

An evaluation of the Big Little Moments campaign for the A Better Start programme

Executive Summary, November 2020

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Introduction

The National Lottery Community Fund (hereafter 'The Fund') commissioned 23red to run a social marketing campaign – 'Big Little Moments'. The aim of the campaign was to promote early social, emotional and language development (ESELd). The Fund commissioned Ecorys to evaluate the impact of the campaign. This stand-alone Executive Summary provides an overview of the evaluation findings – the Full Report can be accessed here: <https://www.tnlcommunityfund.org.uk/insights/documents?q=&programme=a-better-start&portfolio=>.

The 'Big Little Moments' campaign

The 'Big Little Moments' campaign was commissioned in order to improve the alignment of caregiving behaviours with the science of ESELd, from pregnancy to the child's fourth birthday. The campaign was intended do this in four ways:

1. Through improving the priority of ESELd on individual caregivers' agenda
2. By improving the ESELd knowledge (both of theory and its application in practice) of individuals, thus improving their caregiving behaviours
3. By promoting support for local cultural changes in line with ESELd science
4. By simultaneously improving population-level support for policy change.

The campaign was run as part of the A Better Start (ABS) programme – a ten year (2015-2025), £215 million programme set up by The Fund. The aim of ABS is to develop and test ways to improve children's diet and nutrition, social and emotional development, and speech, language and communication. It operates in five areas: Blackpool, Bradford, Lambeth, Nottingham and Southend.

The 'Big Little Moments' campaign ran across 2019 and was delivered in two key ways:

1. A **core campaign** delivered through paid-for digital media by 23red – a purpose-driven creative agency
2. '**Amplification**' by partnerships using a mix of owned, partner and paid-for channels. This was bespoke for each area and based on local knowledge and needs.

Table 1 below describes the campaign's eight priority behaviours. Figure 1 includes one of the campaign materials; more images and videos can be found here: <https://www.betterstartbradford.org.uk/biglittlemoments/>.

Table 1: Eight priority behaviours promoted by the campaign

#1 Sharing a story. Caregivers read to and share stories with infants and children.

#2 Using loving words. Caregivers express affection regularly to infants and young children through language, tone of voice and facial expressions.

#3 Making everyday moments fun. Routine care activities, like feeding and nappy changing, are filled with positive, supportive interaction including talking, singing, playing and physical affection.

#4 Talking to the bump. Caregivers interact with infants prenatally, including talking, reading, sharing stories, playing music to the bump, and touching their bump.

#5 Making time to play. Caregivers engage actively in infants' / children's play inside and outside.

#6 Listening and responding. Caregivers routinely 'stop, look, and listen' when infants and children ask for attention.

#7 Saying what they see. Caregivers respond to infants' vocalisations (for example cooing, gurgling) and nonverbal communications (for example pointing).

#8 Saying what they're doing. Caregivers repeat and extend children's utterances, and pair theirs and their infant's/child's actions with words, (for example naming objects as they are seen or touched, or describing what they or their child is doing).

Figure 1: A static campaign image for #5 Making time to play



BIG LITTLE MOMENTS #5

Peek-a-boo!

MAKING TIME TO PLAY

Young brains are like houses, they need building. Every time you play with a child, you're helping them build a strong base so they learn and grow.

These little moments help your child in a big way.

For more moments, visit [url.com](#)

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The evaluation

The aim of the evaluation was to assess the impact of the campaign on caregiver awareness, knowledge and behaviour. The evaluation measured changes in:

- ▶ **Awareness** of the campaign
- ▶ **Knowledge** of the behaviours promoted by the campaign
- ▶ **Understanding** of the reason why each behaviour is beneficial to early childhood development
- ▶ **Attitudes**, in relation to the importance caregivers placed on the promoted behaviours
- ▶ **Intended behaviours** of caregivers, in relation to the extent to which they intended to adopt the promoted behaviours in the future
- ▶ **Actual behaviour** of caregivers, in relation to the extent to which caregivers did adopt the promoted behaviours.

The evaluation involved two main methods:

- ▶ **Impact evaluation:** This used a survey of caregivers to compare changes in caregivers' awareness, knowledge and behaviour over time against a comparison group. The survey was distributed at two points ('baseline' – before the campaign, and 'follow up' – after the campaign) in order to measure changes over time. It was also distributed to two groups of people (caregivers within the five ABS sites and caregivers within 12 comparison areas), to compare changes against a comparison group. 977 and 999 people completed the baseline and follow up surveys in the ABS and comparison sites respectively.
- ▶ **Qualitative research with practitioners and caregivers.** This was to estimate the extent to which any changes in caregivers' awareness, knowledge and behaviour could be attributed to the campaign rather than other factors. It was also to capture practitioners' and caregivers' experiences of being involved in the campaign. 43 parents and grandparents of young children attended focus groups. 21 practitioners were interviewed by phone.

Findings: Steps to behaviour change

The evaluation found strong evidence of **awareness** of the campaign in ABS sites. Caregivers' **knowledge** of the promoted behaviours increased after the campaign was run, and increased more than in the comparison sites; this suggests this increased awareness can in-part be attributed to the campaign.

The evaluation did not find an increase in caregivers' **understanding** of the underpinning rationale for these behaviours. The qualitative data supports the quantitative data, which shows that the rationale underpinning the campaign behaviours was not well understood by the target group.

There is no strong quantitative evidence of positive change for any of the **attitude**, **intended behaviour** or **behaviour** indicators.

Practitioners did, however, provide accounts of how they had used the campaign materials to reinforce parenting messages in their own support, with positive results. It is possible, therefore, that the campaign helped to embed these messages, but not on a scale large enough to be detected by the impact evaluation.

Reflections and learning

It is positive to see that there was good distribution and awareness of the campaign and that caregivers' knowledge of the promoted behaviours increased. Campaign teams may now like to reflect further on the ways in which the campaign sought to build caregivers' understanding of the rationale for these behaviours, in order to support development and progression of this as the next step towards behaviour change in the future.

It may be that a social marketing campaign alone is unlikely to lead to behaviour change, and may be better situated as one piece of an overall jigsaw to inform and nurture changes in attitudes and motivation.

The following lessons learnt could help to explain the key findings. They can also inform thinking around how future campaigns could build on success factors and have a greater impact on caregivers' understanding and behaviour:

- ▶ **The 'Big Little Moments' campaign messages were not new:** While practitioners generally agreed that the campaign materials conveyed the intended messages, many described the key benefit of the campaign as a way to reinforce *existing* knowledge. Caregivers agreed that they already understood that the behaviours the campaign promoted were good things to do, but that they did not always adopt them because they faced barriers (time, resources and competing priorities) to doing so. Perhaps the campaign could have led to more behaviour change if it focused more on how caregivers could have overcome the barriers to behaviour change.
- ▶ **The campaign materials did not lead the audience towards an understanding of the intended rationale underpinning the campaign behaviours:** Caregivers and practitioners enjoyed the campaign materials; families related well to them and found them engaging. However, the qualitative research found that caregivers: were not always able to distinguish between the behaviours; had not necessarily read the text on the main images; and sometimes mistook the materials to be targeted at children. Some practitioners felt that the relatively large number of promoted behaviours meant there was too much detail within the materials for caregivers to easily absorb. Perhaps campaign messages could be further simplified by reducing the number of behaviours, while making it clear that the suggestions are aimed at caregivers.
- ▶ **Successful behaviour change often resulted from interactions with a trusted mediator:** It may be that the influence of a social marketing campaign is insufficient when weighed against all the other factors involved to lead to changes in behaviour. Unhelpful social norms, competing priorities and entrenched habits are all strong barriers to change which are very hard to overcome. It may be that the role of the campaign itself is best seen as a tool and resource for practitioners to use to explain to and educate caregivers about early childhood development in other, more direct and personal, ways. That is, this campaign appeared most effective when implemented alongside more intense work, and not in isolation.

Implications

Table 2 summarises the implications of the learning described previously for key audiences interested in replicating or learning from the campaign, including ABS partnerships, The Fund, non-ABS commissioners, practitioners and policymakers.

Table 2 Implications of lessons learnt for key audiences

Learning	Implications
<p>The 'Big Little Moments' campaign increased caregivers' awareness of the promoted behaviours. However, it did not increase their understanding of the rationale underpinning the behaviours, and it did not lead to behaviour change in the 12 months after the campaign launched.</p>	<ul style="list-style-type: none"> ▶ Continue to experiment with social marketing to understand whether increasing awareness is a more realistic aspiration for a social marketing campaign; or whether running campaigns in a different way could increase understanding and behaviour change.
<p>The campaign materials did not lead the audience towards an understanding of the intended rationale underpinning the behaviours.</p>	<ul style="list-style-type: none"> ▶ Consider simplifying the campaign by reducing the number of promoted behaviours ▶ Consider designing campaign materials so it is clearer that they are aimed at caregivers and not children ▶ Consider how caregivers could be encouraged to read the messages linked to campaigns.
<p>Successful behaviour change often results from interactions with a trusted mediator.</p>	<ul style="list-style-type: none"> ▶ More direct work with caregivers is required to explain the campaign and build caregivers' confidence ▶ Identify barriers to behaviour change and create materials that help caregivers address these barriers, for example low cost activities and how to fit behaviours into a busy schedule.



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