that grandparents were better able to identify effective prevention strategies to protect children under five years from drowning when compared with T2 (13.3% v 3.6%). This is an important insight, as in recent years there has been an increased reliance on grandparents as both a 'backup parent' and relative, with approximately 50% of young children spending time with a grandparent weekly (8) in various settings, including in and around water (9). A focus by RLSSWA on grandparents and their ability to identify and implement effective prevention strategies is posited for a positive shift in the findings. Grandparents play an increasingly significant role in shaping the lives and experience of their grandchildren and other children in their care. When reviewing Keep Watch findings alongside those from the Make the Right Call (MTRC) evaluation, there are a number of notable synergies. For example, MTRC feedback suggests that: *"water safety messages and family were vital and integral motivators for seniors joining the classes"* and *"A lot of them had grandchildren. So that's what motivated them to want to come and do this."* There is a potential leverage opportunity between programs that is currently underexplored.

Media Campaign

Unprompted, just over half of the participants at T3 could recall any advertisement (ad) about water safety, a slight improvement from T2. A small proportion (3.8%) recalled *'Kids can't help themselves around water. You need to'* which was an upward improvement from T2 (0%). When prompted, recognition increased from 6.7% at T2 to 17.2% at T3. Finally, total awareness increased three-fold at T3 to 17.6 % compared with 6.7% at T2. The three-year time frame and a creative direction which was a departure from the previously more sombre ads is reflected in the campaign awareness approaching 20%.

Over half of the participants identified *'supervision near water'* as one of the main messages, and around one quarter identified *'Respond'* and *'all kids are at risk'* as the main messages. Most participants thought the key messages were well conveyed, with no significant differences between T3 and T2. Those who recognised the mass media campaign evaluated key execution components positively. Eight out of ten participants indicated the ad was relevant, believable and easy to understand, slightly fewer than the 100% achieved at T2. Seven out of 10 participants at T3 indicated the ads told them something new, a significant finding from T2. Previous mass media campaign evaluation has noted a 'cycling effect' whereby some people are aware of campaign messages at different times - some early in the campaign lifecycle and some late (10). There may be an effect whereby messages received earlier in the life stage are compounded with new messages from a new campaign. Timeframes of when participants become a parent or caregiver may also influence awareness. Finally, recruitment using a panel may explain the finding. Of interest, Facebook and Instagram were the platforms where participants were more likely to see ads in T3 than T2. However, at both T3 and T2, most participants (80%) had still seen ads on television or streaming services.

Of note, intention to change supervision methods decreased at T3, so too did intention to enrol children in swimming lessons; however, this is reflective of economic constraints and waiting lists for swimming lessons (5). Finally, three-quarters of T3 participants who had seen the ads *'intended to ensure the pool gate was closed'*, an increase from just over half at T2; similarly, two-thirds *'intended to check pool fencing more regularly'*, an increase at T3 compared with T2. These findings are timely to support any plans to refresh the creative direction in the campaign's next iteration with a recommended focus on refining the tag lines and or messaging embedded in the media campaign materials.

Keep Watch Program

At T3, Keep Watch program and brand recognition remained consistent with T2; however, dipped when compared with T1. Overall, the results are consistent with the program recognition reported in the previous two evaluation periods spanning 2014-2023. Logo recognition improved at T3, with participants seeing the logo at public swimming pools, on television and streaming services and via health professionals; this has remained consistent over the past three years. The Keep Watch brand and logo serve to influence attitudes, beliefs, and behaviours to reduce drowning amongst toddlers and young children; a review highlighted the sustained assessment of brand awareness and publishing reports using branding metrics to be an essential evaluation component for public health campaigns (11). The Keep Watch program should maintain consistency in program naming and broad branding whilst embracing various supporting health promotion strategies (12).

Stakeholder Interviews

Interview findings suggest that RLSSWA continues to be recognised as the key service provider for delivering drowning prevention education aimed at babies and toddlers. RLSSWA capacity and expertise were acknowledged. Stakeholders saw the Keep Watch program's importance and impact on delivering drowning prevention content to their clients, especially those in regional communities. The reported benefits of having RLSSWA staff deliver education were described as helpful, informative, and practical. An observation from participants regarding more nuanced messaging and /or resources to align with the different developmental stages of children is worthy of exploration. Stakeholders highlighted the preference for face-to-face content delivery for regional participants. While RLSSWA had been very agile in providing online resources during COVID-19 and after the pandemic, technological issues make face-to-face delivery more viable for some in rural WA. Stakeholders emphasised the importance and usefulness of resources as a reminder prompt for busy parents after attending presentations (e.g., brochures) and during water-based activities with children (e.g., flannels and rubber ducks used during bath time), with some participants continuing to lament the lack of bath packs. Finally, the recruitment of stakeholders was difficult in this evaluation period. There seems to be responder burden creep and repetitive findings, which may dilute the overall contribution of the stakeholder interviews. A new avenue of enquiry should be investigated for the next phase of the stakeholder evaluation of the Keep Watch program.

Contact

Collaboration for Evidence, Research & Impact in Public Health

Curtin University
PO Box U1987
Bentley Western Australia 6845
Tel: +61 8 9266 7988
Web: ceriph.curtin.edu.au