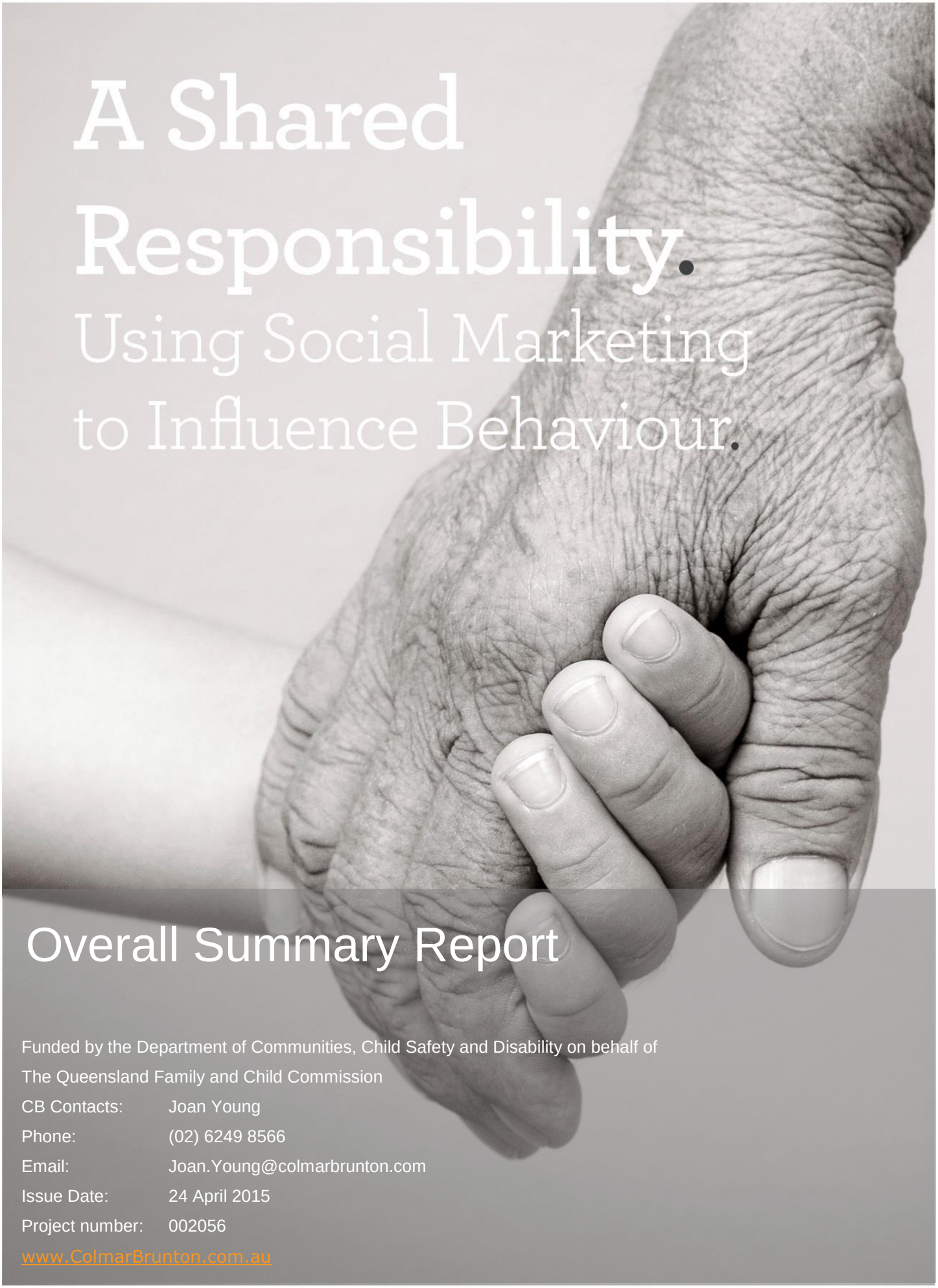

# A Shared Responsibility.

## Using Social Marketing to Influence Behaviour.

## Overall Summary Report

Funded by the Department of Communities, Child Safety and Disability on behalf of
The Queensland Family and Child Commission

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# Table of Contents

# 1. Purpose of the document

This document provides an overview of the process undertaken by the Queensland Family and Child Commission in the development, testing and evaluation of the “Talking Families” initiative launched 2 November 2014. It outlines the rationale for the approach, provides detail of the steps in the process and summarises the outcomes of the evaluation reflecting the impact of the initiative on the intended goals.

# 2. The Context

## 2.1. Background

In December 2013, the Queensland Government published the document "Taking Responsibility: A Roadmap for Queensland Child Protection" in response to the Queensland Child Protection Commission of Inquiry commonly known as the "Carmody Inquiry". The report clearly states that "it is clear […] that parents (and families) should take primary responsibility for the protection of their children and that, where appropriate, parents should receive the support and guidance they need to keep their children safe."[1]

The report includes 121 recommendations that comprise the Child Protection Reform Roadmap. Recommendation 1.1 is that "the Queensland Government promote and advocate to families and communities their responsibility for protecting and caring for their own children."

In order to develop communications to fulfil this recommendation, the Queensland Family and Child Commission undertook a staged process to develop a social marketing strategy to:

- Educate the public about the role of the child protection system and the primary responsibility of parents and families to care for and protect children;
- Change current attitudes and behaviours to achieve acceptance of the concept of shared responsibility for child protection, with the primary responsibility falling to parents and caregivers; and
- Encourage parents and caregivers to access help and provide information about where to access support services, particularly those that may be at risk.

## 2.2. Theoretical Framework

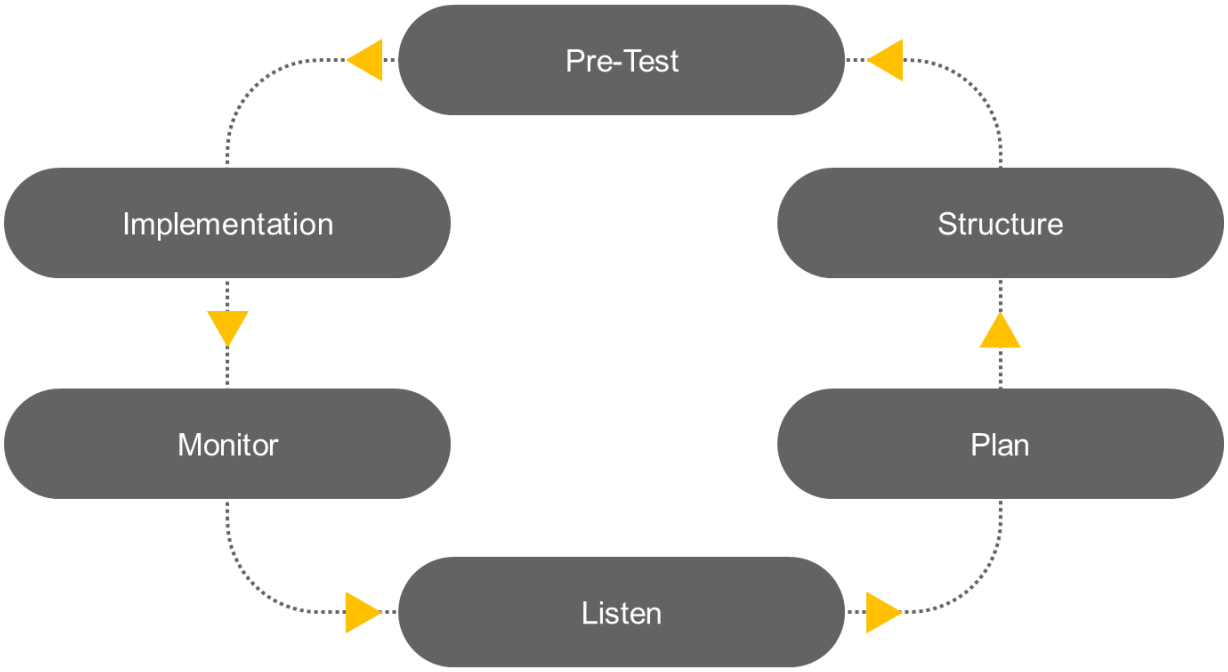
The social marketing strategy development was underpinned by behavioural and social marketing theory including the Stages of Change Approach[2] and Consumer Based Communications.

The approach draws on the academic work of Prochaskau and DiClemente[3] and Alan Andreason[4]. These authors provide a pragmatic guide for motivating behaviour change via both service delivery initiatives and communications programs. The core principle of social marketing is that initiatives must aim not only to inform or educate but also to affect behaviour.

The best practice approach in the development of social marketing programmes is outlined in figure 1.

[1] Queensland Government response to the Queensland Child Protection Commission of Inquiry final report, December 2013, page 1
[2] Alan R Andreason, Marketing Social Change. Washington: Jossey-Bass, 1995
[3] See Prochaska, J.O. and Di Clemente, C.C. Towards a comprehensive model of change. In: W.R. Miller and N. Heather (Eds), Treating addictive behaviours: Processes of change. NewYork: Plenum Press 1986 and Prochaska, J.O. and Di Clemente, C.C. Stages of Change and the modification of problem behaviours. In M. Pearsen, R.M. Eisler and P.M. Miller (Eds), Progress in behaviour modification. Sycamore: Sycamore Press 1992.
[4] See Andreason, A. Marketing Social Change 1995.

**Figure 1: Best practice approach in the development of social marketing programmes**[5]




The social marketing approach draws on academic literature which suggests that people do not undertake instantaneous behaviour change but work their way up to it gradually, often moving through clearly definable stages (Maibach and Cotton 1995[6]). Application of the model can assist to:

- Identify what stage people are at.
- Identify the strategies required to shift both attitudes and behaviour.
- Measure and monitor that change.

The approach places an emphasis on:

- Highlighting the benefits of behaviour change in the early stages and ways of overcoming the costs in later stages.
- Moving the target to the next stage only, rather than all the way to the maintenance stage in one step. The approach is premised on the belief that permanent behaviour change can only be achieved through a series of incremental steps.
- Ensuring that environmental and/or external influences on the target audience are also targeted as part of the behaviour change process to achieve, as far as possible, congruity with the behaviour desired of the group.

[5] *Sourced from "Marketing Social Change" Alan R. Andreasen*

[6] See Maibach E, Cotton D. Motivating People to Change: A Staged Social Cognitive Approach. In: Maibach E, Parrott R, editors. Designing Health Messages: Approaches from Communication Theory & Public Health Practice Thousand Oaks, CA: Sage 1995.

This approach recognises that the people are likely to fall into one of five behavioural groups as outlined in Figure 2. For illustrative purposes, the model focusses on a single behaviour; that of recognising the importance of taking responsibility for protecting children).

**Figure 2: The adapted trans-theoretical model of behaviour change**


Application of this model to encouraging and enabling parents and caregivers and the broader community to take responsibility for protecting children results the following five stages of behaviour change:

1. **At the Rejection stage** parents/carers/families and the community have rejected taking responsibility for protecting their children. For these people the model suggests there is a need to increase the personal and immediate costs of not taking responsibility for protecting children, for example financial consequences for parents who do not protect their children. These people are hardest to move because there is an attitudinal conversion required in addition to triggering a change in behaviour. With limited resources the "biggest bang for your buck" will be achieved by concentrating efforts on parents/carers/families and members of the community who are already attitudinally converted or at least not actively negative towards the concept of

taking responsibility for the protection of children - the lower hanging fruit located further down the behavioural change spectrum.

2. **At the Pre-contemplation stage** people have either never seriously thought about what they would need to do to protect children and/or do not see the behaviours they would need to take to do this as relevant , desirable or appropriate. Again these people are disengaged but unlike the Rejecters, they represent a less resistant segment that is more open to behaviour change if the behaviours are seen as credible and desirable and achievable by the target audiences.

3. **At Contemplation** people are aware of and are thinking about the actions they would need to take to protect children but have not yet acted. For these people motivation means increasing the benefits of doing so (the research will identify the most relevant, desirable and appropriate benefits to stress to different targets, reducing the perceived costs (time, hassle, lack of own capabilities, lack of confidence, lack of interest in children, lack of aspiration or hope for the future), making it easier to protect children (e.g. creating an attractive service that is easy to access) and to ensure that others who are influential to parents and carers (like family, friends, peers, community leaders, elders, nurses, GPs, teachers, childcare professionals, sports stars, television or radio celebrities, websites and magazines), positively support parents.

4. **In the Action stage** people have undertaken the desired behaviours once or for the first time but may not yet be conducting them consistently. At this point the desired behaviours need to be delivering the promised benefits so that they outweigh the costs involved to adopt the behaviour consistently.

**5.** People in **Maintenance stage** are taking protecting children and encouraging and supporting others to do so.

**Developing exchange statements to guide the campaign**

Influencing voluntary behaviour change always involves an exchange. Essentially social marketing campaigns ask the target audience to give up or reduce something (the competition) and try something different (action), and then consistently perform the new behaviour (maintenance) based on a benefit or cluster of benefits that we promise in the campaign communications or messaging.

Therefore, a campaign to change behaviour can be conceptualised as an exchange statement.

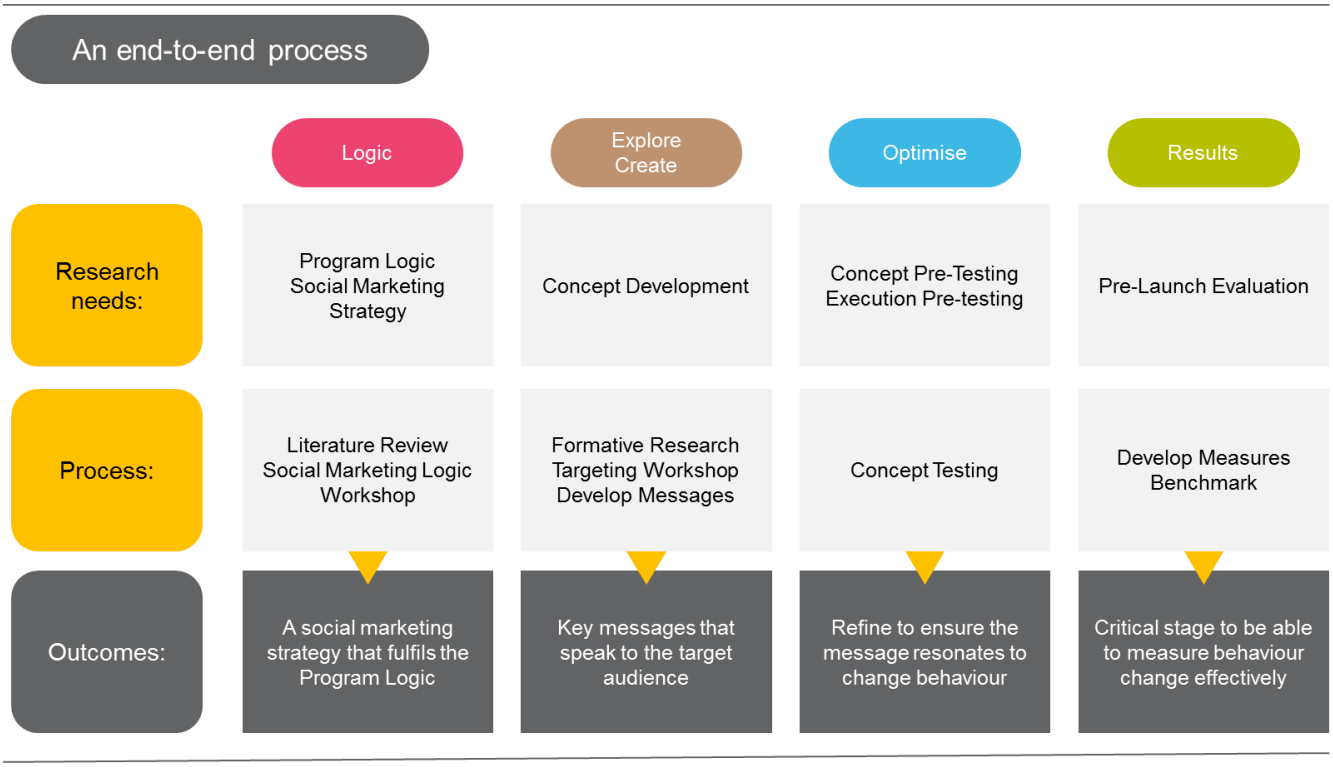
- *If I (action) instead of (competitive behaviour) I will receive (benefit). I know this will happen because of (support).*

A key task at the Social Marketing Logic stage is to identify the desired behaviours so that the benefits and barriers of these can be understood in the exploratory qualitative research and the most credible behaviours selected for the exchange statement to be used in the Campaign Strategy.

## 2.3. Strategy development process

This model underpinned the process used to develop the social marketing strategy. A systematic design and refinement approach was taken involving extensive consultation to identify the required outcomes, behaviours, knowledge and attitudes and target audiences the strategy would seek to influence. Research was then undertaken to inform and refine creative development and media strategy and to provide a pre-campaign measure of the knowledge, attitudes and behaviours of the target audiences. This process is summarised in Figure 3.

**Figure 3: Social Marketing Strategy Development process**



# 3. Exploratory Process

The exploratory elements of the strategy development process included a desktop review, a “campaign logic” workshop and investigative primary research with stakeholders including parents and service providers.

## 3.1. Literature Review

The primary step was to undertake a literature review (also known as a desktop review). This process involves reviewing existing published literature on best practice and learnings in the relevant field from journals, websites, reports and other publications.

### 3.1.1. Objectives

The objectives of the desktop review were to:

- Develop an understanding of how to maximise the use of a social marketing strategy to improve outcomes for children and families;
- Provide an overview of the use of similar strategies and their effectiveness;
- Identify existing research in relation to community attitudes and behaviour in relation to child protection;
- Identify options to encourage behaviour change in relation to child protection;
- Identify what supports the general community can offer to families in need of support;
- Identify and confirm target audiences;
- Identify sources/channels accessed and credible to target audiences;
- Identify any opportunities to leverage off any existing initiatives, including possible partnership opportunities; and
- Identify any gaps in knowledge to inform further developmental research.

### 3.1.2. Outcomes

At a summary level, the key outcome of the desktop review was the identification of a series of concepts that have proven to drive effective marketing strategies relevant to child protection:

- Programs and campaigns that support the development of empathy for parents to resonate;
- Programs and campaigns that strengthen relationships and social networks to create a protective factor;
- Early intervention programs and identification of early warning signs with clear reference to referral pathways;
- Proactive rather than reactive using primary prevention;

- Programs responsive to the needs of families which prevent problems from developing into a crisis are beneficial and cost effective; and
- Long term support and intensive services is required for families with complex problems.

## 3.2. “Social Marketing Logic” Workshop

Following the literature review, a Social Marketing Logic Workshop was held with representatives from the Queensland Family and Child Commission and key stakeholders.

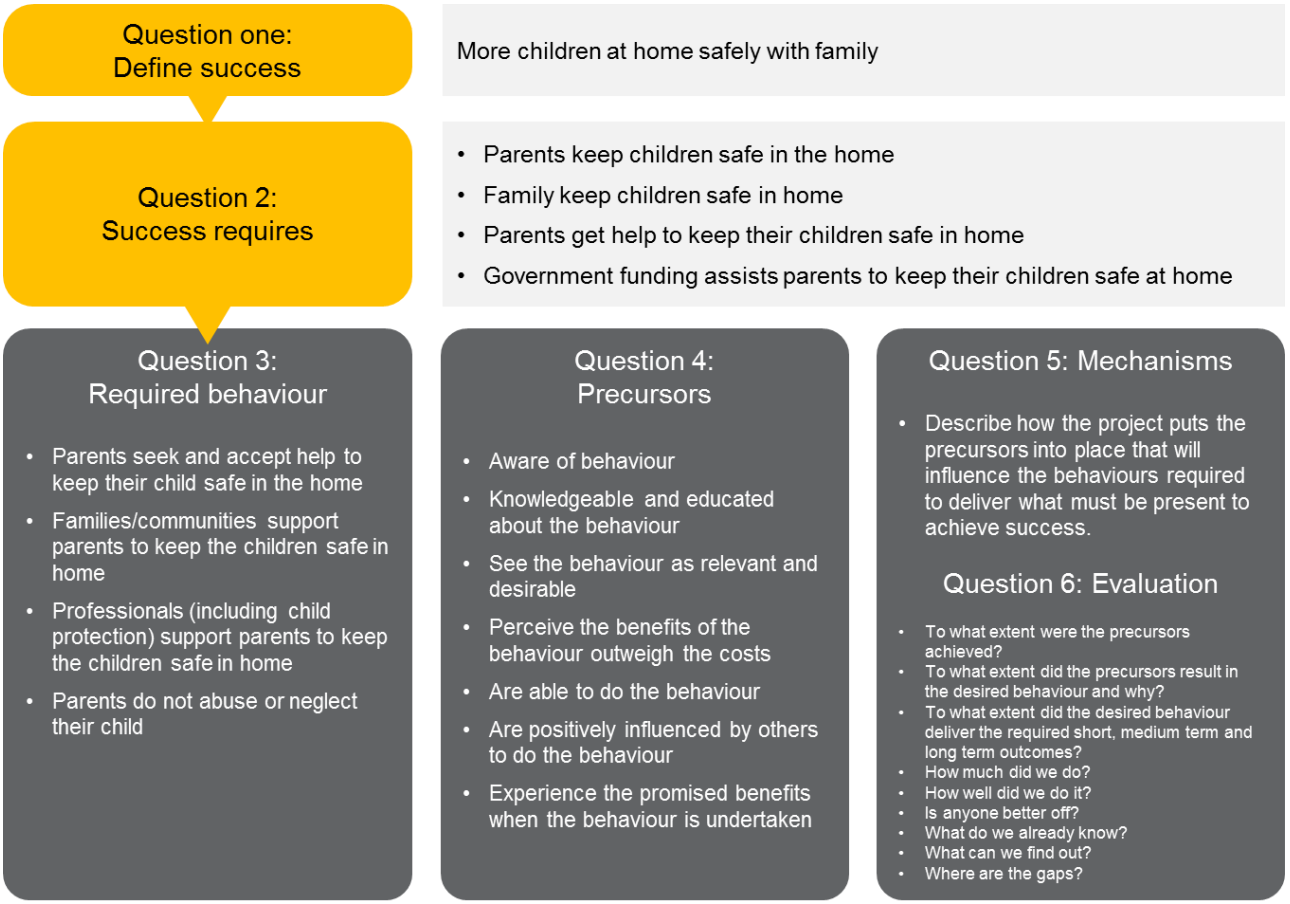
A Social Marketing Logic Workshop in the context of behaviour change is a process of identifying a hierarchy of outcomes where specific actions and mechanisms are linked to changes in behaviour among the relevant audience which ultimately leads to the achievement of the defined success and end-states. It is a logical stepwise process that enables clear thinking and clear identification of goals, gaps and required actions and programs. It is a powerful tool that can result in highly tailored programs with clear outcomes and evaluation parameters.

### 3.2.1. Objectives

The objectives of the “campaign logic” workshop were to:

1. Define what success looks like, identify the required positive outcome, and identify relevant measures for the purposes of evaluation;
2. Identify the factors that present to achieve the defined success;
3. Specify the behaviours that would need to commence or cease to create the required conditions to achieve success;
4. Identify the precursors to behaviour change; those elements that would need to be present to commence or cease the identified behaviours and/or immediate outcomes expected from the actions;
5. Describe the mechanisms developed to commence or cease behaviours and how well the mechanisms influence the precursors to behaviour change;
6. Identify the research needed to inform mechanism development and evaluation.

### 3.2.2. Outcomes




The conclusion of this "Social Marketing Logic" process was setting of the goal to increase the proportion of parents "asking for and accepting help" and the proportion of families/communities "offering and providing support"[7].

If the campaign could successfully increase these "required behaviours" then more parents and families would keep their children safe in the home and more children would be able to remain in their homes safely. Given that the theoretical framework of behavioural theory indicates that people are unlikely to permanently change their behavior in one step but are more likely to move through stages of change[8], Phase One of this social marketing program was designed to shift people through the behavior stages so that:

- At-risk parents move from rejecting the concept of asking for/receiving help (rejection), to be being open to it (pre-contemplation), to wanting to do it (contemplation) to seeking/accepting help for the first time (action) and seeking/accepting help whenever it is needed (maintenance).

[7] Note the use of the words *help* when referring to parents and *support* when we refer to families/communities have been deliberately chosen

[8] Alan R Andreason, Marketing Social Change. Washington: Jossey-Bass, 1995

- Concerned family/communities move from rejecting the concept of offering/giving support (rejection) to being open to it (pre-contemplation), to wanting to do it (contemplation) to doing it for the first time (action) to offering/giving support every time they can see it is needed (maintenance).

Phase one therefore carefully targets parents at the “early stages” of potential abuse or neglect. It also targets family and/or community members who are concerned that there may be early signs of potential abuse or neglect. The objective is to reduce the isolation and stress of parents by giving them understanding, connection and support from close family and/or community members. This support is intended to form the groundwork for building the concept of “shared responsibility” among parents encouraging them to proactively seek help and to accept help when offered. Similarly among family and community members it builds the concept of “shared responsibility” through the act of offering and providing assistance to parents that may circumvent the progression of the abuse or neglect potential.

### 3.2.3. A phased approach

The outcomes of the Social Marketing Logic Workshop suggested that the social marketing approach would best be approached in two phases:

- Phase One – this first phase would be aimed at very early intervention by families or community and parents themselves before harm may occur;

- Phase Two - the second phase would aim at more specific abuse and neglect behaviors with the intention of providing parents and community members the tools required to adopt alternative behaviours. These behaviours would range from those that can be self-corrected to those that require professional interventions or services.

## 3.3. Formative Research

Subsequent to the Social Marketing Logic Workshop, primary research was conducted with relevant stakeholder and target audiences.

### 3.3.1. Objectives

The objectives of the formative research were to:

- develop an understanding of the beliefs, attitudes and behaviours of the target audiences and how to motivate behaviour change;
- Inform the development of creative concepts for later refinement and testing.

### 3.3.2. Methodology

Thirty nine one-on-one two hour depth interviews were completed during the period 14-22 July 2014:

- 14 interviews were completed in urban and regional/rural locations across Queensland with parents at risk of not coping and family/community who had concerns for a parent who was not coping;
- 13 interviews were completed with Aboriginal and Torres Strait Islander, and CALD parents, family and community members; and
- 12 depth interviews were completed with professionals.

Interviews with parents, family and community members included those who did undertake the desired behaviours (asking for, accepting, offering and providing help) and those who did not.

### 3.3.3. Outcomes

The research found that a range of attitudes exist towards asking for and accepting support, and offering support to friends / family, versus general public.

The perceived and experienced barriers preventing the behaviour and perceived and experienced benefits of undertaking the behaviour were explored in order to inform the most compelling messages for the campaign.

Key findings included:

- Child abuse and neglect is the symptom. The cause of the problem is usually another behaviour that needs to be addressed with the parent. Many parents are unaware that their behaviour or problem is the cause for family stress – some parents accept and believe that dysfunctional behaviours are “normal”.
- The term “keeping the child safe” focuses too much on the child. Shared responsibility focusses on sharing the responsibility for the care, protection and wellbeing of children among parents, family and friend networks, and the broader community, and giving permission and strategies to parents to be able to:
    - Identify problematic behaviours / stress;

    - Change the mindset that the responsibility for caring for and protecting children falls solely on parents (or government) to a role that is also shared with the family and friends and the community at large;
    - Ask for help and talk about stress; and
    - Offer help.
- Help and support can comprise anything – it does not have to fit a certain mould. It can be as simple as a conversation over coffee, help with errands, referral to professional support services or babysitting children.
- The campaign needed to give permission and make it acceptable for family and community members to offer help and enable them to detect the signs and identify when parents might need help.
- The social marketing campaign can be complemented by additional support and services available for parents and offered at obligatory contact points, to provide the opportunity to catch people who may not recognize problem behaviours.
- Participants reported feeling, and witnessing:
    - Persistent change in personality traits and/or moods;
    - Persistent change in behaviour (for example different consumption of food, increased alcohol / tobacco / substance consumption, increased/decreased sleep);
    - Disconnecting or withdrawing, emotionally and/or physically;
    - Change in interests (for example escapism characterised by increased television watching or gaming, going out, infidelity);
    - Tension in the family which can be characterised by short tempers and responses being more extreme than the provocation would normally warrant.

## 3.4. Segmentation hypothesis

In order to most effectively influence the behaviour of the target audiences, and apply the theoretical framework, it was critical to understand their needs and the benefits they are seeking from their parenting behaviour. Colmar Brunton therefore developed a segmentation hypothesis to identify the different needs-based segments of the target audience.

Two key discriminating dimensions were identified which significantly impact on the current and desired behaviours:

1. People may have an individualist (independent) approach, or a collectivist (community) approach.
2. People may be oriented towards a hope for gain (hope for positive outcomes) or fear of loss (fear of negative consequences).

Figures 4 and 5 illustrate the characteristics embodied by these dimensions.

**Figure 4: Individualist vs Collectivist approaches**


**Individualist mentality**

1. "I" identity.
2. Promotes individual goals, initiative and achievement.
3. Individual rights are seen as being the most important. Rules attempt to ensure self-importance and individualism.
4. Independence is valued; there is much less of a drive to help other citizens or communities than in collectivism.
5. Relying or being dependent on others is frequently seen as shameful.
6. People are encouraged to do things on their own; to rely on themselves

**Collectivist mentality**

1. Each person is encouraged to be an active player in society, to do what is best for society as a whole rather than themselves.
2. The rights of families, communities, and the collective supersede those of the individual.
3. Rules promote unity, community, and selflessness.
4. Working with others and cooperating is the norm; everyone supports each other.
5. Thinks, feels, and acts as a community, family or nation more than as an individual.

**Figure 5: Hope for gain vs fear of loss approaches**

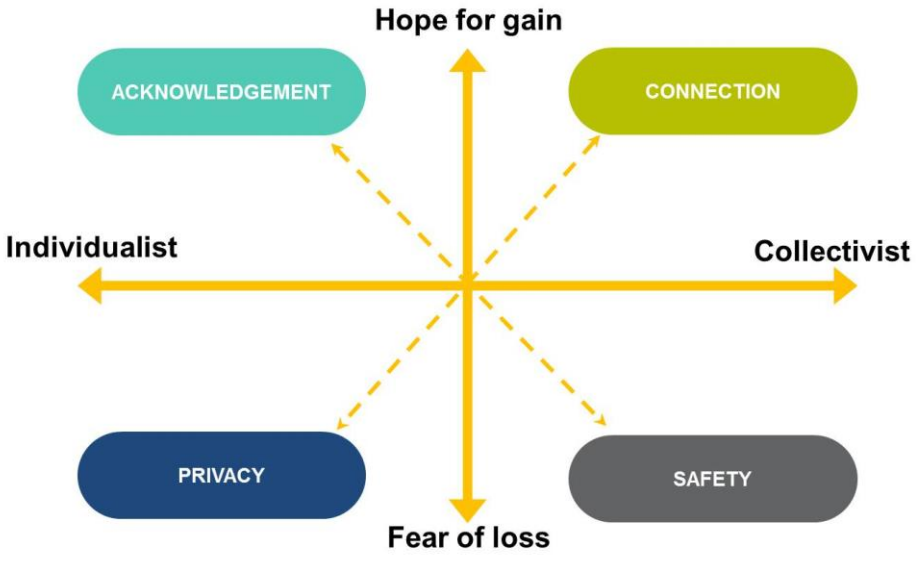
**Hope for gain**

1. Hopeful for positive outcomes; optimistic of achieving something
2. Behaviour status quo exists to maximise and enhance positive consequence
3. Future ownership of situation – e.g. may embrace planning
4. Gain can refer to personal gain (e.g. status, acknowledgement, happiness) or collective gain (e.g. altruistic outcomes – child safety); immediate or long-term achievement

**Fear of loss**

1. Fearful of negative outcomes
2. Behavioural status quo exists to minimise or avoid a negative consequence
3. Fearful that behaviour change (acting or inhibiting) may spark a negative consequence
4. Loss can refer to personal loss (e.g. judgment, face, control, family) or collective loss (e.g. harm to children); immediate or long-term


The research identified four needs-based segments and the strategies required to influence each segment towards the desired behaviours.




It is important to note that environmental and circumstantial factors can influence attitudes, beliefs, and behavioural patterns. For example, non-performance of desired behaviours may be due to underlying complex issues such as drug and alcohol dependence, mental health issues and adverse family situations. Similarly, changes to environmental factors could impact on behaviour change. Factors such as these sit outside the scope of this study.

### 3.4.1. Focussing the segmentation

It was agreed that the "Safety" segment and "Acknowledgement" segment would be key targets for Phase One of the campaign on the basis that the characteristics of the segments suggest a greater willingness to trial a new behaviour in relation to asking for, accepting, offering and providing help and support.

Application of the theoretical framework to the segmentation hypothesis suggests that the following key tasks are required to move parents in the "Safety" and "Acknowledgement" segments through the stages of change.

"Safety" segment: Move from Contemplation to Action:

- Demonstrate the costs (negative outcomes) of not asking for help, in tandem with the benefits of asking for help (and avoidance of negative consequences);
- Show some transferable and non-threatening strategies for how to ask for help;
- Demonstrate efficacy in that asking for help is associated with avoidance of negative outcomes (high likelihood of avoiding a negative outcome when asking for help).

*"SAFETY" SEGMENT*

*People in this segment are focused on the care of children, and are motivated by fear, and hence seek to avoid risk or threat to children.*

*They understand the need for close relationships with broader networks that provide parents with opportunities to break away and alleviate stress, and minimise or avoid negative consequences*

"Acknowledgement" segment: Move from Contemplation to Action

- Demonstrate wide range of signs of stress / problems that may have become normalised. Acknowledge that these are problems;
- Address negative image assumptions by positioning the action of asking for help as not detrimental to positive image;
- Provide non-threatening strategies that show how to ask help without risking detriment to image;
- Promote the use of social media, e.g. dedicated Facebook groups / pages which have peer support and allow for privately accessing help;
- Reinforce the ease with which behaviour can be incorporated into daily activity.

*"ACKNOWLEDGEMENT" SEGMENT*

*People in this segment are strongly motivated by approval and recognition from others for their parenting or their good deeds, for their own self-esteem and identity. They have a need to be seen as succeeding as a "good" parent or a "good" friend/ family member. They are self-sufficient and parents in this group tend to not ask for support as they may perceive this to reflect poorly on their image. Some in this group may show signs of denial that there is a parenting issue.*

Drawing on these findings and best practice social marketing, the following exchange statements were developed from the research to guide the development of creative executions.

| | | |
|---|---|---|
| **Safety** | Behaviour | *If I* ask family and friends for help at the first signs that I am not coping as a parent |
| | Competitive behaviour | *Instead of* not asking for help |
| | Benefit | *I will* receive non-judgemental help that will assist me to respond appropriately to my children and I will avoid a negative family environment and future |
| | Support | *I know that I will* receive non-judgemental help *because* parents like me have asked for help and received a positive non-judgemental response which has enabled them to avoid a negative family environment and future. |
| **Acknowledgement** | Behaviour | *If I* ask family and friends for help at the first signs that I am not coping as a parent |
| | Competitive behaviour | *Instead of* not asking for help |
| | Benefit | *I will* look like a good parent to others, and I will receive non-judgemental help that will assist me to respond appropriately to my children and create a positive environment and future for my family. |
| | Support | *I know that I will* receive non-judgemental help *because* parents like me have asked for help and others have seen them as good parents, and they have received a positive non-judgemental response which has resulted in a positive and healthy family environment. |

### 3.4.2. Development of campaign concepts

The research outcomes from the exploratory stage were used to develop concepts for two campaign ideas referred to as “Cracks” and “Coping/ Not Coping”.

# 4. Refinement of the Campaign Concepts

Refinement of the campaign concepts was undertaken in two stages and involved primary research with the targeted audiences. The first stage considered the two concepts in development stage (i.e. the testing of "storyboard" versions of the television elements, scripting for the radio element and "mock-ups" of the ambient elements. The second stage of testing occurred post-production and enabled testing of the actual television and radio elements plus images of the proposed ambient media.

## 4.1. Initial concept testing

### 4.1.1. Objectives

The objectives of this stage of the initial round of concept testing were to:

- Understand the potential "cut-through" of the proposed concept;
- Identify the concept that best resonated with the intended audience and would be most likely to impact behaviour in the desired direction;
- Ensure that the message in the concept was clearly communicated;
- Identify any issues or improvements to the concepts prior to further development.

### 4.1.2. Methodology

The approach involved the use of focus group discussions. Four focus groups were conducted with the general community and five groups were conducted with Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) participants. Additional research was conducted with stakeholders to ensure that the resulting advertising concept reflected their perspective also.

Forty-eight participants in total, were asked to review a storyboard layout of two concepts developed for television, radio, outdoor and newspaper/magazine production.

### 4.1.3. Outcomes

**Preferred concept**

The "Coping/ Not Coping" concept resonated more strongly with people external to the stressful family situation (i.e. friends/family and stakeholders) while the "Cracks" concept resonated more strongly with parents experiencing the stressful situations. In fact, for parents experiencing the stressful situations, the "Coping/ Not Coping" concept was considered to be judgemental and failed to resonate. For this reason the "Cracks" creative concept was recommended as the preferred concept.

Some recommendations were made as a result of the research to improve the efficacy of the "Cracks" concept:

- Incorporate scenarios that demonstrate the early indicators of neglect;
- Address the barriers for those who do not currently do the target behaviours as well as focussing on the benefits;
- Greater inclusivity of both Aboriginal and Torres Strait Islander and CALD groups;
- Ensure that images used are not reminiscent of domestic violence or more extreme parental stress than experienced by the target audience.
- Ensure that scenarios are relatable and intriguing enhancing the ability of the ad to capture attention.
- Ensure avoidance of the inference that issues are the fault of the children, or purely caused by having children in the household;
- Include situational outcomes which involve children to avoid suggesting that removing the children is the solution to resolving family stress.
- Demonstrate the transition from the stressful situation to the provision of support to show people how to overcome the current barriers to offering/accepting and offering/giving help;
- Ensure clarity around the role of the website.

The creative executions were subsequently revised in line with the research recommendations.

## 4.2. Concept refinement

Subsequent to the changes to the creative executions, the campaign materials were tested again with the intended audiences prior to launch.

### 4.2.1. Objectives

The purpose of this stage of the research was to ensure that the final campaign elements resonated with the target audience and effectively encouraged the required behavioural response. The “microsite” that was being developed in tandem with the campaign materials was also tested at this stage for relevance, likely use, useability and content.

### 4.2.2. Methodology

Focus groups were conducted with a total of thirty-five participants clustered into groups of parent, community members, and Aboriginal and Torres Strait Islander/CALD parent and community members.

Participants were asked to review the video concepts of the two television ads – “parent TVC” and “community TVC”. Three options of the “parent TVC” were shown – two 45 second advertisements showing different orders for the two parent stories included in the TVC and a 30 second option that included the Aboriginal and Torres Strait Islander father only. They were also provided with scripts for the radio advertisements for comment.

### 4.2.3. Outcomes

Specific recommendations from the final round of concept testing were made for both the concept targeting parents, and for the concept targeting the general community.

For the concept targeting parents it was recommended:

- To ensure that it appropriately demonstrates the desired action of asking for help from family or friends;
- To clarify the connection between the making of the phone call and the person who provides help at the end of the ad;
- Use the version that starts with the vignette about the mother as it more clearly communicates that the ad is about family stress compared to the version commencing with the “Dad” scenario;
- To not pursue the 30-second “Dad” version of the ad in isolation from the 45-second version combining both the “Mother” scenario and the “Dad” scenario.

For the concept focussed on the response of concerned community members it was recommended:

- Ensure offerers clearly identify the mum as experiencing parental stress;
- Incorporate a demonstration of the awkwardness in the transition from the stressful situation to the provision of support;
- To add another layer to the story to ensure the mother sitting in the car is seen to suffering stress;

In addition to recommendations on the television concepts, other recommendations resulted from the research in relation to other elements of the campaign:

- Ensure sufficient “cut-through” of the radio ads to attract attention;
- Ensure a clear link between the “Cracks” television concept and the radio ad;
- Some edits to the specific wording in the scripts were recommended;
- Inclusion of use of an Indigenous language version to be used in specific regions.
- Ensure the microsite is not overly text heavy and is accessible for those with lower literacy;
- Ensure that the language used in the microsite is not overly formal.

# 5. Evaluating the campaign

Campaign evaluation was conducted in two stages using a quantitative research design. The initial survey was conducted prior to the launch of the campaign to establish baselines for the targeted behaviours and the second survey was administered after the campaign had completed the initial run of six weeks on air.

## 5.1. Baseline Survey

### 5.1.1. Objectives

The objectives of the baseline survey were to:

- Set baselines for the incidence of the target behaviours of asking for, accepting, offering and providing help among the target audiences;
- Map the behaviour change profile of the target audiences in line with the theoretical framework underpinning the social marketing approach;
- Provide statistics and material for media releases relating to the campaign.

### 5.1.2. Methodology

The baseline survey was conducted using a Computer Assisted Telephone Interviewing (CATI) or approach. The target audience included parents or caregivers with dependent children (aged 15 or younger) and members of the broader Queensland community who were family or friends with parents or caregivers with dependent children.

An initial random sample of n=600 parents or caregivers and friend or family of parents or caregivers was conducted across Queensland. Subsequent to this initial random sample booster samples of n=100 were conducted in Rockhampton, Cairns and Townsville. A total of 1,071 surveys were completed.

### 5.1.3. Outcomes

**Parents**

To assist in the analysis of the outcomes parents were classified into three groups:

- “All parents” - 30% of total sample; n=326
- “Parents with difficulty coping” - 17% of total sample; n=184
- “Parents concerned for child safety” - 7% of total sample; n=76

These terms have been used in the analysis to distinguish the different types of parents being referred to.

The key findings among parents were:

*Parenting stress:* 56% of parents indicated that at some point they had experienced difficulty coping at some point in their experience of being a parent. These parents were defined as “parents with difficulty coping”. 23% indicated that they had, at some point, “found it difficult or been worried that you may not be able to do your best to keep your children healthy and safe”. These parents were defined as “parents concerned for child safety”.

*Keeping children safe and healthy:* Close to a quarter of “all parents” had found it difficult or worried that they may not be able to do their best to keep their children healthy and safe at some time in the past (subsequently defined as “parents concerned for child safety”). As was the case for “parents with difficulty coping”, just over a third of “parents concerned for child safety” had experienced this feeling at least weekly.

*Asking for help:* The results suggested that parents do not ask for help as frequently as it is needed. 79% of parents have needed help at least once in the past three months, however only 66% have asked for help. Overall, approximately half of parents asked for help at the same frequency (or more often) that they claimed they needed help.

*Stages of behaviour change:* The majority of “parents with difficulty coping” and “parents concerned for child safety” were in the “action” stage of the behaviour change model, indicating they have asked for help or support from friends, family or neighbours when they needed it, but are unsure if they would do so again. The key reasons for uncertainty around asking for future help were that the situation had now changed or improved so help was unlikely to be required again or that they felt no help was now available or they were unsure where to get help. Close to a quarter of “parents with difficulty coping” were in the “contemplation” stage of asking for help; that is, they had considered asking for help but had never done so. A similar proportion of “parents concerned for child safety” had either never thought about asking for help (pre-contemplation stage) or would be extremely uncomfortable to ask for help (rejection stage).

*Barriers to asking for help:* Despite being in the “parents with difficulty coping” group, the majority of “parents with difficulty coping” who would never ask for help believe their situation has not been difficult enough to require asking for help. For a small proportion stubbornness or pride prevented them from asking for help.

**Family/friends**

To assist in the analysis of the outcomes the family/friends group were classified into two groups:

- “All family/friends” (those who know parents but are not necessarily concerned about their ability to cope) – 94% of total sample; n=1,011
- “Concerned family/friends” (those with specific concerns about parents known to them) – 24% of total sample; n=239;

These terms have been used in the analysis to distinguish the different groups being referred to.

Among the family and friends group the research highlighted the following key findings:

*Offering help:* Overall, the community response to offering and providing help for parents struggling to cope was largely positive. The vast majority of “all family/friends” agreed that offering help could make a positive difference and showed a willingness to help.

*Stage of behaviour change:* There is evidence of a willingness to offer help when needed among family and friends, with the majority of “all family/friends” being in the “action” or “maintenance” stage of behaviour. This means that most in the “all family/friends” group will offer help some of the time or every time they believe that it

is needed. This figure was even stronger among the "concerned family/friends" group with half of those who have known someone who needed help on a daily, weekly or fortnightly basis having offered help at the same frequency. Similarly there is evidence of a willingness to actually provide help when needed, with the majority of the "all family/friends group" and a strong majority of the "concerned family/friends" group being in the "action" or "maintenance" stage for providing help.

*Barriers to offering and providing help:* Among those who were yet to offer or provide help, the main barrier to offering and providing help was the perception that the help was not currently required or that the situation was not difficult enough for them to need to offer help. A small number did not feel like they were the right person to offer help or felt they were too busy to help. Barriers to helping for those who had done so previously but were reluctant to do so again included a bad experience in the past or inability due to old age or health conditions.

## 5.2. Post-campaign Survey

### 5.2.1. Objectives

The objectives of the post-campaign survey were to:

- Evaluate the impact of the campaign on the target behaviours of asking for, accepting, offering and providing help among the target audiences;
- Provide a measure of campaign awareness and sources of awareness;
- Provide an indication of intended and actual behaviours resulting from campaign exposure.

### 5.2.2. Methodology

The post-campaign survey replicated the approach used in the baseline survey to ensure comparability between the two data sets. Therefore the post-campaign survey was also conducted using a Computer Assisted Telephone Interviewing (CATI) or approach. The target audience included parents or caregivers with dependent children (aged 15 or younger) and members of the broader Queensland community who were family or friends with parents or caregivers with dependent children.

An initial random sample of n=600 parents or caregivers and friend or family of parents or caregivers was conducted across Queensland. Subsequent to this initial random sample booster samples of n=135 were conducted in Rockhampton, Cairns and Townsville. A total of 1,006 surveys were completed.

### 5.2.3. Outcomes

**Parents**

To assist in the analysis of the outcomes parents were classified into three groups:

- "All parents" - 31% of total sample; n=316
- "Parents with difficulty coping" - 19% of total sample; n=195
- "Parents concerned for child safety" - 7% of total sample; n=73

These terms have been used in the analysis to distinguish the different types of parents being referred to.

*Awareness of the initiative:* Awareness of the "Talking Families" initiative was moderate with 49% of "all parents", 51% of "parents with difficulty coping" and 49% of "parents concerned for child safety" being aware of the initiative. The initiative used television, radio, online, newspaper articles and posters or shopping centre displays to promote the "Talking Families" message. Of these sources, television was by far the most effective with 93% of "all parents" who were aware of the campaign recalling television as a source of awareness. Radio was also quite high at 31% as was online as 25%

*Behavioural response to the initiative:* 46% of "all parents" indicated that they done something as a result of being exposed to the initiative including having "offered a friend or family member some help with parenting" (29%), having "provided help with parenting to a friend or family member" (25%) or having "accepted help with parenting from a friend or family member" (21%), and having "asked a friend or family member for help with parenting (17%). Results were similar among the "parents with difficulty coping" group and among the "parents concerned for their child's safety and welfare" group.

*Change in behaviour stage profile:* Despite reporting actions resulting from exposure to the initiative, no movement between the behaviour change stages was identified pre and post campaign for either asking for help among the "parents with difficulty coping" group or among the "parents concerned for child safety" group (this question was not asked of "all parents"). There was also no evidence of a behavioural change among "parents with difficulty coping" for accepting help.

*Efficacy of asking for and accepting help:* The already high levels of "parents with difficulty coping" agreeing that "asking others around you for help can make a positive difference" remained consistent in the post-campaign survey (88% agreed). Similarly, the already high levels of agreement among this group that "accepting help from others can make a positive difference" remained consistently high in the post-campaign survey (88% agreed).

*Willingness to accept help:* Parents also retained high levels of being willing to accept help if they are offered help (92% of "all parents" being willing to accept help if offered). This was consistent among the "parents with difficulty coping" and "parents concerned for child safety" groups.

*Needing, asking for, and accepting help*: The incidence of having needed help in the last three months decreased in the "all parents" group in the post-campaign survey by 10% to 69%. The incidence of having accepted (77%) or having asked for help (70%) in the last three months among those needing help in that time remained consistent in the post-campaign survey.

**Family/friends**

To assist in the analysis of the outcomes the family/friends group were classified into two groups:

- "All family/friends" (those who know parents but are not necessarily concerned about their ability to cope) – 93% of total sample; n=932
- "Concerned family/friends" (those with specific concerns about parents known to them) – 23% of total sample; n=226;

These terms have been used in the analysis to distinguish the different groups being referred to.

*Awareness of the initiative:* Awareness of the "Talking Families" initiative was quite high among "all family/friends" with 39% being aware of the initiative. Exposure among the "concerned family/friends" group was consistent with this awareness levels. Of the media channels used by the initiative, the vast majority of the "all family/friends" group who could recall exposure to the campaign, cited television as the source of awareness (91%).

*Behavioural response to the initiative:* 42% of "all family/friends" indicated that they had done something as a result of seeing the campaign including having "offered a friend or family member some help with parenting" (28%), having "provided help with parenting to a friend or family member" (26%) or having had "a conversation with friends/family about Talking Families" (16%). The incidence of having done something as a result of seeing the campaign was higher among "concerned family/friends" at 55%. The behaviours that were stronger among this group (compared to "all family/friends") were having "provided help with parenting to a friend or family member" or having had "a conversation with friends/family about Talking Families (26%).

*Change in behaviour stage profile:* While there was no change in the behaviour stage profile of the "all friends/family" group, there was an increase in the proportion of "concerned friends/family" who offered help every time it was needed in the post-campaign survey (55% compared to 42% pre-campaign). A similar pattern was seen for the behaviour of providing help with no change among the "all friends/family" group but a significant increase in the proportion who provided help every time it was needed in the post-campaign survey from 46% to 56% among the "concerned friends/family" group.

*Efficacy of offering and asking for help:* The perceived efficacy of offering help was maintained at a high level with the vast majority of "all friends/family" agreeing that "offering help to others around you can make a positive difference" and that "asking for help can make a positive difference".

*Willingness to offer help:* The willingness to offer help among both the "all family/friends" group and the "concerned family/friends" group remained very high with the majority indicating a willingness to offer help.

## 5.3. Conclusions

The post-campaign survey identified that more than 40% of parents and family/friends reported acting as a direct result of the campaign. There has also been a statistically significant increase in the proportion of concerned friends/family who reported having offered help to parents every time they were aware it was needed following the Talking Families campaign. However, the post-campaign survey has not identified an increase in the proportion of parents who have asked for or accepted help following the Talking Families campaign.

The initial stage of the Talking Families campaign has followed best practice behaviour change theory by modelling the desired behaviour and promoting the benefits of asking for and accepting help. A review of all of the research conducted to date suggests that whilst most parents understand the importance of asking for and accepting help behaviour change may not have occurred because the barriers to this behaviour (including pride and the lack of that help being available) outweigh the benefits. Best practice behaviour change theory would suggest that future phases of the strategy should:

- address the barriers to asking for and accepting help for the 30% of stressed parents who needed help in the previous three months but did not ask for it;
- focus on influencing the community to offer and give help to stressed parents; and
- make it easier for parents to get help.

Increasing the help available to parents directly from all sources including friends/family and the wider community and via social media may be the best way to overcome the barriers to asking for and accepting help and at the same time make it easier for parents to get the help they need.

It is therefore recommended that The Talking Families campaign element targeting friends and family of stressed parents to offer help, and the community directory and Facebook page offering help directly to parents are continued as a way to make it easier for parents to get help without having to ask for it directly. Other initiatives which increase the help and support available directly to parents or allow them to access it easily and anonymously should also be considered.

The proportion of stressed parents who report needing help should continue to be monitored. The post-campaign survey identified a 10% reduction in the proportion of parents who needed help and it is possible that this reduction is linked in some way to the increase in the proportion of friends and family who reported that they had helped parents every time they needed it. It may also be useful to include a measure of the proportion of parents who report actually receiving help from friends and family to test this hypothesis and who received help from all sources in order to measure progress towards the goal of 'more parents getting the help they need to keep their children safely at home'[9].

[9] This was one of the stated goals of the Shared Responsibility Social Marketing Initiative agreed at the initial Social Marketing Logic workshop.