Curtin University

2023 IMPACT EVALUATION

KEEP WATCH PROGRAM

COLLABORATION FOR EVIDENCE, RESEARCH & IMPACT IN PUBLIC HEALTH

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Collaboration for Evidence, Research and Impact in Public Health (CERIPH)
Curtin School of Population Health
Curtin University
GPO Box U1987
Perth, WA 6845
Australia
Email: ceriph@curtin.edu.au

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COLLABORATION FOR EVIDENCE, RESEARCH AND IMPACT IN PUBLIC HEALTH

The Collaboration for Evidence, Research and Impact in Public Health (CERIPH) (formerly the Western Australian Centre for Health Promotion Research) is a multi-disciplinary research group within the Curtin School of Population Health at Curtin University, operating since 1986.

Vision

CERIPH seeks solutions that promote health, prevent disease and protect populations from harm. We build individual and organisational capacity through our partnerships, applied research, education and workforce training. In recognition of the complexity of health and its determinants, our multidisciplinary collaboration provides leadership and evidence to support action across educational, organisational, socio-economic, environmental and political domains to improve population health in our region.

Function

The team has expertise in the development, implementation and evaluation of formative and longitudinal intervention research in key areas such as: early childhood health and nutrition; physical activity and nutrition; alcohol and other drug use; seniors' health; mental health; drowning prevention, HIV and sexual health. CERIPH is a unique research group in that all core staff hold front-line research and teaching positions. The group aims to foster the practice of health promotion by encompassing the nexus between research and practice.

CERIPH has built and demonstrated high-level expertise and research strength in:

- Building sustained partnerships and collaborations with vulnerable and most at risk communities and relevant community, government and private sector organisations
- Health promotion approaches using community and settings-based interventions, peer and social influence, social marketing, advocacy, community mobilisation and sector capacity building
- Promotion and dissemination of evidence-based practice and building practice-based evidence
- Provision of research training and capacity building techniques to undergraduate and postgraduate students, allied health promotion professionals and community workers.

ABBREVIATIONS

Ad	Advertisement
CaLD	Culturally and linguistically diverse
CERIPH	Collaboration for Evidence, Research and Impact in Public Health
CPR	Cardiopulmonary resuscitation
KW	Keep Watch
M	Mean
N	Number
RLSSWA	Royal Life Saving Society WA
SD	Standard deviation
SPSS	Statistical Package for Social Science
T1	Time point 1 (baseline)
T2	Time point 2
T3	Time point 3
WA	Western Australia

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.

<u>Media Campaign</u>

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.

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INTRODUCTION

For two decades, the Western Australian (WA) Department of Health has funded the Royal Life Saving Society Western Australia (RLSSWA) to deliver the Keep Watch (KW) program. KW targets parents and carers of children under five years and aims to increase knowledge and skills regarding toddler drowning prevention, including key messages to Supervise, Restrict, Teach and Respond. The current program comprises several strategies, including a state-wide media campaign, *'Kids can't help themselves around water, you need to'*, parent and community presentations, resource distribution and CPR training courses (Heartbeat Club grants).

Key outcome indicators for the Keep Watch program are an increase in the proportion of parents and carers who:

1. report positive attitudes and behaviours regarding supervision, restricting access to water, participating in water familiarisation and participating in CPR training;
2. know about toddler drowning risks and prevention strategies; and
3. can recall key program and campaign messages.

The new *'Kids can't help themselves around water, you need to*' media campaign focuses on:

1. highlighting that drowning occurs when parents are distracted or there is unexpected water immersion.
2. skill development, behavioural intent and developing social norms that involve preventative behaviours and environmental factors.
3. (increasing) self-efficacy and cues to action.

The Keep Watch program promotes four critical actions for individuals to stay safe around water:

1. Supervise – actively supervise children around water
2. Restrict – restrict children's access to water
3. Teach – teach children water safety skills, ensure they are water aware, water familiar and water confident
4. Respond – learn how to respond in the case of an emergency.

The Collaboration for Evidence Research and Impact in Public Health (CERIPH) was commissioned to evaluate the Keep Watch program. The project team comprises Dr Justine Leavy, Dr Gemma Crawford, Malena Della Bona, Brooklyn Royce and Nicola D'Orazio. This report presents the evaluation findings for July 2022 – June 2023.

METHODS

A mixed methods evaluation was used to examine the impact of the Keep Watch Program using: 1. a cross-sectional survey with the primary target group and 2. in-depth interviews with the secondary target group. The evaluation was conducted between September 2022 and April 2023. Ethics approval for this evaluation was obtained from Curtin University's Human Research Ethics Committee (HRE 201/2014).

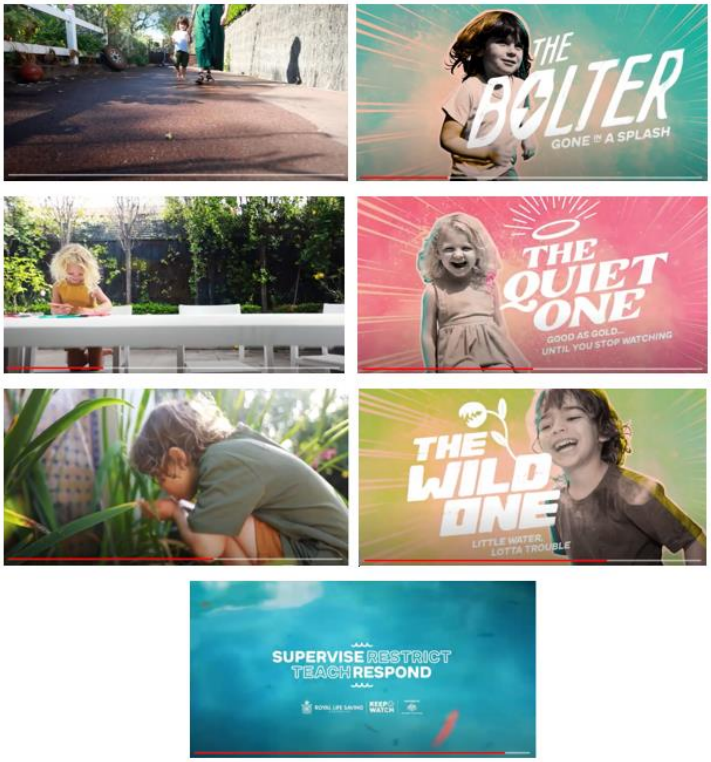
SURVEY METHODS

The first part of this report presents findings from a cross-sectional survey time point 3 for July 2022 – June 2023. Findings examine the impact of attitudes, knowledge, social norms, self-efficacy and campaign recall. This is the final report for this contract; comparisons are made with T1 (October – November 2020) and T2 (January-March 2021).

Media Waves

The *'Kids can't help themselves around water, you need to'* media campaign used ads, which aired for the first time in November 2020 (media wave one). Adverts were live from 19 November 2020 until 16 January 2021. The 15 and 30 second videos were shown on catch-up/streaming TV (Foxtel, 10Play, 7Plus, 9Now and SBS), YouTube and Facebook video advertising. Media wave two occurred from November 2021 to the end of January 2022. Media wave three was held from early November to the end of January 2022.

Figure 1: Stills from 'Kids can't help themselves around water, you need to.' advertisement



Data Collection

Data were collected over three time points. Time point one (T1) baseline data were collected online over four weeks before media wave one of the *'Kids can't help themselves around water, you need to'* campaign. Time point two (T2) data collection occurred over six weeks following media wave one. Data collection time point two (T2) was extended for one and a half weeks to allow further recruitment of participants. There was no data collection following media wave two. Time point three (T3) data collection took place between February – March 2023, following media wave 3.

Table 1 outlines key data collection methods. A Qualtrics survey link was promoted through social media (RLSSWA page and other organisations) and stakeholder e-newsletters. New strategies trialled at T2 included a direct email to a cohort established at T1 (n=141), and recruitment using an external social research organisation (n=505). At T3, mixed recruitment strategies were also used; a new social research organisation (Qualtrics Panels) was engaged in recruiting participants (n=102).

Table 1: Data collection

	Western Australian parents and carers of children aged 0 – 4 years old		
	T1	T2	T3
Recruited by	RLSSWA	RLSSWA Cohort (identified at T1) Social research organisation (Thinkfield)	RLSSWA Social research organisation (Qualtrics Panels)
Incentive	2 $100 Coles Myer gift cards* Panel payments (Thinkfield & Qualtrics Panels)		
How	15 minute online survey	17 minute online survey	17 minute online survey
Completion time^(minutes)	M=10.7 SD=6.1	M= 13.6 SD=10.8	M= 12.6 SD=12.0
When	23 October - 22 November 2020	21 January - 15 March 2021	11 February – 28 March 2023
Surveys collected	n=279	n=700	n=532
Data analysed	n=236	n=350	n=269

*for RLSSWA and cohort participants only

^participants who took less than 5 minutes or longer than 1.5 hour (T1 n=6, T2 n=22, T3 n=6)) were excluded, with the assumption that they completed less than 60% of the survey or kept their browser open longer than required.

Recruitment protocols required an equal proportion of those living on properties with pools or large bodies of water, and those without, as well as a 20% sample from rural and remote WA (based on WA population data).

Measures

We used pre-existing scales to measure factors influencing behaviours (self-efficacy and social norms). Table 2 lists the measures used and describes their scoring, analysis and source.

Table 2: Measures - scoring analysis and source

Scoring and analysis	Source
SELF EFFICACY	
Measured using the Brief Parental Self-efficacy (BPSE) scale. Participants rate 5 statements from Strongly agree (1) to Strongly disagree (5). Scores are calculated by adding the responses for the 5 statements and can range from 5 to 25 with higher scores indicating greater parental self-efficacy. KW baseline (T1), T2 & T3 survey Q23	Woodford, J., et al., Wellbeing Practitioner - Children and young people (WP-CYP) Data Handbook. 2017, UK: University of Exeter.
KNOWLEDGE OF STRATEGIES	
Participants were asked to identify the four most effective strategies for drowning prevention in children under 5 years of age. Options included: • Keep your child within arm's reach at all times around water (most effective) • Ensure home pool barriers are latched and maintained (most effective) • Attend water familiarisation classes (most effective) • Parents and carers learning CPR skills (most effective) • Ensure someone (you or other adult) can see your child at all times when in or around water (less effective) • Use flotation devices (i.e. air filled floaties) in and around water (less effective) Score measures those who identified ALL and ONLY the most effective responses. KW baseline (T1), T2 & T3 survey Q14	Reworded from open ended question in previous Keep Watch Survey.
TOTAL CAMPAIGN AWARENESS	
Total recall (unprompted): Participants asked, "In the last 6 months, do you remember seeing any ads about water safety and children aged under 5 years of age?". Participants are then asked to describe the ads they recall seeing. Recorded as an open-ended verbatim response that is coded as "yes" for recalling advertisements or "no" for recall unrelated to the advertisement. Recognition (prompted): Participants asked; Have you seen the following ad?". Categorical response recorded as "yes" or "no". Total awareness: Calculated as the total number of individuals who either recall the advertisement (total recall) or recognize it when prompted (i.e., "total recall" + "recognition"). KW T2 and T3 survey QC1 – QC3	Leavy, J.E., Rosenberg, M., Bauman, A.E., et al. (2013). Effects of Find Thirty every day®: Cross-sectional findings from a Western Australian population-wide mass media campaign, 2008-2010. Health Education & Behavior. 40(4):480-492. doi:10.1177/1090198112459515

Other scales used included:

Swimming confidence: Hamilton, K., Schmidt, H. (2014). Drinking and swimming: Investigating young Australian males' intentions to engage in recreational swimming while under the influence of alcohol. Journal of Community Health. 39(1):139-147. doi:10.1007/s10900-013-9751-4

Water-based activity undertaken: Adapted from McCool, J., Ameratunga, S., Moran, K., & Robinson, E. (2009). Taking a risk perception approach to improving beach swimming safety. International Journal of Behavioral Medicine, 16(4), 360.

Changes to survey

There are minor variations between survey questions used at T2 and T3. Table 3 outlines the changes and associated rationale for modification.

Table 3: Variations between T2 & T3 surveys

T3 Question	*T2 Question*	*Rationale*
SWIM ABILITY		
Q7 Using a scale from 1 to 7, where 1 is "poor" and 7 is "excellent", how do you rate your current swimming ability? (0) I cannot swim. (1) Poor - (7) Excellent	Q6 Can you swim? (1) Yes; (0) No Q7 Using a scale from 1 to 7, where 1 is "poor" and 7 is "excellent", how do you rate your current swimming ability? (1) Poor - (7) Excellent	Combined Q6 and Q7 to shorten survey and make consistent with other RLSSWA surveys
SAFETY ACTIONS		
Q9 How often do you take the following actions in or around water with your child (or children) under 5 years of age? Ensure pool gate is closed (i.e. not propped open) Supervise bath time (parents only) Empty bath water when not in use Empty paddle pool after use Keep child within arm's reach when in and around water Keep child where I can see them when in and around water Check surroundings for access to small amounts of water Ask older siblings to supervise younger siblings around water Child uses flotation devices (air filled floaties, vests) in the water Never (1), Sometimes (2), About half the time (3), Most of the time (4); Always (5)	Q9 How often do you take the following actions in or around water with your child (or children) under 5 years of age? Check pool gate at random intervals. Ensure pool gate is closed (ie not propped open) Ensure pool gate is not propped open ONLY when pool is not being used Attend swimming lessons Close door to bathroom/rooms with water access Supervise bath time Empty bath water when not in use Empty paddle pool after use Keep child within arm's reach when in and around water Keep child where I can see them when in and around water Update CPR skills Discuss water safety measures with family and friends Check surroundings for access to small amounts of water Ask older siblings to supervise younger siblings around water Child uses flotation devices (air filled floaties, vests) in the water Other actions? Please specify Never (1), Sometimes (2), About half the time (3), Most of the time (4); Always (5)	Removed some items to shorten survey length and to aid in clarity
ATTITUDES AND BELIEFS		
Q20 Using the scale of 1 to 5, where 1 is "strongly agree" and 5 is to "strongly disagree", to what extent do you agree that…? (Select one rating per statement) It is OK to leave toddlers in the care of older children if you're confident those children are mature It is better to develop a toddler's swimming ability rather than rely on constant adult supervision Backyard pools are safe as long as they are fenced Toddlers who live at homes without Having up-to date CPR skills are important to ensure CPR can be performed in an emergency	Q20 Using the scale of 1 to 5, where 1 is "strongly agree" and 5 is to "strongly disagree", to what extent do you agree that…? (Select one rating per statement) All childhood drowning can be prevented. Drowning can occur in less than 5 minutes It is OK to leave toddlers in the care of older children if you're confident those children are mature It is better to develop a toddler's swimming ability rather than rely on constant adult supervision Backyard pools are safe as long as they are fenced Toddlers who live at homes without pools are not at risk of drowning	Removed some items to shorten survey length and avoid repetition in the survey

T3 Question	*T2 Question*	*Rationale*
Children are at risk of drowning even when adults do not expect them to be around water YOU know CPR and YOU could perform it in an emergency Strongly agree (1); Agree (2); Neither agree nor disagree (3); Disagree (4); Strongly disagree (5)	It is important for children under 5 years of age to attend water familiarisation classes Having up-to date CPR skills are important to ensure CPR can be performed in an emergency Children are at risk of drowning even when adults do not expect them to be around water YOU know CPR and YOU could perform it in an emergency Strongly agree (1); Agree (2); Neither agree nor disagree (3); Disagree (4); Strongly disagree (5)	
SOCIAL NORMS		
Removed from T3 survey	Q21 Using the scale below, how likely are the following people to APPROVE of you... PROPPING A POOL GATE IN THE OPEN POSITION TO ALLOW EASY ENTRY/EXIT TO A POOL AREA? Your spouse/significant other Friends with children the same age Other family members The child's parents Very Unlikely (1); Unlikely (2); Neither likely nor unlikely (3); Likely (4); Very Likely (5) NOT APPLICABLE (0)	All positive responses in past reporting. Removed to shorten survey
Removed from T3 survey	Q22 Using the scale below, how likely are the following people to APPROVE of you... Answering the front door whilst supervising your child in the bath? Your spouse/significant other Friends with children the same age Other family members The child's parents Very Unlikely (1); Unlikely (2); Neither likely nor unlikely (3); Likely (4); Very Likely (5) NOT APPLICABLE (0)	All positive responses in past reporting. Removed to shorten survey
SOCIAL MEDIA TILES		
QSM1 Have you seen any of these social media tiles before today? Yes (1); No (2) Don't know/unsure (3)	Not in T2 Survey	Social Media Tiles were included in the Campaign Plan; thus questions were included for analysis
QSM1_A Where did you see the social media tiles? Facebook (1); Instagram (2); Somewhere else online - please specify (3)		
QSM1_B How well do you think the social media tiles convey each of the following messages? Always keep watch of your child around water Restrict your child's access to water at all times Teach your child to be water confident Learn CPR and call Triple Zero (000) in an emergency Not at all well (1); Not very well (2); Just OK (3); Very well (4); Extremely well (5)		

Data analysis

Quantitative data were entered into the Statistical Package for Social Sciences version 26 (SPSS v26) (13) and cleaned before analysis. Participants who did not meet inclusion criteria and those who had not completed more than 60% of the survey were excluded (T1, n=40; T2, n=349; T3, n=263). At T2, the number of participants excluded appears substantially higher due to the selection strategies of the social research organisation, which sent the survey to 505 participants, of whom only 197 met the survey criteria and completed the survey. At T3, excluded participants included those who did not live in WA (n=116); did not appear to open the survey past the first page (n=65); and those who were not parents, carers or grandparents of children under five years old (n=53).

Descriptive statistics summarised T3 results with comparisons made with T1 and T2 where appropriate:

- Demographic characteristics- age, postcode, gender, carer status, country of birth, water source at home, Aboriginal and Torres Strait Islander status, time lived in Australia, education, language spoken, English speaking ability, number of children aged 0 – 4 years of age and child's age;
- Swim ability confidence;
- Water-based activity undertaken with a child 0 - 4 years of age;
- Safety action undertaken;
- Factors influencing behaviour – Self-efficacy;
- Drowning and water safety-related responses - knowledge of water safety; attitudes and beliefs;
- Campaign recall;
- Campaign recognition, and awareness;
- Campaign key messages, advertising diagnostics and behavioural intent (T2 only); and
- Program recognition

During analysis, comparisons between categorical data were analysed, where relevant, using chi-square. Fisher Exact Test was used when assumptions for Pearson chi-square were violated. Self-efficacy was analysed using independent samples t-tests.

Comparisons were made by time point (T1 and T2), carer status (parent and grandparent) and country of birth (Australia and other). Only comparisons of interest/significance are reported. P-values <0.05 were considered statistically significant.

INTERVIEW METHODS

Data collection

Stakeholders from the secondary target group (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) were approached via email to participate in a semi-structured individual interview (n=15). Participants were purposively selected to provide commentary regarding their experiences with RLSSWA. Eight stakeholders initially consented to be interviewed. Four interviews took place, with the remaining cancelled (n=1) or lost to follow-up (n=3). Interviews were conducted online (n=1) and via telephone (n=3). The length of interviews ranged from 16 - 38 minutes.

Interview tools

The research team designed the interview schedule to explore the impact indicators as outlined in the evaluation program logic model (stakeholder self-efficacy, confidence, engagement and value) and the program objectives:

- Increase knowledge of toddler drowning prevention amongst child and health care professionals and increase capacity to deliver this information to parents.
- Increase knowledge of toddler drowning prevention amongst regional stakeholders and increase capacity to deliver this information to the community.

Data analysis

All interviews were audio-recorded, transcribed verbatim and checked by the research team. Deductive analysis was performed on transcript data exploring two themes: *Participant capacity to deliver drowning prevention strategies;* and *Value and impact of the Keep Watch strategies.* Descriptive quotes were selected to illustrate the main findings. Quotes are included without identifying features to ensure the anonymity of stakeholders.

RESULTS

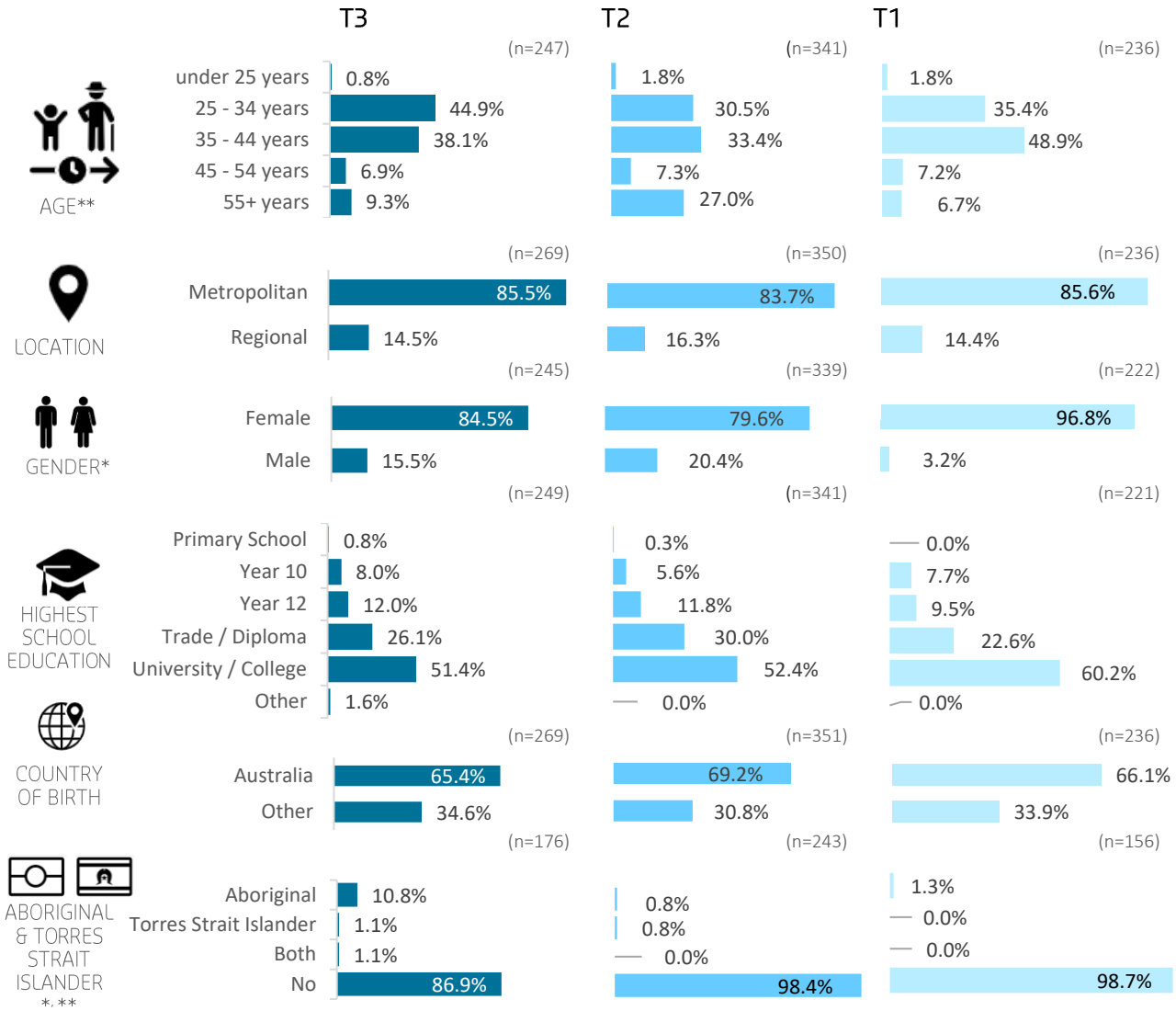
SURVEY RESULTS

DEMOGRAPHICS

Participant demographics are presented in Figure 2 and 3. At T3, data collection protocols were generally met; however, as at all time points, females were over-represented.

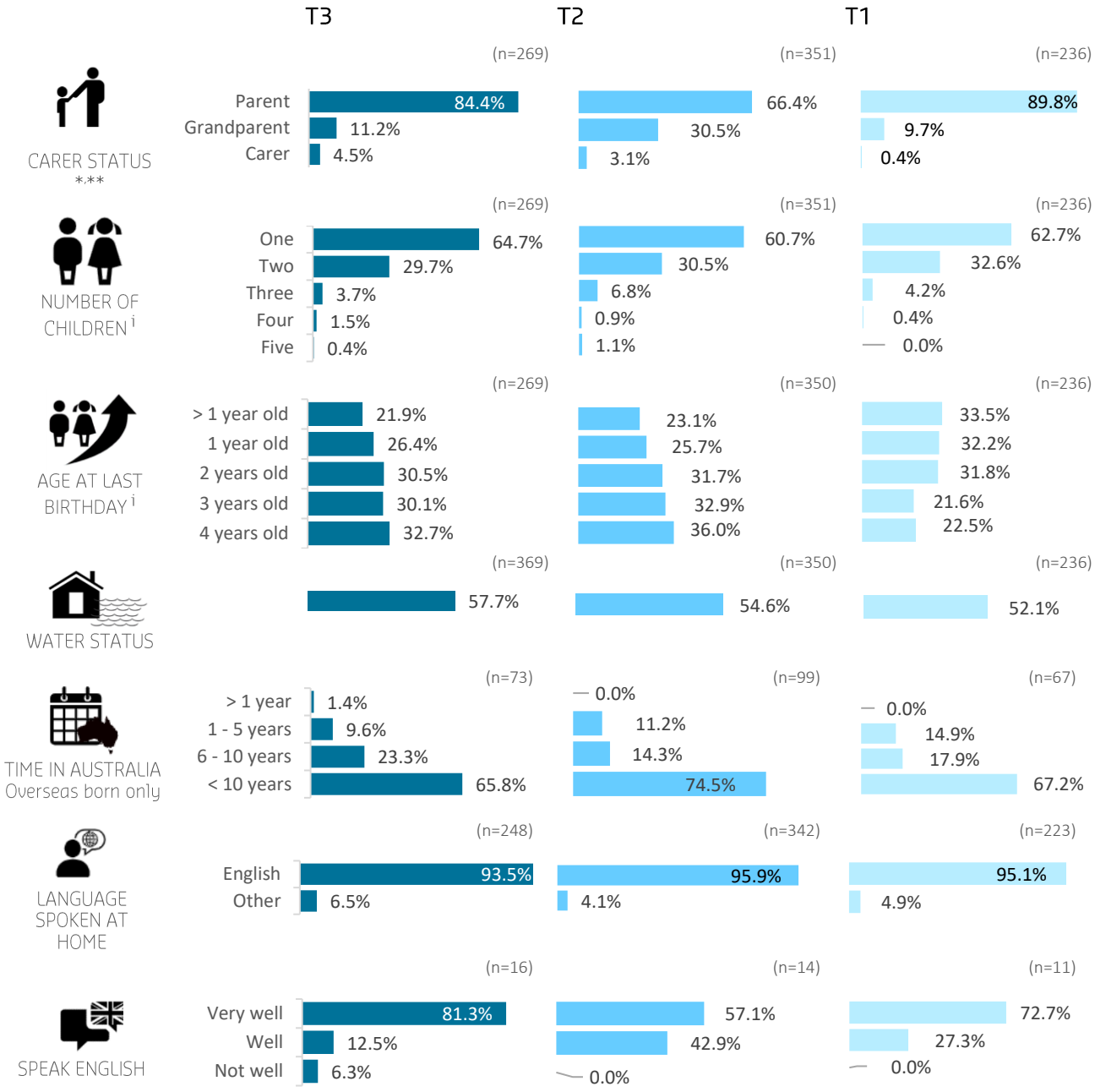
Most participants were born in Australia (65.4%, n=176) and were university educated (51.4%, n=128). A significant difference was noted in the age of participants when comparing T3 (25-44 years 83.0%, n=205) and T2 (25-44 years 64.1%, n=228). Significant differences in gender were seen between T3 (female 84.5%, n=207) and T1 (female 96.8%, n=215). Aboriginal and Torres Strait Islander and carer staus at T3 (Aboriginal 10.8%, n=19; parent 84.4%, n=227) were significantly different when compared to T1 (Aboriginal 1.3%, n=2; parent 89.8%, n=212) and T2 (Aboriginal 0.8%, n=2; parent 66.6%, n=233).

Figure 2: Demographics



*Significant difference between T3 and T1 (p<0.05)
** Significant difference between T3 and T2 (p<0.05)

Figure 3: Demographics (other)



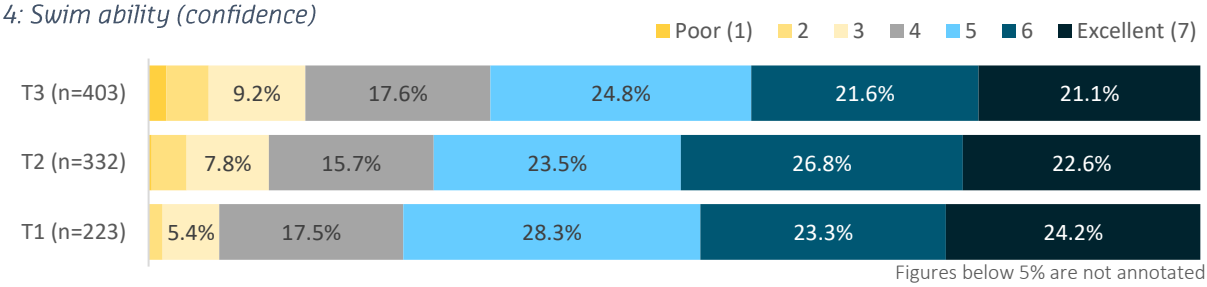
i Multiple response categories included participants with multiple children aged 0-4 years.
*Significant difference between T3 and T1 (p<0.05)
** Significant difference between T3 and T2 (p<0.05)

WATER-BASED ACTIVITY

Swim ability

At T3, almost all participants indicated they could swim (97.6%, n=403), while 67.5% (n=272) reported being confident swimmers, scoring five or higher on the 7-point Likert scale (Figure 4), a lower proportion than at T2 or T1. Those who rated their confidence as low has increased from around one in five at T1 to around one in four at T3.

Figure 4: Swim ability (confidence)

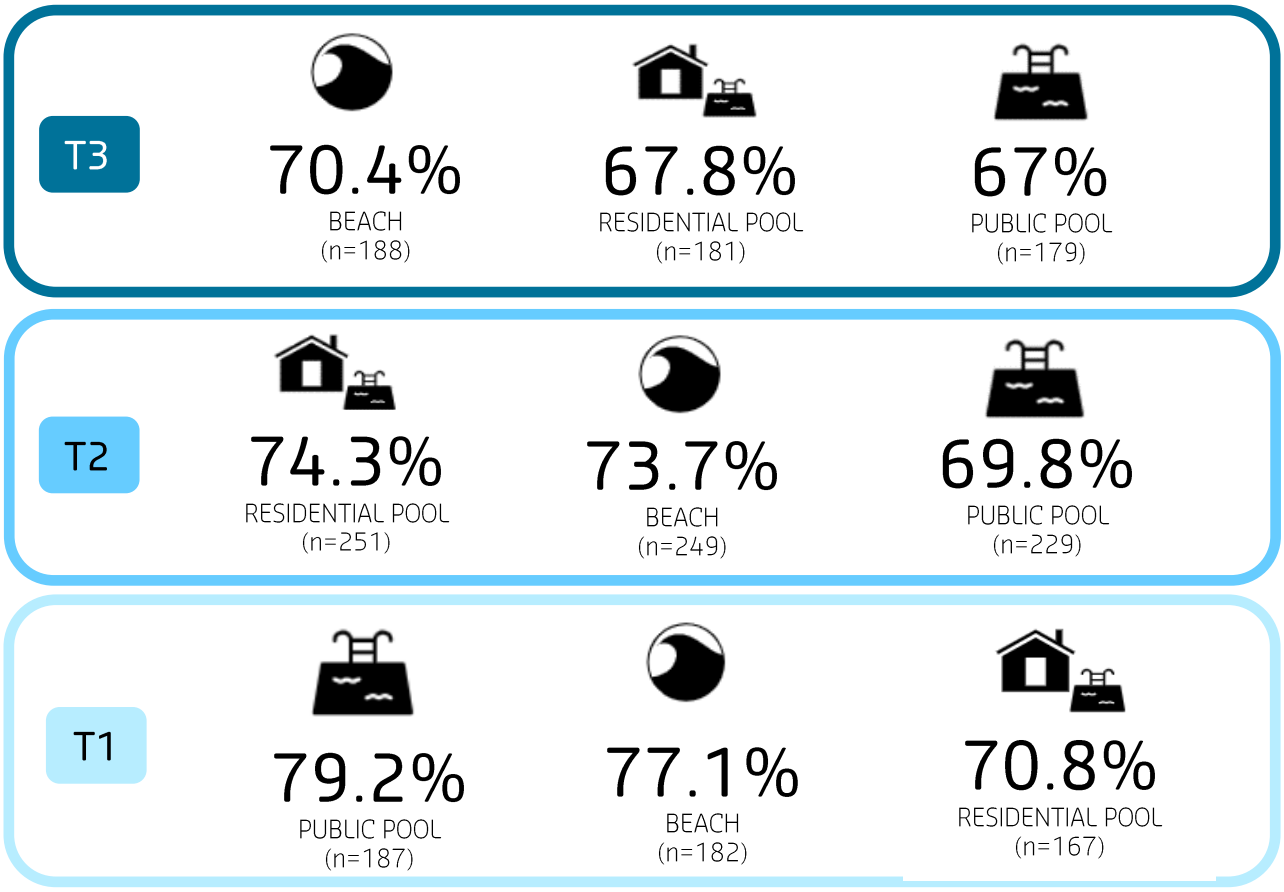


Figures below 5% are not annotated.

Water-based activity undertaken

Figure 5 shows the top three water-based activities participants reported undertaking with children under five years in their care at T1, T2 and T3.

Figure 5: Top water-based activities



Multiple response categories

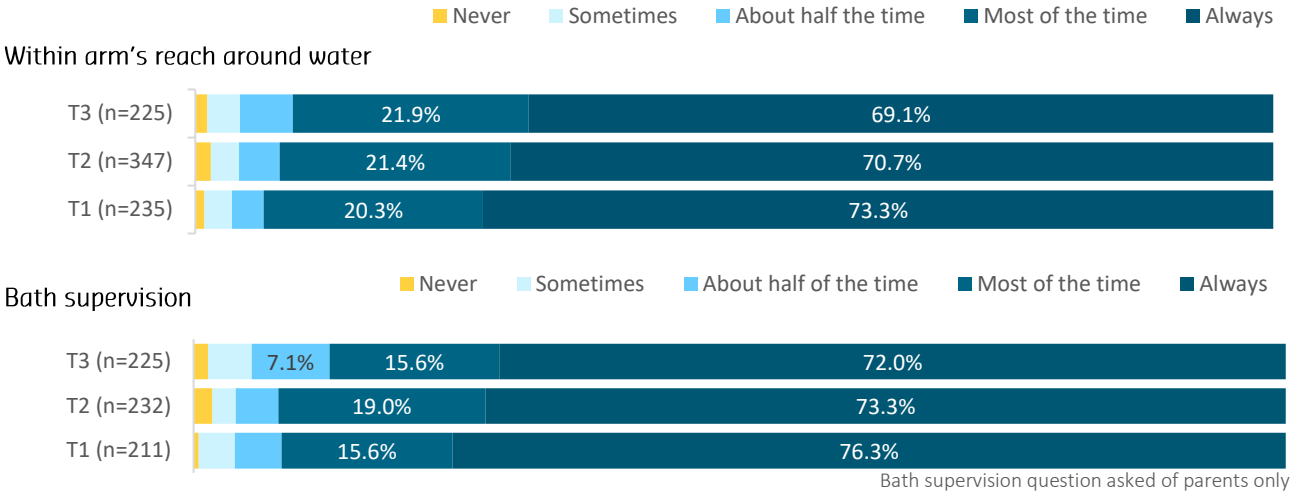
Other water-based activities at T3 included swimming lessons (53.6%, n=143); activities in a river, dam or lake (24.7%, n=66); boating (12.4%, n=33); fishing from shore (8.6%, n=23); canoeing or kayaking (7.1%, n=19); and fishing from a boat (5.2%, n=14).

SAFETY ACTIONS

Supervision

At T3, most participants indicated they keep children '*within arm's reach around water'* either always (69.1%, n=183) or most of the time (21.9%, n=58). Seventy-two percent (n=163) of participants at T3 indicated they always '*supervise bath time'*, while fewer reported supervising most of the time (15.6%, n=35) (Figure 6).

Figure 6: Safety behaviours



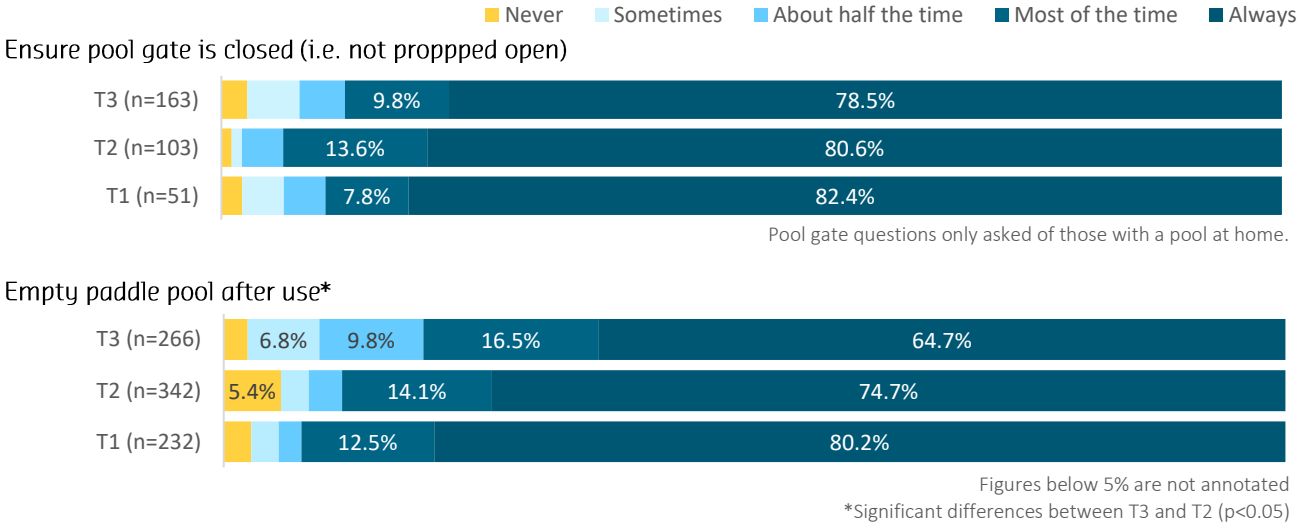
Bath supervision question asked of parents only

Figures below 5% are not annotated.

Restrict

At T3, most participants reported they always '*ensure the pool gate is closed'* (78.5%, n=128). No significant differences were seen when compared with T2 or T1. Participants at T3 were less likely to report always '*emptying the paddling pool after use*' (64.7%, n=172) than at T1 (80.2%, n=186) (Figure 7).

Figure 7: Safety Behaviours - barriers (outdoors)



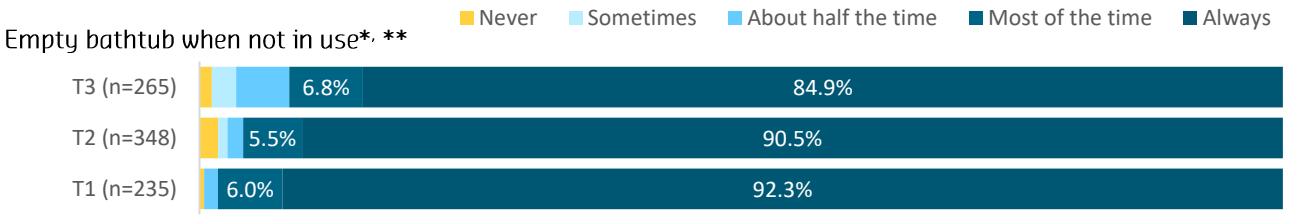
Pool gate questions only asked of those with a pool at home.

Figures below 5% are not annotated

*Significant differences between T3 and T2 (p<0.05)

Whilst most participants indicated they '*always empty the bathtub when not in use'* across all time points (T3 84.9%, n=225; T2 90.5%, n= 315; T1 92.3%, n=217), significantly fewer participants reported this at T3 (Figure 8).

Figure 8: Safety Behaviours - barriers (indoors)

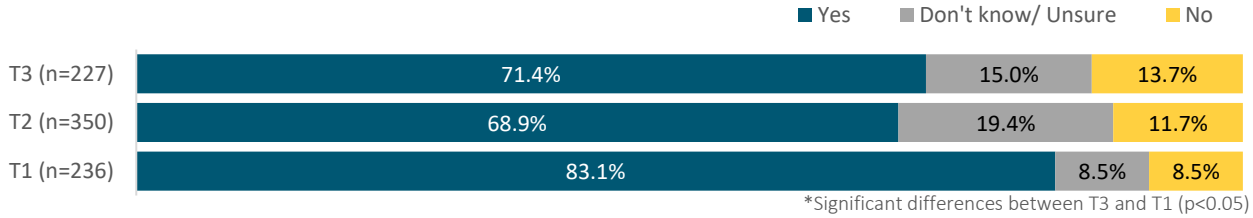


Figures below 5% are not annotated.
*Significant differences between T3 and T1 (p<0.05)
*Significant differences between T3 and T2 (p<0.05)

Teach

At T3, fewer participants reported '*intention to participate in water familiarisation class in the next three months*' (71.4%, n=162); than at T1 (83.1%, n=196) (Figure 9).

Figure 9: Intention to participate in water familarisation class in the next 3 months

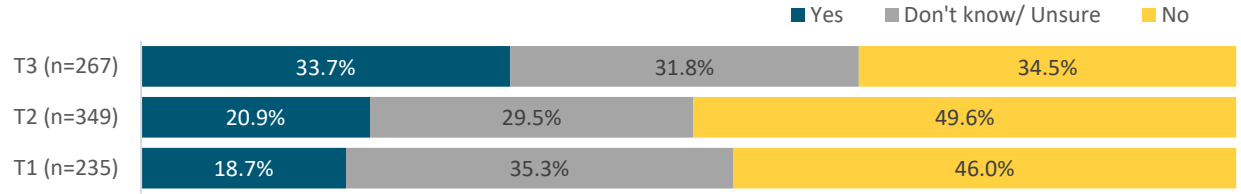


*Significant differences between T3 and T1 (p<0.05)

Respond

At T3, when asked if they had completed cardiopulmonary resuscitation training (CPR), around one-quarter (23.2%, n=62) had done so within the last 12 months; more than half (58.8%, n=157) had done so more than 12 months ago (not shown). At T3, significantly more participants responded yes when asked if they *'planned on participating in CPR training in the next three months'* (T3 n=90, 33.7%; T2, 20.9%, n=73; T1 18.7%, n=44) (Figure 10).

Figure 10: Intention to participate in CPR training in the next 3 months



FACTORS INFLUENCING BEHAVIOUR

Self-efficacy

Self-efficacy was measured using the Brief Parental Self-Efficacy (BPSE) scale. Scores could range from 5 (low self-efficacy) to 25 (high self-efficacy) (questions shown in Appendix A, Q23). Overall participants scored highly at each time point (T3 M=20.6, SD=3.3; T2 M=21.1, SD=3.6; T1 M=21.4, SD=4.1) (Figure 11). At T3, there was a significant difference compared to T1. At T3, there was also a significant difference in the parent (M=21.2, SD=3.5) and grandparent scores (M=20.5, SD=4.2) (Figure 12).

Figure 11: Self-efficacy scores (all time points)

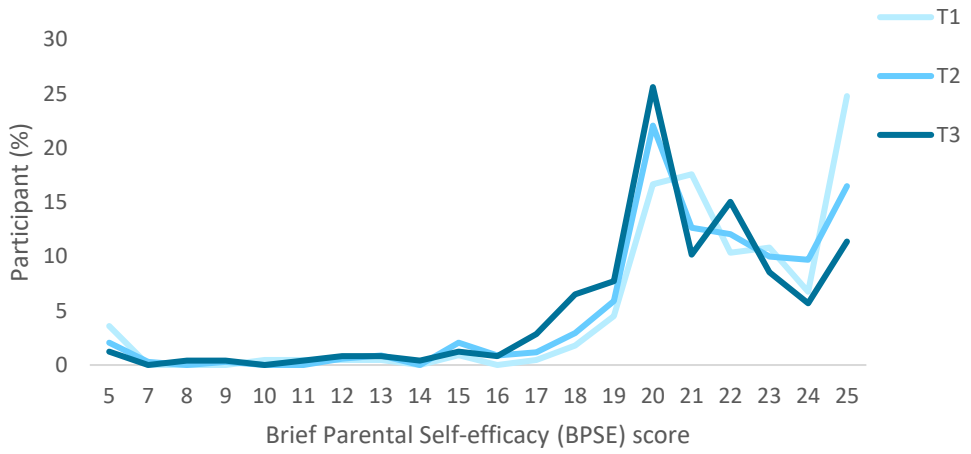
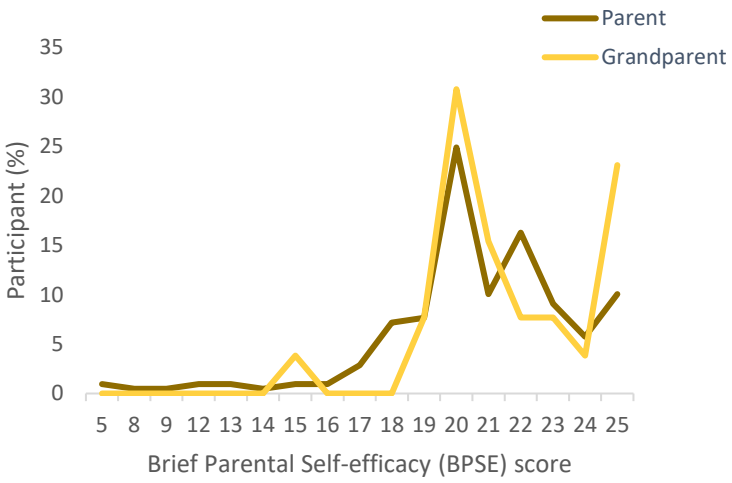


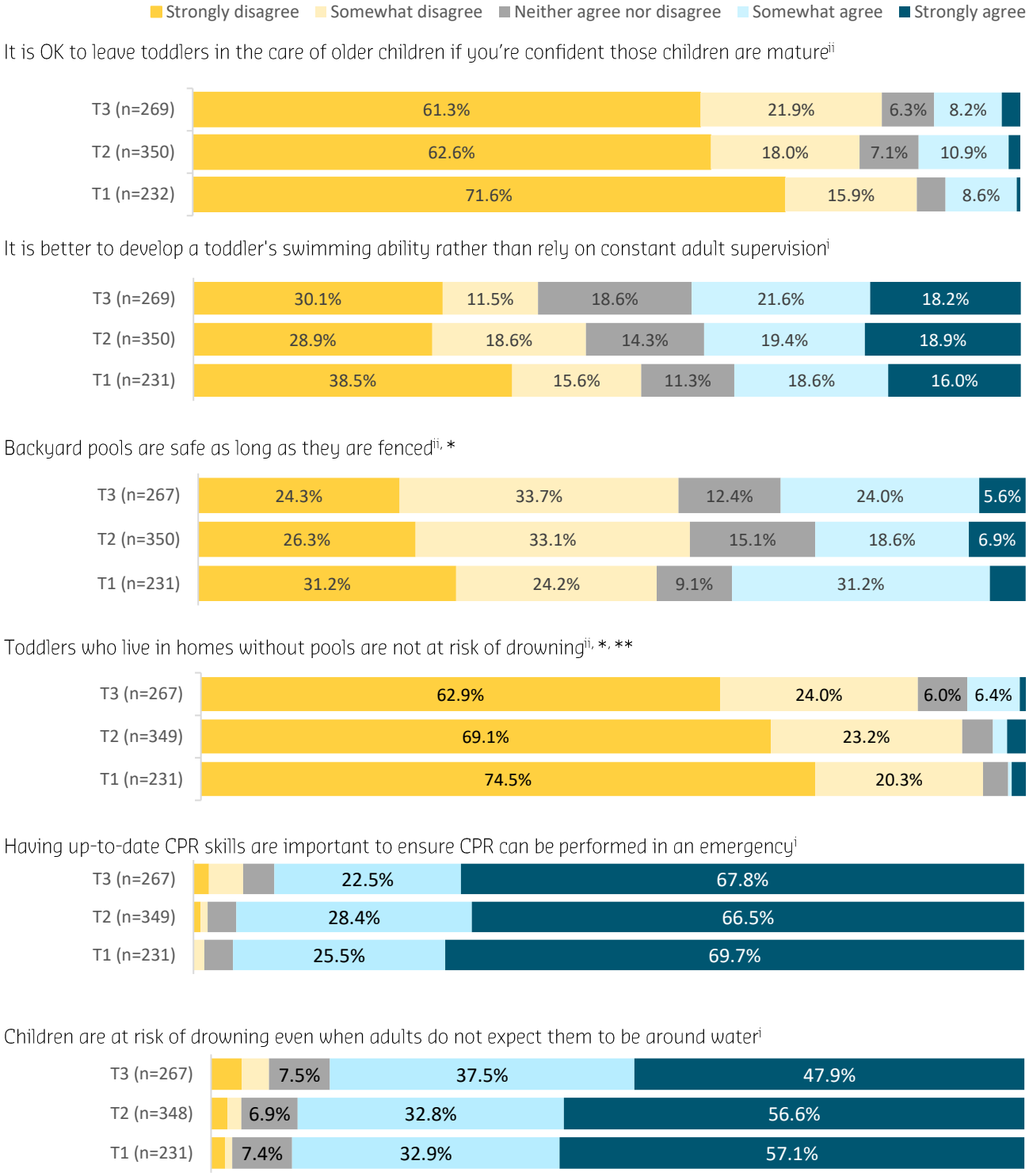
Figure 12: Self-efficacy scores (parents & grandparents) at T3



ATTITUDES & BELIEFS

At T3, most participants agreed that '*having up-to-date CPR skills are important to ensure CPR can be performed in an emergency'* (90.3%, n=241). Around half of the participants strongly agreed '*that children are at risk of drowning even when adults do not expect them to be around water'* (47.9%, n=128). When comparing time points, fewer participants at T3 strongly disagreed that '*backyard pools are safe as long as they are fenced' (*24.3%, n=65) compared with T1 (31.2%, n=72); and that '*toddlers who live in homes without pools are not at risk of drowning'* (62.9%, n=168) compared with T2 (69.1%, n=241) or T1 (74.5%, n=172).

Figure 13: Attitudes and beliefs

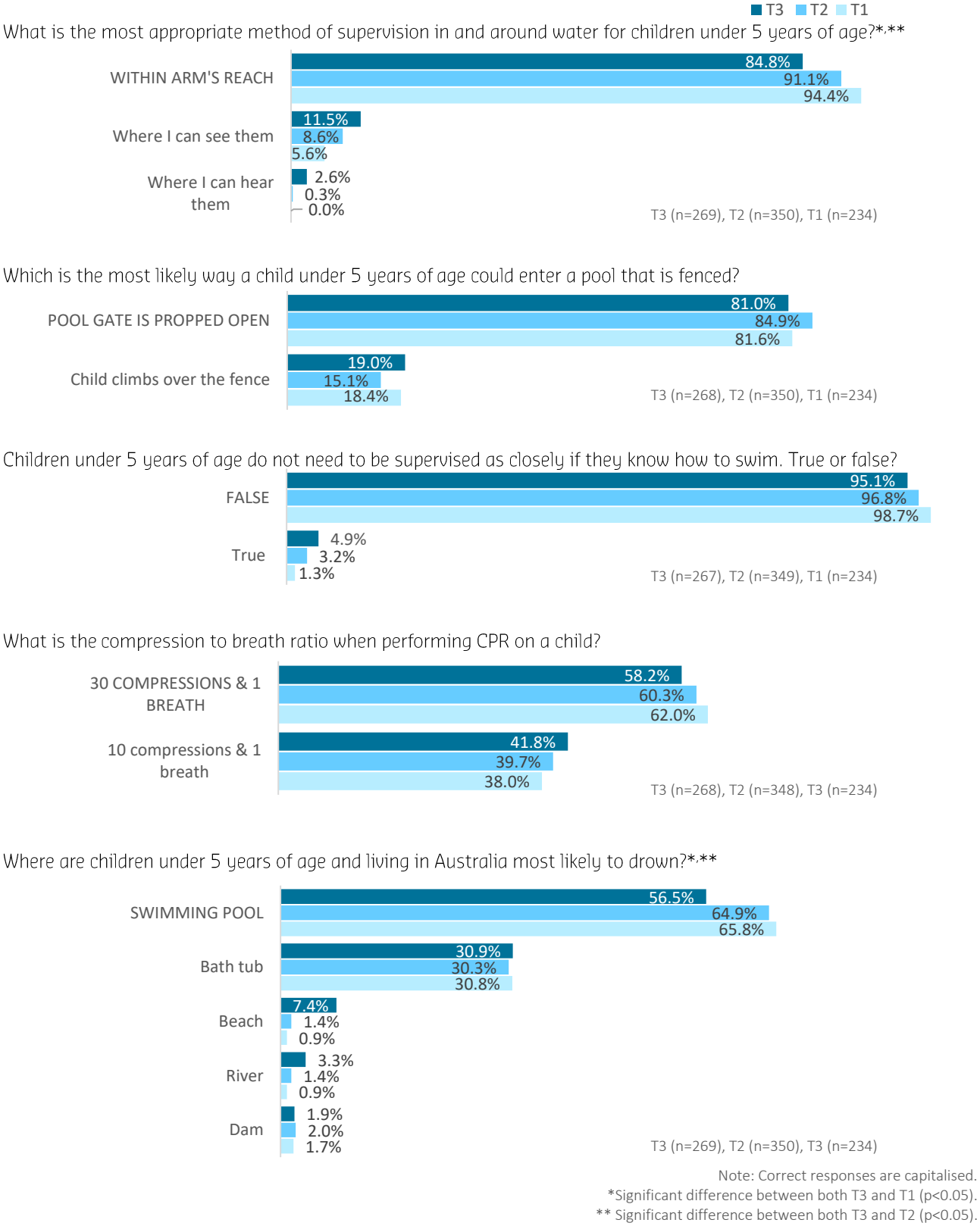


Figures below 5% are not annotated.
i Positive worded measure (positive response is strongly agree or agree)
ii Negative worded measure (positive response is strongly disagree or disagree)
*Significant difference between T1 and T3 (p<0.05)
**Significant difference between T2 and T3 (p<0.05)
Figures below 5% are not annotated.

KNOWLEDGE

Participant knowledge was assessed using multiple-choice questions (questions shown in Appendix A, Q15 – 19) (see Figure 14). At T3, fewer participants correctly responded that '*within arm's reach*' is the most appropriate method of supervision in and around water for children under five years (84.8%, n=228) compared with T2 (91.1%, n=319) and T1 (94.4%, n=221).

Figure 14: Knowledge responses



Note: Correct responses are capitalised.
*Significant difference between both T3 and T1 ($p<0.05$).
** Significant difference between both T3 and T2 ($p<0.05$).

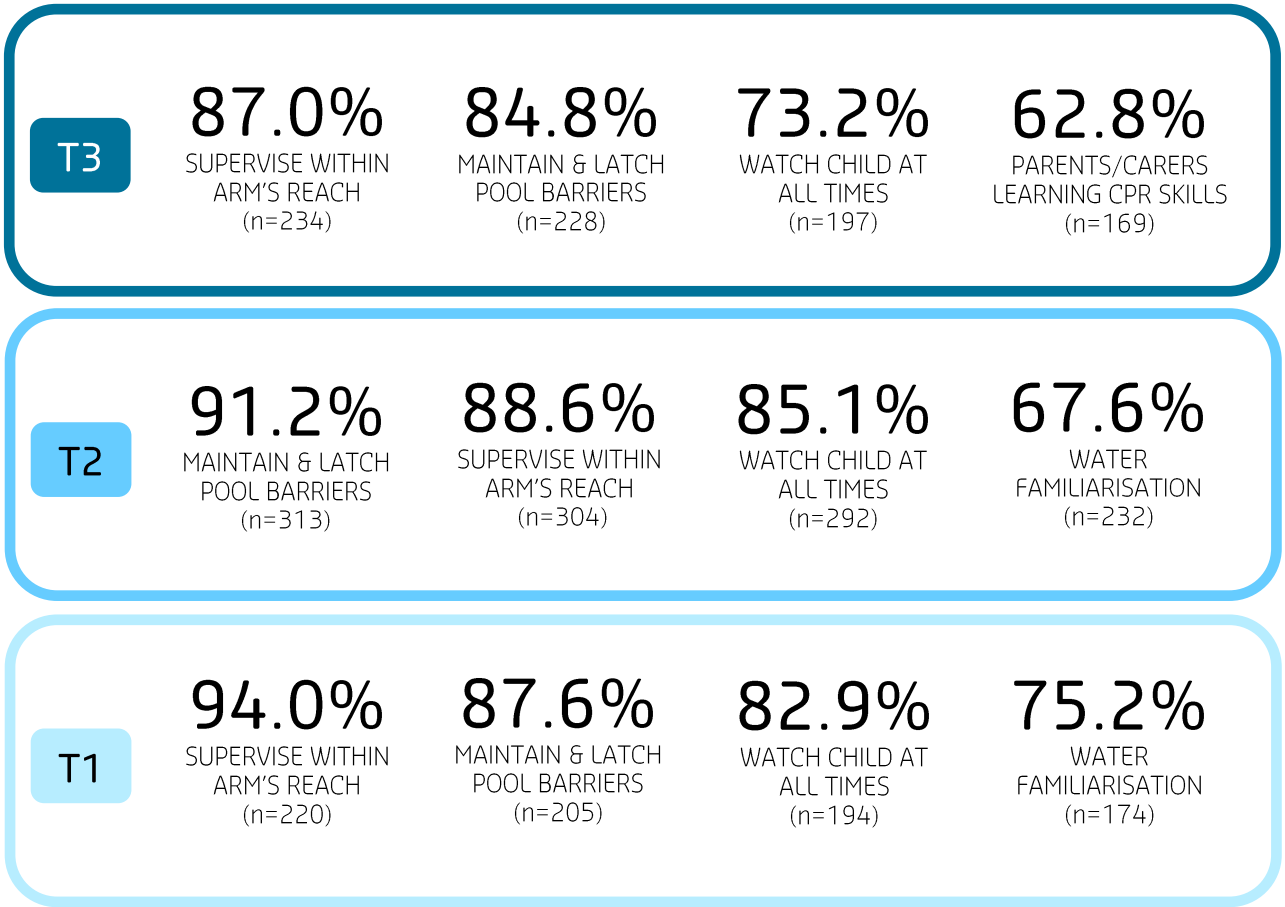
Consistently, participants at all time points have incorrectly responded that '*the bathtub*' is where children under five years of age and living in Australia are most likely to drown (T3 30.9%, n=83; T2 30.3%, n=106; T1 30.8%, n=72). At T3, there were no significant differences in knowledge when comparing carer status or country of birth.

Strategies

Participants were asked to identify the four most effective strategies for drowning prevention in children under five years. At T3, this question was restricted, only four options could be chosen.

Figure 15 highlights the top four identified strategies at each time point. Three of the four strategies identified at T3 were specific Keep Watch strategies (supervise [within arm's reach], restrict and respond).

Figure 15: Top four strategies to prevent drowning in children aged under five years



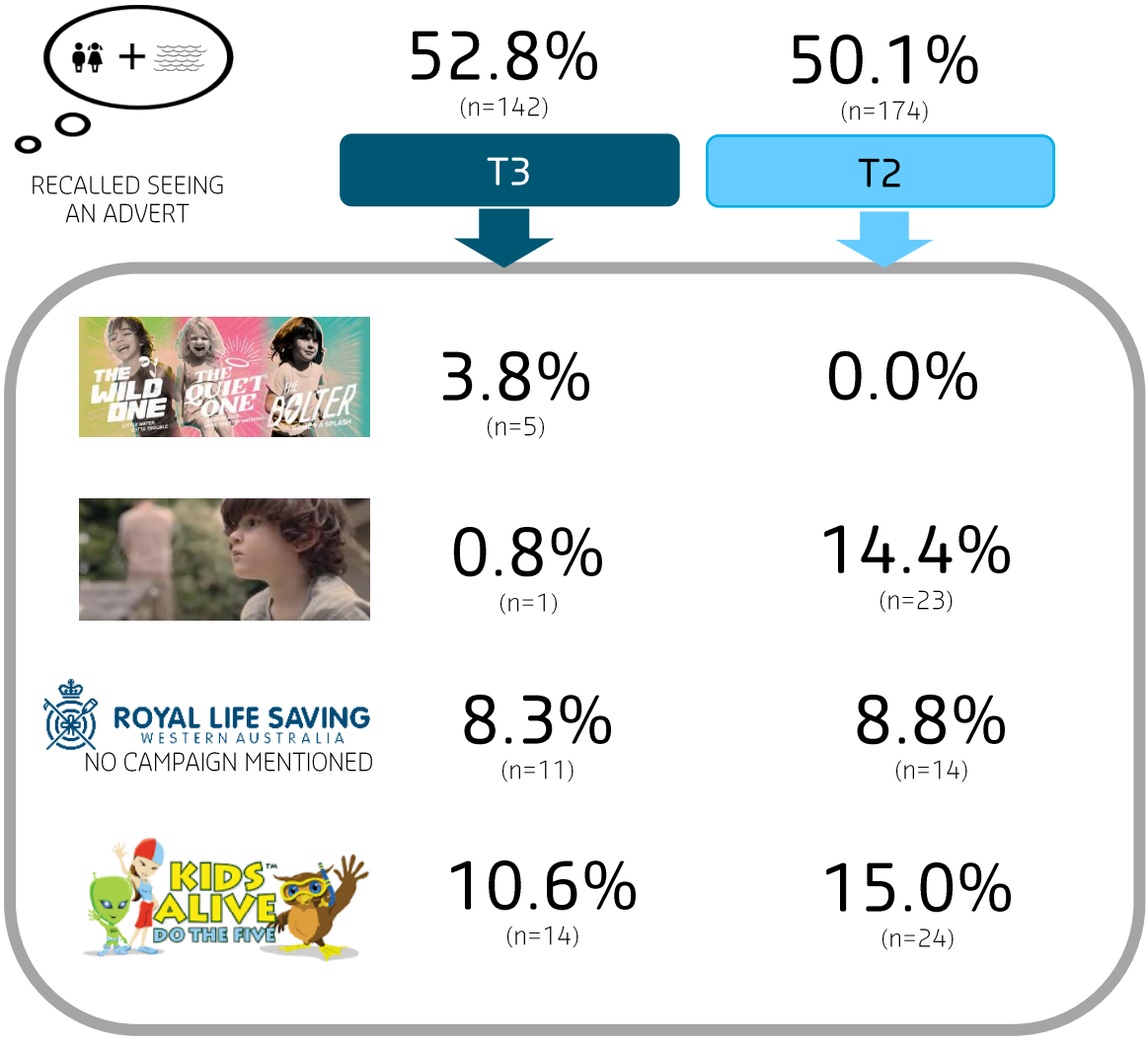
A small proportion of participants identified only the Keep Watch strategies (T3 14.1%, n=38; T2 12.9%, n=39; T1 14.7%, n=31). At T3, there were no significant differences between parents and grandparents who only identified Keep Watch strategies (parents 14.5%, n=14; grandparents 13.3%, n=4). This varies from T2 where parents were significantly more likely to identify the Keep Watch strategies as the four most effective strategies (parent 16.7%, n=66; grandparent 3.6%, n=4).

MEDIA CAMPAIGN

Recall, recognition and awareness

Of the participants who were asked if they had seen an ad about water safety and children aged under five years (T3 n=269; T2 n=348), around half answered yes (T3 52.8%, n=142;T2 50.1%, n=174) (Figure 16). At T3, the most frequently recalled ads about water safety included '*Kids Alive, Do the Five'* (10.6%, n=14) and '*RLSSWA'* (with no specific campaign mentioned) (8.3%, n=11). The current Keep Watch campaign '*Kids can't help themselves around water. You need to'* was recalled by 3.8% of participants (n=5). As expected, when compared to T2, fewer participants recalled the past Keep Watch campaign "*Water. It's only safe while you're watching*" (T3 0.8%, n=1; T2 14.4%, n=23).

Figure 16: Unprompted recall



Multiple response categories

Figure 17 highlights the total recall, recognition (prompted), and total awareness of the *'Kids can't help themselves around water, you need to'* campaign at T3 and T2. At T3, total awareness was significantly higher (n=45, 17.6%, n=45); compared with T2 (6.7%, n=23).

Figure 17: Total recall, recognition and total awareness

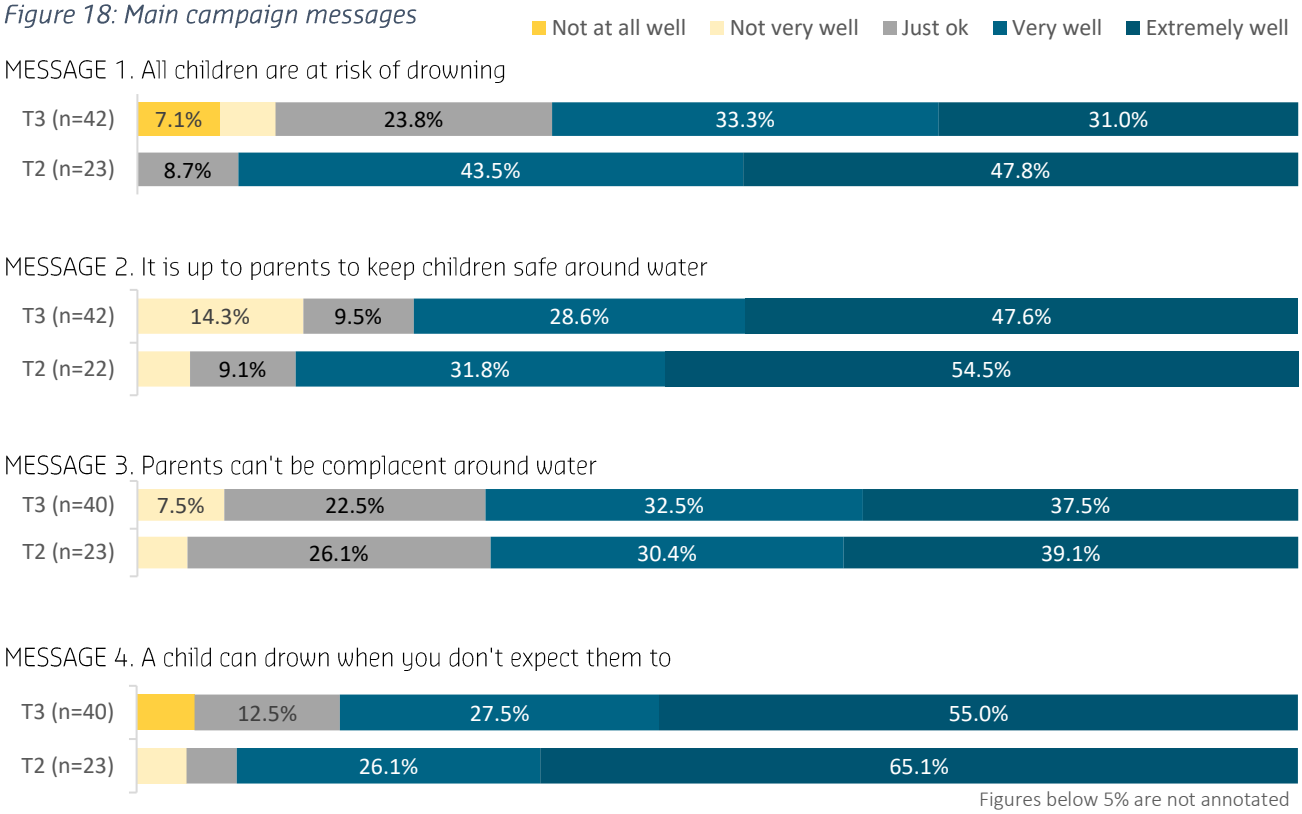
	RECALL	RECOGNITION	TOTAL AWARENESS
T3	2.0% (n=5)	17.2% (n=45)	17.6% (n=45)
T2	0.0%	6.7% (n=23)	6.7% (n=23)

Main Messages

Participants who said they saw the ad (n=45) were asked about their perspective on its main message. At T3, around half of the participants who answered this question (n=35), identified '*supervision near water*' (57.1%, n=20). Other messages identified included: '*Respond (CPR, learn what to do in an emergency)*' (25.7%, n=9), '*all kids are at risk*' (22.9%, n=8), '*safety is a parent's responsibility*' (20.0%, n=7), '*Teach (learn to swim)*' (17.1%, n=6) and '*Restrict (fences and pool gates)*' (14.3%, n=5).

Participants who saw the ad were also asked if it reflected its intended messages. Figure 18 shows participant responses when prompted with the campaign messages. Most participants indicated the messages were well conveyed in the ad. There was no significant difference when comparing T3 with T2.

Figure 18: Main campaign messages

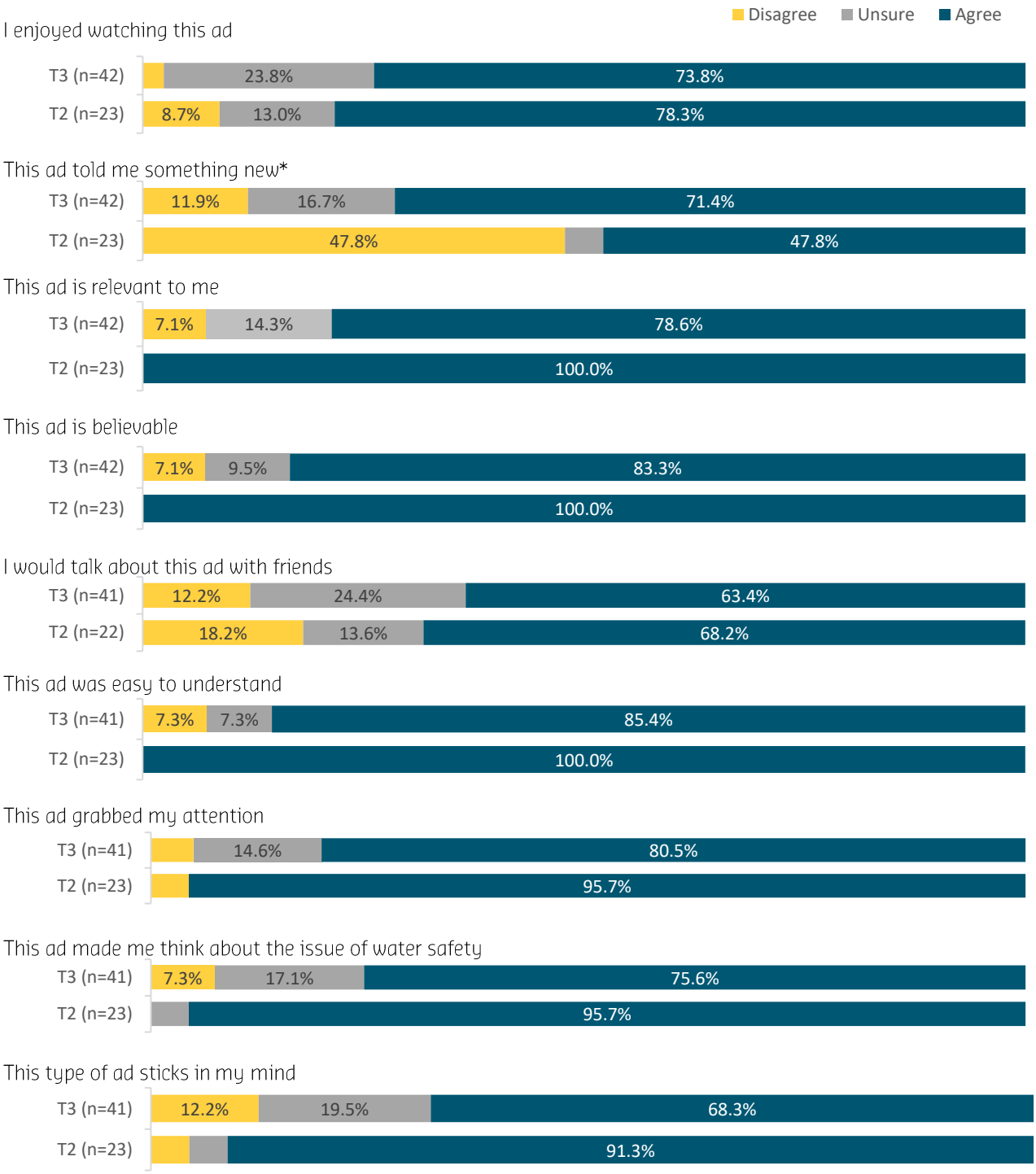


Figures below 5% are not annotated

Advertising diagnostics

To evaluate key components of the campaign execution, those who recognised the ad (n=45) rated their agreement with a series of statements (Figure 19). At T3, most participants said it was *'easy to understand'* (85.4%, n=35) and believable (83.3%, n=35). Most participants also said it *'grabbed their attention'* (80.5%, n=33), was *'relevant'* (78.6%, n=33) and *'made them think about water safety'* (75.6%, n=31). At T3, more participants agreed *'this ad told me something new'* at T3 (71.4%, n=30) and T2 (47.8%, n=11).

Figure 19: Advertising diagnostics

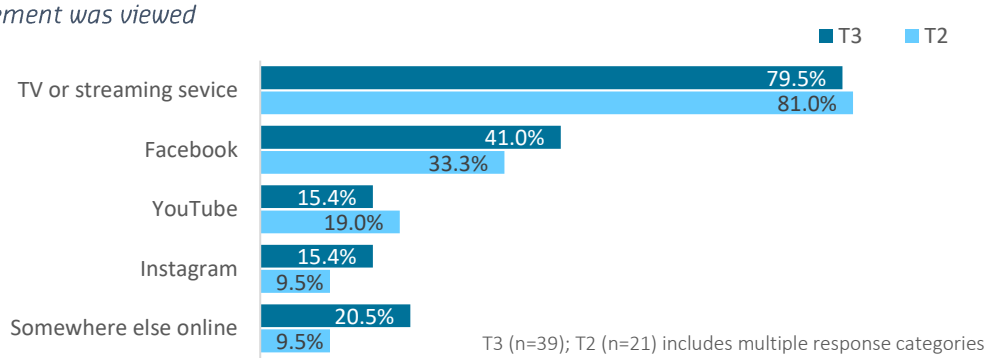


Figures below 5% are not annotated.
*Significant difference between T3 and T2 (p<0.05).

Where & who

At T3, most participants had seen the ad on '*TV or streaming service'* (79.5%, n=31), followed by '*Facebook'* (41.0%, n=16). There were significant differences by time points (see Figure 20), with a higher proportion of participants identifying Facebook, Instagram and somewhere else online at T3 compared with T2.

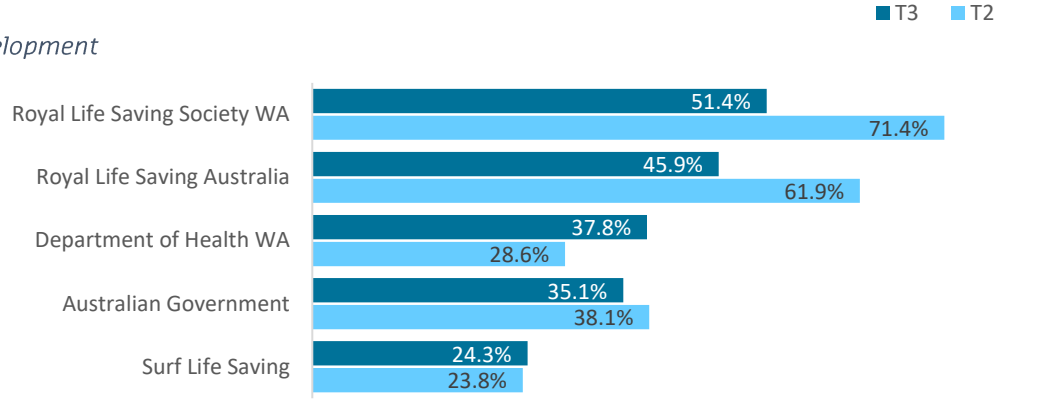
Figure 20: Where advertisement was viewed



T3 (n=39); T2 (n=21) includes multiple response categories
*Significant difference between T3 and T2 (p<0.05).

When asked who was responsible for developing the ads, around half of the participants correctly identified '*RLSSWA*' (51.4%, n=19) (Figure 21).

Figure 21: Advert development

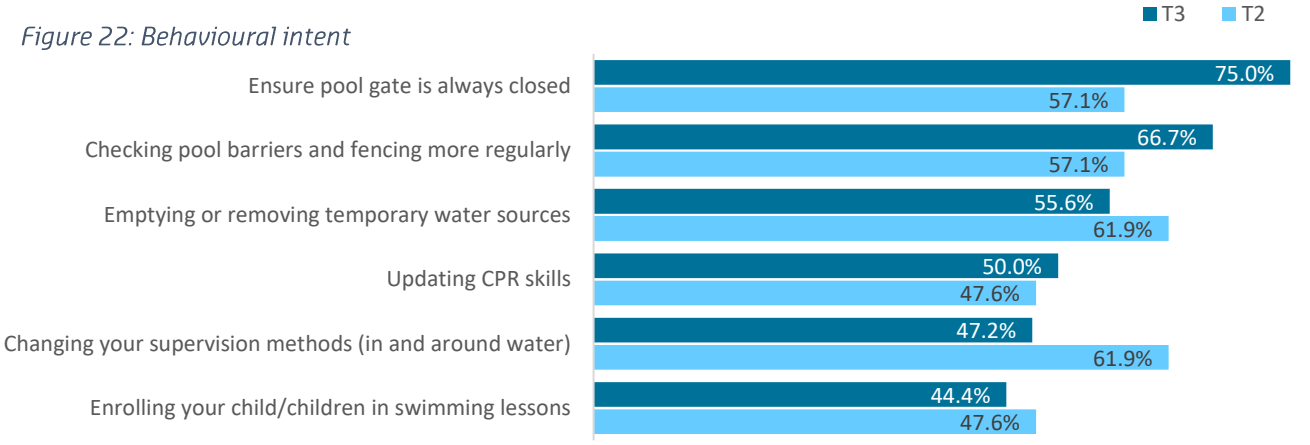


T3 (n=37); T2 (n=21) includes multiple response categories

Action and intention

Those who recalled the ad were asked whether it *'made them think about doing anything'* (i.e., intend to change their behaviour concerning water safety). Figure 22 indicates the intended behavioural change. *'Pool gate closure*' was the most frequently reported action at T3 (75%, n=27).

Figure 22: Behavioural intent



T3 (n=36), T2 (n=21) includes multiple response categories

KEEP WATCH PROGRAM

At T3, around half of the participants (49.3%, n=110) were aware of the Keep Watch program (Figure 23). This figure is significantly less when compared to T1 (68.2%, n=137). Once shown the logo, more than half (57.2%, n=154) recognised it, significantly more than at T2 (42.3%, n=148).

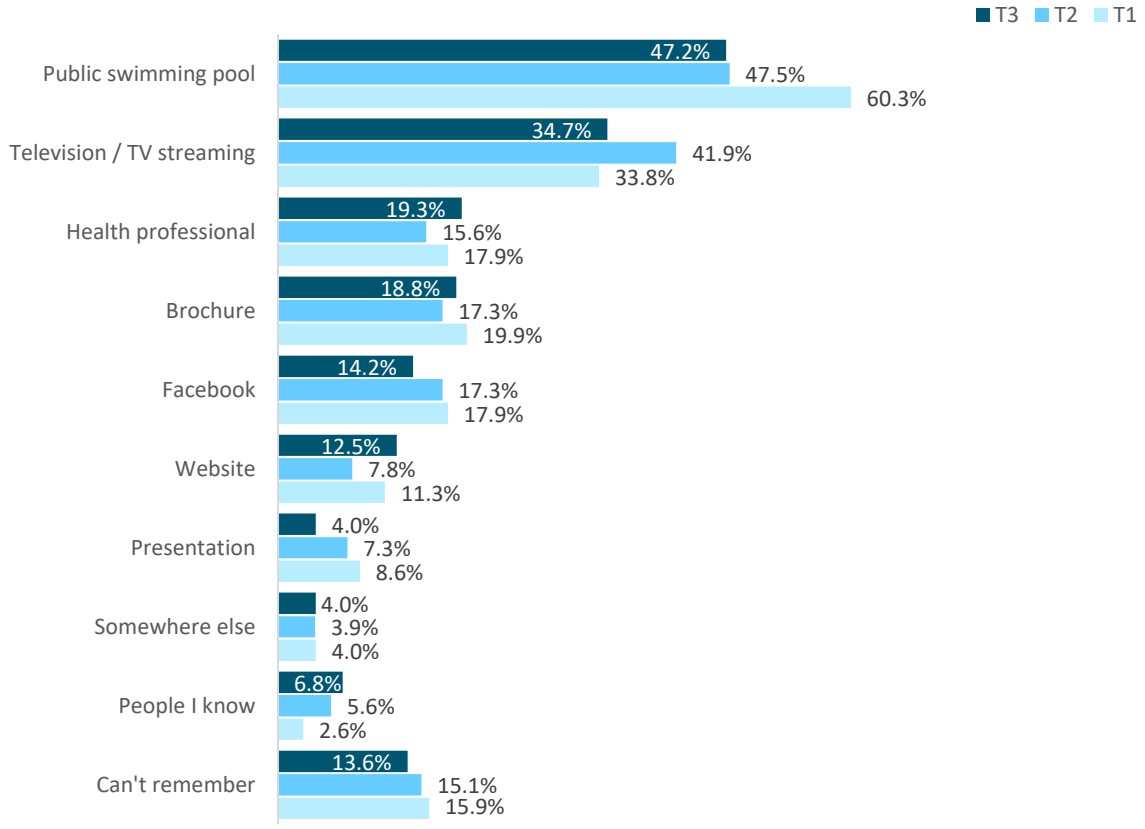
Figure 23: Keep Watch program recognition

	T3	T2	T1
HEARD OF*	49.3% (n=110)	50.7% (n=153)	68.2% (n=137)
SEEN LOGO**	57.2% (n=154)	42.3% (n=148)	51.3% (n=121)

*Significant difference between T3 and T1 (p<0.05)
**Significant difference between T3 and T2 (p<0.05)

Participants who had seen or heard of the Keep Watch program reported where (Figure 24). At T3, around half mentioned the *'public swimming pool'* (47.2%, n=85), followed by *'TV or streaming services'* (34.7%, n=61), *'health professionals'* (17.9%, n=34) and via *'brochures'* (19.3%, n=34).

Figure 24: Where seen or heard of the Keep Watch program



T3 (n=151), T2 (n=179), T1 (n=153) includes multiple response categories

INTERVIEW RESULTS

Findings from interviews with key stakeholders, including service providers (n=2) and community child health organisations (n=2), are highlighted below. Providers were situated around WA in metropolitan (n=2) and regional (n=2) locations. The evaluation explored two overarching themes: *Participant capacity to deliver drowning prevention strategies; and Value and impact of the Keep Watch strategies.*

CAPACITY TO DELIVER DROWNING PREVENTION STRATEGIES

When asked whether they explore water safety and/or drowning prevention with the target group, some stakeholders indicated that they provide generic water safety information during child health checks. One stakeholder reported implementing the Kids Alive Do The Five program, which teaches drowning prevention strategies to young children: *"…our Kids Alive thing is more catered to children and raising awareness at that young age."*

For this stakeholder, implementation of this program initiated their involvement with RLSSWA as they looked for resources for parents to support the planned child-based learning program.

Other stakeholders mentioned that they do not explore drowning prevention strategies with the target group despite discussing safety more broadly. This was due to a lack of knowledge and expertise, time constraints or having other *"tick boxes and areas to discuss"* in short 45-minute sessions. In this context, participants highlighted the importance of RLSSWA presenting at parent groups: "*[RLSSWA] can definitely explore it in a lot more depth than we have capacity to."*

Stakeholders were asked how confident they felt delivering drowning prevention strategies to the target group with a range of responses provided. One stakeholder indicated difficulty in knowing how and when to bring up the subject of water safety during development checks and information relevant to varying developmental stages. Other stakeholders suggested they would need additional resources and further training or education to *"ensure they are giving the right message"* to the target group. One stakeholder commented that health professionals "*could probably have more impact if [they] had more guidance"* from expert organisations such as RLSSWA.

Contrary to previous stakeholder interviews conducted since the pandemic's beginning, stakeholders interviewed in this reporting period did not identify COVID-19 as a barrier to delivering drowning prevention strategies, stating that development check-ups and parent groups were not affected due to their ability to conduct them online. No changes to the service or content were required by stakeholders, with one commenting:

> *"We're really lucky with our group. The [parents] were very happy to jump on virtually. In that regard, we still had access to Royal Life Saving. It wasn't a hindrance at all. We were still able to provide that part, just in a different way. That was all. And that just shows you that flexibility in Royal Life Saving, and they were happy to do that. "*

However, regional stakeholders noted that they would prefer face-to-face sessions for future delivery, citing issues including technology:

> "*Face to face is usually our best option. Again, because people just won't attend. We have low signal range in half of the area, so people won't necessarily be able to get on Zoom or whatnot."*

One stakeholder reported the unpredictable number of attendees in parent groups and Kids Alive Do The Five sessions as a barrier to planning service delivery. This stakeholder noted this as a minor issue, but that it could be challenging to gauge how many people will attend sessions and that they often need to be overprepared.

Some stakeholders discussed the factors influencing toddler drowning in WA. For example, one stakeholder attributed toddler drowning to a lack of parental supervision and distractions such as attending to other children or being on phones. Another stakeholder identified a lack of parent awareness of non-overt risk factors, commenting:

> *"I think it probably is that one, again more the not necessarily around the swimming pools and you know, the ocean but yeah, the less obvious ones like the cat or dog's water bowl or the paddling pools or just being left unattended in the bathwater while they're quickly grabbing something from another room, toilets, anything like that."*

VALUE AND IMPACT OF KEEP WATCH STRATEGIES

Stakeholders perceive RLSSWA to be credible, expert, and reliable. RLSSWA staff were viewed positively by stakeholders, with one stakeholder commenting that RLSSWA maintained communication and checked in during COVID-19 restrictions. Stakeholders described that parents value and trust RLSSWA, despite not having an existing relationship:

> *"…Obviously, getting somebody in, they may not have already had those connections with the parents. But again, they are experts in their fields, they know what they're doing."*

Stakeholders reported that the services provided by RLSSWA are "*highly valuable*". Provision of free parent education was viewed favourably, particularly in a resource-constrained funding environment, limiting many organisations:

> *"Well, I think any accessible free service is valuable for us, because we will take whatever we can get."*

Stakeholders generally believe that RLSSWA addresses a service gap, as safety is a "*big generic term*", meaning water safety may not otherwise be addressed. Some stakeholders were unaware of other organisations providing a similar service to the target group, for example:

> *"I don't know of anywhere else that provides the same sort of services or assists with anything like this, to the extent that Royal Life Saving does."*

One stakeholder commented on the value of RLSSWA having a presence in regional areas where drowning risk factors may be different to major coastal towns and cities in WA:

> *"I mean, people might think it's only sort of beneficial in the city near the beaches and whatnot, but I think it's really important everywhere."*

They also highlighted the importance of RLSSWA catering to groups who may be unable to afford or access educational sessions or sources of information in regional areas:

> *"I think in terms of providing services and providing information… that's all stuff that we need. Like, it's not something that we have readily available, close by or nearby, and providing these sessions free so that you're catering to people who may not necessarily be able to afford things."*

Value of Keep Watch content

Stakeholders reported that the Keep Watch content provided by RLSSWA during parent sessions was useful, informative, practical, and effective at communicating drowning prevention messages:

> *"From what I have heard from the parents, the presentation event was super informative, really easy to follow without being too lost, and they definitely felt that they benefited from the CPR demonstration as well."*

While stakeholders generally agreed that the Keep Watch content is useful and relevant, one stakeholder mentioned that the content's usefulness depends on how the information is delivered. This stakeholder suggested that parents could feel overwhelmed during parent sessions when provided with too much information and *"only want to hear what's relevant*" which was usually based on their child's age or development:

> *"Some of it applies, you know, bath safety. But then other things don't necessarily apply until their babies are a lot more mobile. You know, falling into a bucket… falling into a water feature or a pool and those sorts of things. It's a bit hard because they're sort of in that age range where you want to, you know, flag it with them, make them aware of it, but you don't want to talk about it too much, because their babies aren't there yet…"*

Although stakeholders did not discuss the four key Keep Watch messages, some regarded the program's current strategies as extremely important in influencing the target group's knowledge, beliefs and skills. One stakeholder highlighted the importance of the Keep Watch strategies in influencing parent's understanding of drowning risk factors and their ability to attain drowning prevention skills, commenting:

> *"So, most of our families spend a lot of time around the water… Say 40% of people would have a pool at their home. So I think that it's really important, and it's making a huge impact on having just a bit of an understanding, and then some ways you can attain those extra skills."*

Another stakeholder commented that it was important to remind parents of risk factors in regional and rural areas to avoid complacency amongst parents and caregivers and raise awareness:

> *"I think it's extremely important. I think people forget and they become complacent… You know, being a rural area, there are so many dams, creeks, rivers. Raising that awareness, I think, is super, super important. Otherwise, yeah, like I said, the community gets complacent until something really bad happens."*

Resources

Stakeholders discussed the usefulness of a range of Keep Watch resources. Participants suggested they used the resources to start conversations with parents about water safety. Having something tactile can also act as a reminder for busy, distracted parents to read after attending information sessions:

> *"[during presentations] some mums might have spent the whole time standing outside, consoling their baby. So sometimes it's helpful to have just a piece of paper you can take home, put it on the kitchen bench, and return to it a couple of days later."*

However, not all stakeholders had been provided with access to resources to provide to clients:

> *"No, we haven't received anything…. Possibly if there was a face-to-face presentation, but I haven't had anything from anyone. I didn't get sent anything from them when they presented."*

Overall the bath safety packs were well-liked, and participants would like to see them continue to be made available. Resources like the flannel and ducks were described as having utility as they provide practical reminders during activities with children around water:

> *"The flannel is beautiful because it can be used, and the same with the duck"*.

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APPENDIX A

KW survey 2023 (T3)

INTRO

Curtin University and the Royal Life Saving Society WA (RLSSWA) invite you to take part in a 15 minute survey on child health and safety. Your responses will be used to create and improve child health programs in Western Australia. It includes questions about you, your child and what you like to do in and around water.

Remember there are no right or wrong answers. No one will know what you said, we group the responses to produce the results. It's up to you whether to take part or not, and if you change your mind, you can stop without giving us a reason – just click out of the survey. Once you've completed the survey you can go in the draw to win **one of two $100 Coles Myer gift cards**. The first 100 to enter will receive 4 entries into the draw.

Some things to remember as you complete the survey:

- Use the bar at the top of the page to track your progress.
- You can move onto the next page by clicking the arrow at the bottom right of the page.

Curtin University is conducting this survey for Royal Life Saving Society WA and have approval for this project through the Curtin University Human Research Ethics Committee (Approval Number HR201/2014). Want to know more before you start? You can read the Project Information Sheet by clicking HERE. You can always contact the Project Staff, Malena Della Bona on (08) 9266 4017 or Assoc. Prof Justine Leavy on (08) 9266 9285. If you wish to speak with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or if you wish to make a confidential complaint contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au.

○ I have read the information above and would like to complete the survey (1)

End of Block: INTRO

Start of Block: DEMOGRAPHICS

PREFACE DEMOGRAPHICS *Thank you for agreeing to take part. This first group of questions will tell us a little bit about you and your child/children. It helps us build a picture of who is taking our survey.*

Q1 What is your residential postcode? *Please provide a numerical response.*_____

Q2 Are you primarily...?

○ A parent or primary carer of a child under 5 years of age (1)

○ A grandparent of a child under 5 years of age (2)

○ A carer of a child under 5 years of age in a home setting (e.g. Nanny, Family Daycare Coordinator) (3)

○ Not a parent, grandparent or carer of a child under 5 years (4)

Display This Question: If Are you primarily...? = Not a parent, grandparent or carer of a child under 5 years; Or What is your residential postcode? Please provide a numerical response. Text Response Is Less Than 6000; Or What is your residential postcode? Please provide a numerical response. Text Response Is Greater Than 6999

DNQ1 Thank you for your interest in this survey.
Unfortunately, you do not meet the criteria to participate.
Thanks for taking the time to be involved.

Skip To: End of Survey If Thank you for your interest in this survey. Unfortunately you do not meet the criteria... Is Displayed

Q3 *Think about the children you care for in a home setting on a regular basis.*
How many are UNDER FIVE YEARS OF AGE? (e.g. aged between 0 - 4 years)

- ○ ONE child (1)
- ○ TWO children (2)
- ○ THREE children (3)
- ○ FOUR children (4)
- ○ FIVE children (5)
- ○ SIX children (6)
- ○ SEVEN children (7)
- ○ EIGHT children (8)
- ○ NINE children (9)
- ○ NONE (10)

Display This Question: If Number under 5 years of age = NONE

DNQ2 Thank you for your interest in this survey.
Unfortunately, you do not meet the criteria to participate.
Thanks for taking the time to be involved.

Skip To: End of Survey If Thank you for your interest in this survey. Unfortunately you do not meet the criteria to parti... Is Displayed

Q4 How old were they at their last birthday?

	Under 1 year old (1)	1 year old (2)	2 years old (3)	3 years old (4)	4 years old (5)
Child 1 (Q4_1)	○	○	○	○	○

Display This Choice If Number under 5 years of age = TWO children; Or Number under 5 years of age = THREE children; Or Number under 5 years of age = FOUR children; Or Number under 5 years of age = FIVE children; Or Number under 5 years of age = SIX children; Or Number under 5 years of age = SEVEN children; Or Number under 5 years of age = EIGHT children; Or Number under 5 years of age = NINE children

Child 2 (Q4_2)	○	○	○	○	○

Display This Choice: If Number under 5 years of age = THREE children; Or Number under 5 years of age = FOUR children; Or Number under 5 years of age = FIVE children; Or Number under 5 years of age = SIX children; Or Number under 5 years of age = SEVEN children; Or Number under 5 years of age = EIGHT children; Or Number under 5 years of age = NINE children

Child 3 (Q4_3)	○	○	○	○	○

Display This Choice: If Number under 5 years of age = FOUR children; Or Number under 5 years of age = FIVE children; Or Number under 5 years of age = SIX children; Or Number under 5 years of age = SEVEN children; Or Number under 5 years of age = EIGHT children; Or Number under 5 years of age = NINE children;

Child 4 (Q4_4)	○	○	○	○	○

Display This Choice: If Number under 5 years of age = FIVE children; And Number under 5 years of age = SIX children; And Number under 5 years of age = SEVEN children; And Number under 5 years of age = EIGHT children; And Number under 5 years of age = NINE children; And Number under 5 years of age = NINE children

Child 5 (Q4_5)	○	○	○	○	○

Display This Choice: If Number under 5 years of age =SIX children; Or Number under 5 years of age= SEVEN children; Or Number under 5 years of age = EIGHT children; Or Number under 5 years of age = NINE children

Child 6 (Q4_6)	○	○	○	○	○

Display This Choice: If Number under 5 years of age = SEVEN children; Or Number under 5 years of age = EIGHT children; Or Number under 5 years of age = NINE children

Child 7 (Q4_7)	○	○	○	○	○

Display This Choice: If Number under 5 years of age = EIGHT children; Or Number under 5 years of age = NINE children

Child 8 (Q4_8)	○	○	○	○	○

Display This Choice :If Number under 5 years of age = NINE children

Child 9 (Q4_9)	○	○	○	○	○

End of Block: DEMOGRAPHICS

Start of Block: SWIM ABILITY & WATER ACCESS

PREFACE WATER

This next section asks about you and your child's (or children's) participation in water based activities. It will tell us how you and your child spend time in and around water and why. Some of the questions are about <u>you</u> and some are about <u>your child (or children) under 5 years of age</u>.

Q5 Which of the following do you have at your residence or property?	YES (1)
Swimming Pool (Q5_1)	○
Other significant water source (e.g. spa, dam, large water feature, inflatable/paddle pool) (Q5_2)	○

Q7 Using a scale from 1 to 7, where 1 is "poor" and 7 is "excellent", how do you rate <u>your</u> current swimming ability?

- ○ I CANNOT SWIM (0)
- ○ Poor (1) (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ Excellent (7) (7)

Q8 In the past 12 months, what water-based activities have you participated in with your child (or children) under 5 years of age? *Please select all that apply*

- ☐ Swim/play in a pool at a private residence (1)
- ☐ Swim/play at the public swimming pool (2)
- ☐ Swim/play at the beach (3)
- ☐ Swim/play at the river, dam or lake (4)
- ☐ Attend swimming lessons (e.g. parents and bubs swimming classes, infant aquatics) (5)
- ☐ Fish from a boat (6)
- ☐ Fish from the shore (7)
- ☐ Boating (8)
- ☐ Canoe or kayak (9)
- ☐ Other - please specify (10) _____

Q9 How often do you take the following actions in or around water with your child (or children) under 5 year of age when they are in your care?

	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)
Display This Choice: If Water source at home = Swimming Pool [YES]					
Ensure pool gate is closed (i.e. not propped open) (Q9_2)	○	○	○	○	○
Display This Choice: If Are you primarily...? = A parent or primary carer of a child under 5 years of age					

Supervise bath time (Q9_6)	○	○	○	○	○
Empty bath water when not in use (Q9_7)	○	○	○	○	○
Empty paddle pool after use (Q9_8)	○	○	○	○	○
Keep child within arm's reach when in and around water (Q9_9)	○	○	○	○	○
Keep child where I can see them when in and around water (Q9_10)	○	○	○	○	○
Check surroundings for access to small amounts of water (Q9_13)	○	○	○	○	○
Ask older siblings to supervise younger siblings around water (Q9_14)	○	○	○	○	○
Child uses flotation devices (air filled floaties, vests) in the water (Q9_15)	○	○	○	○	○
Other actions? *please specify* (Q9_16)	○	○	○	○	○

Q10 Have you ever completed Cardiopulmonary Resuscitation (CPR) training?

- ○ Yes, within the last 12 months (1)
- ○ Yes, more than 12 months ago (2)
- ○ No (3)
- ○ Don't know/ Unsure (4)

Q11 In the **next 3 months**, do you plan on participating in CPR training?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know/ Unsure (3)

Display This Question: If Are you primarily...? = A parent or primary carer of a child under 5 years of age

Q12 In the **next 3 months**, do you intend for your child (or children) aged under 5 years to participate in water familiarisation, infant aquatics program or parents and bubs water classes?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know/ Unsure (3)

Display This Question: If Intention - participate in Water Familiarisation class = No; Or Intention - participate in Water Familiarisation class = Don't know/ Unsure; Or Are you primarily...? = A grandparent of a child under 5 years of age; Or Are you primarily...? = A carer of a child under 5 years of age in a home setting (e.g. Nanny, Family Daycare Coordinator)

Q13 What factors contribute to your decision to not participate in water familiarisation classes?

- [ ] Time commitment (1)
- [ ] Cost (2)
- [ ] Location of classes (3)
- [ ] Not interested / not important (4)
- [ ] Can't access appropriate classes (6)
- [ ] I/we teach the children ourselves (7)
- [ ] Health concerns i.e. grommets, recurrent ear infections, etc. (8)
- [ ] Other - please specify (5) _____

End of Block: SWIM ABILITY & WATER ACCESS

Start of Block: KNOWLEDGE

PREFACE KNOWLEDGE *These next few questions ask what you think, know or remember about water safety.*

Q14 What do you think are the 4 most effective strategies for drowning prevention in children under 5 years of age?

- [ ] Keep your child within arm's reach at all times around water (1)
- [ ] Ensure home pool barriers are latched and maintained (2)
- [ ] Attend water familiarisation classes (e.g. parents and bubs swim classes) (3)
- [ ] Parents and carers learning CPR skills (4)
- [ ] Ensure someone (you or other adult) can see your child at all times when in or around water (5)
- [ ] Use flotation devices (i.e. air filled floaties, vests) in and around water (6)

Q15 What is the most appropriate method of supervision in and around water for children under 5 years of age?

- ○ Within ARM'S REACH (1)
- ○ Where I can SEE them (2)
- ○ Where I can HEAR them (3)
- ○ Don't know/ unsure (4)

Q16 Which is the most likely way a child under 5 years of age could enter a pool that is fenced?

- ○ Pool gate is propped open (either intentionally or unintentionally) (1)
- ○ Child climbs over the fence (0)

Q17 Children under 5 years of age do not need to be supervised as closely if they know how to swim. *Is this statement true or false?*

- ○ True (0)
- ○ False (1)

Q18 What is the compression to breath ratio when performing CPR on a child?

- ○ 30 compressions and 2 breaths (1)
- ○ 10 compressions and 1 breath (0)

Q19 Where are children under 5 years of age and living in Australia most likely to drown?

- ○ Swimming pool (1)
- ○ Bath tub (2)
- ○ Beach (3)
- ○ River (4)
- ○ Dam (5)

End of Block: KNOWLEDGE

Start of Block: ATTITUDES & BELIEFS

Q20 Using a scale from 1 to 5, where 1 is "strongly agree" and 5 is "strongly disagree", to what extent do you agree that…? *Select one rating per statement*

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
It is OK to leave toddlers in the care of older children around water if you're confident those children are mature (Q20_3)	○	○	○	○	○
It is better to develop a toddler's swimming ability rather than rely on constant adult supervision (Q20_4)	○	○	○	○	○
Backyard pools are safe as long as they are fenced (Q20_5)	○	○	○	○	○
Toddlers who live in homes without pools are not at risk of drowning (Q20_6)	○	○	○	○	○
Having up-to-date CPR skills are important to ensure CPR can be performed in an emergency (Q20_8)	○	○	○	○	○
Children are at risk of drowning even when adults do not expect them to be around water. (Q20_9)	○	○	○	○	○
YOU know child CPR and YOU could perform it in an emergency (Q20_10)	○	○	○	○	○

End of Block: ATTITUDES & BELIEFS

Start of Block: MEDIA CAMPAIGNS

QC1 In the **past SIX months**, do you remember seeing any advertising about water safety or drowning prevention and children under 5 years of age?

- ○ Yes (1)
- ○ No (2)
- ○ I don't know (3)

Display This Question: If Unprompted recall = Yes

QC2 Can you please describe the advertisement/s you saw? _____

PREFACE ADS *Please view these two videos before answering the following question. <video>*

QC3 Have you seen EITHER OF THESE ads before today?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know / Unsure (3)

Display This Question: If Have you seen EITHER OF THESE ads before today? = Yes

QC4 What are the main messages the ads are trying to tell you?_____

Display This Question: If Have you seen EITHER OF THESE ads before today? = Yes

QC5 How well do you think this campaign conveys each of the following messages?

	Not at all well (1)	Not very well (2)	Just OK (3)	Very well (4)	Extremely well (5)
All children are at risk of drowning (Q10_1)	○	○	○	○	○
It is up to parents to keep children safe around water - ultimately your child's safety comes down to you (Q10_2)	○	○	○	○	○
Parents can't be complacent around water (Q10_3)	○	○	○	○	○
A child can drown when you don't expect them to (Q10_4)	○	○	○	○	○

Display This Question: If Have you seen EITHER OF THESE ads before today? = Yes

QC6 Do you agree or disagree with the following statements?

	Disagree (1)	Agree (2)	Don't know / Unsure (3)
I enjoyed watching the ad (Q11_1)	○	○	○
The ad told me something new (Q11_2)	○	○	○
The ad is relevant to me (Q11_3)	○	○	○
This ad is believable (Q11_4)	○	○	○
I would talk about this ad with my friends (Q11_5)	○	○	○
This ad was easy to understand (Q11_6)	○	○	○
This ad grabbed my attention (Q11_7)	○	○	○
This ad made me think about the issue of child water safety (Q11_8)	○	○	○
This type of ad sticks in my mind (Q11_9)	○	○	○

Display This Question: If Do you agree or disagree with the following statements? = I enjoyed watching the ad [Agree]

QC6_1A What was it about the ad that you enjoyed?_____

Display This Question: If Do you agree or disagree with the following statements? = This ad is believable [Agree]

QC6_4A What was it about the ad that you think is believable?_____

Display This Question: If Do you agree or disagree with the following statements? = This type of ad sticks in my mind [Agree]

QC6_9A What was it about the ad that sticks in your mind?_____

Display This Question: If Have you seen EITHER OF THESE ads before today? = Yes

QC7 Where did you see the ad/s? (select all that apply)

- ☐ Television / TV streaming (1)
- ☐ Facebook (2)
- ☐ YouTube (3)
- ☐ Instagram (4)
- ☐ Somewhere else online (5)
- ☐ Somewhere else - *please specify* (6) _____
- ☐ ⊗Don't know/Unsure (7)

Display This Question: If Have you seen EITHER OF THESE ads before today? = Yes

QC8 Who do you think is responsible for developing these ads?

- ☐ Royal Life Saving Australia (1)
- ☐ Royal Life Saving Society WA (2)
- ☐ Department of Health WA (3)
- ☐ Surf Life Saving (4)
- ☐ Australian Government (6)
- ☐ Someone else (please specify) (7) _____

End of Block: MEDIA CAMPAIGNS

Start of Block: SOCIAL MEDIA TILES

QSM1 Have you seen any of these social media tiles before today?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know / Unsure (3)

Display This Question: If Have you seen any of these social media tiles before today? = Yes

QSM1_A Where did you see the social media tiles?

- ☐ Facebook (1)
- ☐ Instagram (2)
- ☐ Somewhere else online - *please specify* (3) _____

Display This Question: If Have you seen any of these social media tiles before today? = Yes

QSM1_B How well do you think the social media tiles convey each of the following messages?

	Not at all well (1)	Not very well (2)	Just OK (3)	Very well (4)	Extremely well (5)
Always keep watch of your child around water (QSM1_B1)	○	○	○	○	○
Restrict your child's access to water at all times (QSM1_B2)	○	○	○	○	○
Teach your child to be water confident (QSM1_B3)	○	○	○	○	○
Learn CPR and call Triple Zero (000) in an emergency (QSM1_B4)	○	○	○	○	○

End of Block: SOCIAL MEDIA TILES

Start of Block: ACTION AND INTENTION

Display This Question: If Have you seen EITHER OF THESE ads before today? = Yes

QC9 As a result of seeing the ad/s, did you think about doing any of the following? *You can choose more than one response.*

- ☐ Changing your supervision methods when in and around water (1)
- ☐ Checking pool barriers and fencing more regularly (2)
- ☐ Updating CPR skills (4)
- ☐ Enrolling your child / children (under 5 years of age) in swimming lessons (5)
- ☐ Ensure pool gate is always closed (3)
- ☐ Emptying or removing temporary water sources eg. paddle pools, buckets etc (6)

Display This Question: If Have you seen EITHER OF THESE ads before today? = Yes

QC10 As a result of seeing the ad/s, did you think about doing anything else? *Please specify* _____

End of Block: ACTION AND INTENTION

Start of Block: PROGRAM RECOGNITION

QP1 Before today, had you heard of the Keep Watch Program?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know/unsure (3)

QP2 Before today, had you seen any of the following logos? *Select all that apply*

- ☐ (1)
- ☐ (2)

Display This Question: If Before today, had you seen any of the following logos? =; Or Before today, had you heard of the Keep Watch Program? = Yes

QP3 *This question asks about the KEEP WATCH logo and Program only*

Where did you see or hear about the Keep Watch Program? *Please select all that apply*

- ☐ Television / TV streaming (1)
- ☐ Facebook (3)
- ☐ Website (4)
- ☐ Brochure (5)
- ☐ Public swimming pool (6)
- ☐ A presentation I went to (7)
- ☐ From people I know (8)
- ☐ Health professional, such as a child health nurse, doctor, etc. (9)
- ☐ Somewhere else - *please specify* (10) _____
- ☐ ⊗Can't remember (11)

End of Block: PROGRAM RECOGNITION

Start of Block: SELF EFFICACY

PREFACE PARENT *The next few questions are about you. It helps us build a picture of who is taking our survey.*

Q23 This question asks about your confidence as a parent.

The statements are about you and your child or children aged under 5 years. Please say how much you agree or disagree with each one.

	Strongly disagree (1)	Disagree (2)	Neither disagree nor agree (3)	Agree (4)	Strongly agree (5)
Even though I may not always manage it, I know what I need to do with my child. (q23_1)	○	○	○	○	○
I am able to do the things that will improve my child's behaviour. (q23_2)	○	○	○	○	○
I can make an important difference to my child. (q23_3)	○	○	○	○	○
In most situations I know what I should do to ensure my child behaves. (q23_4)	○	○	○	○	○
The things I do make a difference to my child's behaviour. (q23_5)	○	○	○	○	○

End of Block: SELF EFFICACY

Start of Block: PARENT DEMOGRAPHICS

Q24 Are you...

- Male (1)
- Female (2)
- Other - *please specify* (3) _____
- I prefer to self-describe (4)

Q25 What is your current age? (i.e the age you turned on your last birthday)_____

Q26 In which country were you born?

- Australia (1)
- England (2)
- New Zealand (3)
- India (4)
- South Africa (5)
- Philippines (6)
- Other - *please specify* (7) _____

Skip To: Q28 If Country of Birth != Australia

Q27 Do you identify as Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal (1)
- Yes, Torres Strait Islander (2)
- Yes, Aboriginal and Torres Strait Islander (3)
- No (4)

Display This Question: If Country of Birth != Australia

Q28 How long have you lived in Australia?

- Less than 1 year (1)
- 1 - 5 years (2)
- 6 - 10 years (3)
- More than 10 years (4)

Q29 What is the main language you speak at home?

- English (1)
- Other - *please specify* (2) _____

Display This Question: If Main language spoken at home = Other - please specify

Q30 How well do you speak English?

- ○ Very well (1)
- ○ Well (2)
- ○ Not well (3)

Q31 What is the highest educational level you have completed?

- ○ Primary School (1)
- ○ Year 10 (2)
- ○ Year 12 (3)
- ○ Trade / Diploma Certificate (4)
- ○ University / College (5)
- ○ Other - *please specify* (6) _____

End of Block: PARENT DEMOGRAPHICS

Start of Block: PRIZE DRAW AND THANK YOU

Q32 How did you hear about this survey?

- ☐ Royal Life Saving Facebook Page (1)
- ☐ Royal Life Saving Newsletter (2)
- ☐ A friend shared it (3)
- ☐ Asked to complete it at a community event (4)
- ☐ Other Social Media site. *Please specify the organisation (eg. Mamamia, Kidsafe*) (5) _____
- ☐ A Forum - *which one?* (6) _____
- ☐ Other - *please specify* (7) _____

PRIZE DRAW

Thanks so much for making it through the survey! Your responses will help Royal Life Saving Society WA ensure their program is relevant and effective.

As thanks, please fill in your details below to go in the draw to ***win one of two $100 Coles Myer gift cards****.* The first 100

to enter will receive 4 entries into the draw. *Remember your contact details will be kept separate from your responses, so enter the draw to win.*

You can read the Terms and Conditions by clicking HERE.

- First name (1) _____
- Phone number (2) _____

End of Block: PRIZE DRAW AND THANK YOU

APPENDIX B

Keep Watch - Stakeholder Interview Schedule 2022-23

INTRODUCTION

1. Now can you tell me a little bit about how you work with RLSSWA through your role or via your organisation?
   PROMPT: Gauge how long they've been in role, general day to day activities

USE OF STRATEGIES

2. Do you discuss drowning prevention strategies with the target group (Parents, caregivers, your clients)?
   PROMPTS: How often? (%, with who)
   How do you decide when it's relevant?
   What do you discuss?
   Barriers/Enablers
   Where do you get drowning prevention information from?

3. Do you think the Keep Watch (Post's/content) is useful?
   PROMPT: Do they get the KW message across?
   Would you/do you use this for your clients?
   How else could we promote the programs messages to parents?
   What would you change, if anything?

3. How confident would you say that you are to talk about and/or deliver drowning prevention strategies?
   PROMPT: What skills if any would you like to develop further?
   What do you see as your strengths in delivering drowning prevention strategies?

4. What impact can health professionals have in preventing drownings among the relevant target group?
   PROMPT: What impact do you have now?
   What impact could you have?
   Barriers/ Enablers

5. How important do you think the current drowning prevention strategies are in changing knowledge, skills and behaviours of the target group?
   PROMPT: The strategies are: mass media, education, community events
   Do you think they are effective? Why/why not? Is something missing?
   What is your rationale for this? /why do you think this is the case?

6. What factors, in your opinion, influence the number of drownings in children 4 and under?

KEEP WATCH AND RLSSWA

7. How valuable do you think the services provided by the Royal Life Saving Society are?
   PROMPT: How credible/ trustworthy are they?
   What gaps in services do they fill?
   Is it an effective use of resources?
   How are stakeholders involved in RLS's delivery of services? Is Input requested?
   Have they taken feedback on board?
   What are they role modelling?
   How do they assist the community?
   What do your clients think of Royals and their Program?

BARRIERS

8. Have there been any barriers with delivering the drowning prevention program?
   PROMPT: Has COVID-19 impacted program delivery?
   What did this mean for the program?

a. How did you work around these challenges?

PROMPT: What impact did this have on drowning prevention?

b. How do you think the program can be adjusted or improved to account for these challenges?

MASS MEDIA

11. Have you seen the new campaign advertised?

PROMPT: Where did you see this advertised?

Do you think the campaign is effective in delivering the key messages?

Do you think the new campaign is appealing?

12. Are the educational messages in campaign appropriate?

PROMPT: Do they get the KW message across?

Would you/do you use this for your clients?

How else could we promote the programs messages to parents?

13. Ask community nurses:

Have you used the bath safety packs in the past? Has water safety message delivery changed without them?

PROMPT: Do you have any suggestions for a replacement for the bath safety packs?

FUTURE PLANNING

14. Thinking about the relevant target group and drowning prevention, what would you like to see the RLS do in the next 12 months?

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