



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

University of Wollongong
Research Online

Partnerships, Proof and Practice - International
Nonprofit and Social Marketing Conference 2008 -
Proceedings

Faculty of Social Sciences

2008

Product Evaluation in a Social Marketing and Community Development Context: A Case Study

A. Hill

Focus on the Family Australia

R. Hill

Swinburne University of Technology

S. Moore

Swinburne University of Technology

Publication Details

This conference paper was originally published as Hill, A., Hill, R. and Moore, S., Product Evaluation in a Social Marketing and Community Development Context: A Case Study, Partnerships, Proof and Practice - International Nonprofit and Social Marketing Conference 2008, University of Wollongong, 15-16 July 2008.

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library:
research-pubs@uow.edu.au

Product Evaluation in a Social Marketing and Community Development Context: A Case Study

Abstract

We provide a case study of product evaluation for social marketing undertaken specifically within a 'community development' context. Starting Points is a highly differentiated not-for-profit development program targeting parents/caregivers of 0 – 4 year olds. The service 'product' evaluated is essentially the enhancement of 'parental confidence' achieved through participation in community based programs which are both marketed and delivered by peer facilitators. The paper locates such evaluation within the program evaluation and marketing audit literatures, describes the research design, and reports preliminary empirical results. These suggest the Starting Points product is perceived by participant parents and their partners as resulting in significant increases in parental confidence, sustained well past the immediate post participation period. These results provide one critical empirical element of a thorough product evaluation, itself a step towards a thorough-going social marketing auditing process applicable within a community development context.

Publication Details

This conference paper was originally published as Hill, A., Hill, R. and Moore, S., Product Evaluation in a Social Marketing and Community Development Context: A Case Study, Partnerships, Proof and Practice - International Nonprofit and Social Marketing Conference 2008, University of Wollongong, 15-16 July 2008.

Product Evaluation in a Social Marketing and Community Development Context: A Case Study

Anne Hill, Focus on the Family Australia
Railton Hill and Susan Moore, Swinburne University

Abstract

We provide a case study of product evaluation for social marketing undertaken specifically within a ‘community development’ context. *Starting Points* is a highly differentiated not-for-profit development program targeting parents/caregivers of 0 – 4 year olds. The service ‘product’ evaluated is essentially the enhancement of ‘parental confidence’ achieved through participation in community based programs which are both marketed and delivered by peer facilitators. The paper locates such evaluation within the *program evaluation* and *marketing audit* literatures, describes the research design, and reports preliminary empirical results. These suggest the *Starting Points* product is perceived by participant parents and their partners as resulting in significant increases in parental confidence, sustained well past the immediate post participation period. These results provide one critical empirical element of a thorough product evaluation, itself a step towards a thorough-going social marketing auditing process applicable within a community development context.

Introduction

Effective evaluation of social marketing (SM) programs is crucial in an era where SM is increasingly looked to as a way of achieving desired societal change, but within stringent resource constraints (Andreasen, 2006, see chapter one). Weakness in evaluation is also a frequent and often justified criticism of parenting education programming (Spoth & Redmond 1996; Taylor and Biglan, 1998). Hence rigorous evaluation was developed on an integral basis during the new product development process brought to bear in developing *Starting Points* (SP), a parent development program targeting parents and caregivers of 0 – 4 year old children (Hill 2007a).

SP is a project of not-for-profit NGO Focus on the Family Australia (FOFA). Literature accessed confirmed a felt ‘need’ amongst parents for development in their parental roles, and also that parental skill was amenable to training (Tucci, 2004). SP uses innovative ‘peer activist facilitation’ marketing techniques. Marketing and delivery (facilitation) of SP programs are both achieved through local volunteers. With limited training, carefully selected volunteers initiate training programs within their own neighborhoods through social marketing techniques, and then facilitate them. We have termed these pivotal actors ‘Peer Activist Facilitators’ (PAFs).

Often parents (‘peers’) themselves, PAFs are not, even after undertaking training in facilitation of the high quality, evidence based course materials, parenting ‘experts’. Rather, they share the materials and activities with their peers. This can be characterized as a ‘community development’ approach to mental and social health, based in the values of the ‘primary health care’ movement (WHO, 1986; Wass, 1994; Naidoo and Will, 1994) and enabled by social marketing (Egger, Spark et al. 1992). The community development concept, especially where a peer leadership type strategy is central, contrasts with expert driven

programming, and with much 'top down' social marketing e.g. mass media based road trauma campaigns. Parents seem most likely to participate in parenting development activity via their involvement in relationships and broader social networks - means suited to relationship marketing (such as a strong focus on dyadic relationships, trust and customisation) and markets-as-networks approaches (Mattson, 2000). In this paper we offer a summary of a key element of the total program of evaluation used with *SP*- that of product evaluation.

Conceptual Background

The literature offers a range of evaluation models relevant to social marketing, although very little specifically addressing product evaluation in SM. A well diffused exemplar is that of Egger, Dovovan and Spark (1993). This encompasses elements of *formative* research, *efficacy* research, *process* evaluation and *outcome* evaluation. The final two are relevant in the current context. Questions addressed by process evaluation and outcome evaluation are: 'Was the campaign implemented as planned?' and 'What impact, if any, did the campaign have'? Kotler and Lee (2008) differentiate between *monitoring* (undertaken pre conclusion of the full implementation in order to provoke corrections if necessary) and *evaluation* (which assesses the achievement of program goals in terms of attitude, learning and behaviour). Further distinctions relate to *outcomes* as 'customer response(s)', such as changes in behaviour, knowledge, belief etc. and the more difficult to assess *impact* that changes ultimately achieved (e.g. reductions in abnormal child development).

Posavac and Carey (2003) review 12 different evaluation models. Most relevant are 'objectives-based evaluation' (the most prevalent model used in program evaluation), 'fiscal evaluation' (which focuses tightly on return on financial investment), 'accountability evaluation' (focuses strongly on fiscal and legislative compliance), an 'expert opinion model' (uses a range of objective and more subjective measures in cases of very large, complex and /or unique organizational evaluations), and 'social science /theory driven evaluations', (use a range of social science research techniques to explore the relationships between independent and dependent variables). These can be highly objective, even using experimental designs. Pasavac and Carrey (2003) propose an 'improvement focused model', which may draw on any or all of these models described, but which is focused strongly on using the information gained by qualitative and quantitative means to suggest improvements. This approach fits well with the 'continuous improvement' and 'action learning' concepts (McLoughlin 2004; Thompson and Perry, 2004) which guide the *Starting Points* evaluation research.

The 'marketing audit' literature also provides models for evaluation of SM programs. Originating with Kotler, Gregor, Rodgers (1977), and undergoing refinement and adaption specifically for service products (Berry, Conant and Parasuraman, 1991), attempts have also been made to apply the broad audit concept to social marketing (Andreasen, 1983). *SP* utilises a multi leveled program of evaluation which feeds into theory development, action learning for continuous improvement, and which also assists in meeting funding and other accountability requirements. The full evaluation program, not reported here, evaluates both processes and outcomes, and adapts the traditional marketing audit to include specific social dimensions not usually a part of marketing audits. Nevertheless, the 'bottom line' deliverable outcome for *SP*, the core product, is *perceived parenting confidence*. We report initial findings on evaluation specifically of this, the *SP* program service (core) product.

Methodology

This core product, enhanced parental confidence, cannot be directly observed, and must be measured by inference through parental self assessment. The research design for the gathering of empirical (questionnaire based) data is depicted in Appendix 1. This longitudinal design is theory based (see Hill and Hill, 2007a), the dependent variable (DV) of ‘perceived parental confidence’, being operationalised with multi item dimensions of cognitive, emotive and conative confidence. To this longitudinal data gathering with participants has been added the gathering of data from non-participant control groups, allowing a quasi experimental design. The survey has 27 forced choice items, in which respondents rate statements about parenting on a 5-point scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). All items are positively toned, so that high scores on the confidence and satisfaction measures represent high levels of confidence. There are also demographic items and open-ended questions.

The survey was given to course participants before they began the four program sessions (Time 1 – ‘pre-test’), immediately on completion of the course (Time 2 – ‘immediate post-test’) and again six months later (Time 3 - a ‘delayed post-test’). For this report, immediate post test data was available for 292 individuals (83% of pre-test respondents). For 74 individuals, data at three time points (pre-test, immediate post-test, delayed post-test) was available and analyses of these form the major section of the current report. Collection of delayed post-test data is on-going, so it is too soon to calculate the delayed post-test response rate. Collection of control group data on parents/caregivers who do not receive the intervention (the *SP* program) is underway. Several control groups have been established on a purposive convenience basis, for example, through kindergartens in a range of suburbs, ensuring coverage of a range a socio-economic contexts. These control group data, to be the subject of a subsequent report, will enable comparison of changes in the intervention group with normal fluctuations in parenting confidence over the same time period.

The survey is also given to partners (or co-parents) of the *Starting Points* participants, at two time points, before the intervention (Time 1) and around the time of the delayed post-test (Time 3) for participants. Partners/co-parents (or other close associate) assessed observed changes in parenting of the participant. This partner data provides a supplementary perspective to that of the participant self assessments concerning participant parenting changes that may occur across this time period. This data is also presented in the current report, for 57 partners/co-parents. Obviously we hoped to find partners confirming participant self assessments.

Results

In this sample, the number of course participants who completed the parenting test at all three time points was 74. Among co-parents (partners), 57 individuals completed the test describing their partner/co-parent at Times 1 and 3. Of the 350 who completed demographics on the pre-test 5-point scale survey, 75.2% were female, 79.8 % had one or two children (the rest had more), 96.1% were married or in a defacto relationship, and 5.5% were from single parent families. The median age range was the 30-34 years (37.5% in this age group); however there was also high participant representation in the 35-44 year age group (32.6%) and moderate participation in the 25-29 year age group (21.6%). There were representatives from courses in all states of Australia. Most participants in the course were carers of their own infant (0-4 years) children (93.1%), with a few being carers (not parents), or parents of older children.

The data represented information from 91 program groups. The partners/co-parents were predominantly spouses/defacto partners (94.9%).

For the sub-sample for which there was full pre-test and matching immediate and delayed post-test data (n=74), mean item scores are presented for each item at the three time points (Table 1). Repeated measures ANOVAs were conducted across the three time points for each item, and the F values with their significance levels are also shown in Table 1.

Table 1: Changes in parental confidence between pre-test, immediate post-test and delayed post-test. (Questionnaires available at conference)

Item	Pretest mean (score out of 5)	Immediate post-test mean (score out of 5)	Delayed post-test mean (score out of 5)	Univariate F (dfs 2,72)
Cognitive confidence (CC)				
CC1	3.62	4.19	4.15	29.37***
CC2	3.82	4.42	4.15	29.44***
CC3	4.49	4.65	4.72	5.69**
CC4	3.67	4.56	4.29	34.41***
Behavioural/conative confidence (BC)				
BC1	4.04	4.45	4.27	13.30***
BC2	3.46	4.18	3.99	33.11***
BC3	3.38	4.08	3.91	22.08***
BC4	3.89	4.39	4.23	16.65***
BC5	3.99	4.39	4.39	12.07***
BC6	3.84	4.41	4.28	18.82***
BC7	3.84	4.46	4.28	27.52***
BC8	3.92	4.27	4.16	8.61***
BC9	3.14	3.85	3.65	25.56***
BC10	3.73	4.23	4.08	17.30***
BC11	4.24	4.58	4.50	6.93**
BC12	3.85	4.39	4.08	11.42***
Emotive confidence (EC)				
EC1	4.10	4.26	4.25	2.03
EC2	3.36	4.20	3.97	32.22***
EC3	3.68	4.22	3.99	18.53***
EC4	3.86	4.24	4.16	6.33**
EC5	3.38	4.08	3.73	19.82***
EC6	4.20	4.45	4.49	5.41**
EC7	3.72	4.50	4.33	32.89***
EC8	4.00	4.43	4.20	12.40***
Uncategorised questions (Q)				
Q12	3.85	4.30	4.23	8.62***
Q29	3.95	4.50	4.39	16.36***
Q34	3.76	4.34	4.07	18.46***

Note: ***p < .001; **p < .01

Table 1 shows that at post-course points, participants in the course registered significantly positive changes in their confidence for all items except EC1 (“My relationship with my child’s mother/father is positively influencing my parenting”). This item was already scored

highly in the pre-test, and although there was an increase in the post-test, it was not significant. Participants increased their confidence across cognitive, behavioural/conative and emotive domains from pre-test to immediate post-test for all items, with pre-test scores averaging at just above the midpoint of the 5-point scale and immediate post-test scores mostly at the 'agree' or 'strongly agree' level. At the delayed post-test point, mean item scores were either sustained or slipped back a small amount from their immediate post-test high point, but they were still higher for every item than at pre-test. Thus improvements in confidence were by-and-large maintained across the six month period.

Co-parent ratings of their participating spouse/co-parents' confidence at pre-test and delayed post-test points were compared using paired sample t-tests. Twenty-two out of 27 items were rated significantly higher in the post-test phase than at pre-test. Co-parents assessed their partner/co-parent who had participated in the intervention as significantly more confident across most of the cognitive, behavioural and emotive domains after the intervention. For the non-significant items the trend was in a similar direction but the effect smaller.

Discussion

This is a very strong result, suggesting (but not 'proving') a consistent and sustainable change in parental confidence as a result of the intervention. Subsequent control group data collected on a similar group of parents who did not receive the intervention (across the same time frame) will enable clearer conclusions to be drawn as to whether the increase in confidence was a result of the intervention or other possibilities. These could include test-retest score inflation, 'normal fluctuations', or skill/confidence changes occurring in parents as a result of increased time and experience in caring for their child. Participants in *SP* programs, as well as their partners, appear to be perceiving benefits in terms of the most critical deliverable ('core') element of the *SP* product – 'enhanced parental confidence'.

The *SP SM* product has a number of other dimensions, such as enhanced social networks, improved relationships with spouse and the like, not covered in this paper. Further work is needed to develop convincing measures of these. The study will be further strengthened by the ongoing data collection which is in train, including the delayed effects (T2) and control group data. This information, together with effective evaluation of other dimensions of the whole *SM* intervention – such as pricing, promotion and distribution - will move this research towards a true marketing audit of the program. The most difficult dimensions to evaluate will remain those which make this intervention and its context highly distinctive, specifically, the *social process* dimensions. Future research will address these via tools such as network analysis, as demanded for this type of *SM* within a community development context.

Conclusions

The findings reported here concerning the apparent efficacy of the program in delivering core benefits as discussed represent the first important step towards a rigorous and comprehensive audit of both marketing processes and outcomes within the *SP* program. Such evaluation is a vital prerequisite for the building of strong continuous *SM* improvement and accountability. Building the evidence base concerning the effective practice of *SM* community partnerships such as is underway with *SP* is a high priority in an age with many pressing social needs, and increasing accountability of scarce resources.

Appendix 1: Starting Points service impact evaluation design

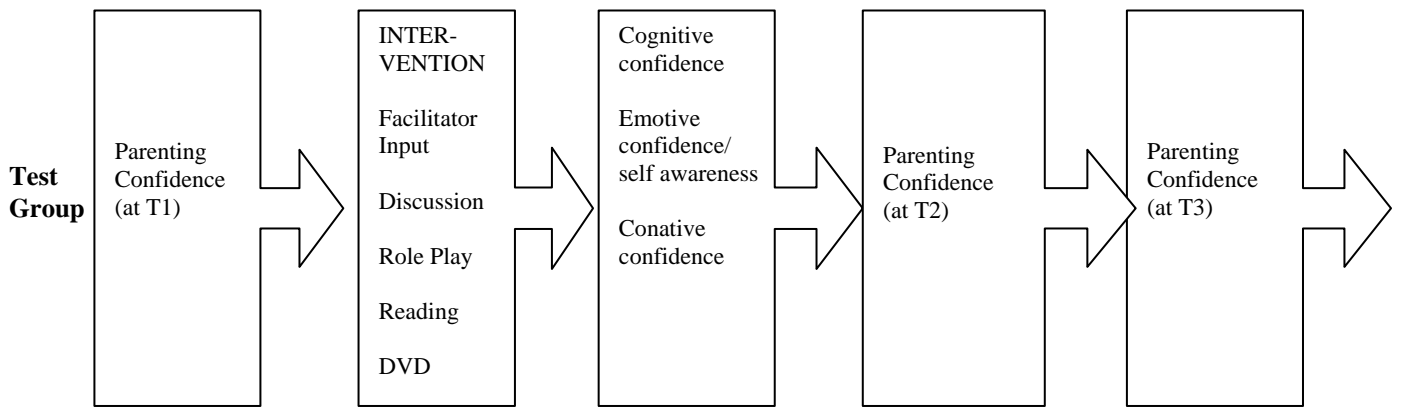
*self-assessment
**close peer assessment



Time 1

Time 2

Time 3



References

- Andreasen AR, 1983. A marketing audit model for Contraceptive Social Marketing Programs. Futures Group, Washington, D.C.,
- Andreasen, A. 2006, Social Marketing in the 21st Century, Sage, Thousand oaks, Calif.
- Bowes, J., 2000. Parents' Response to Parent Education and Support Programs, National Child Protection Clearing House, 8(2).
- Berry, L , Conant J and Parasuraman, A. 1991. A framework for conducting a services marketing audit, Journal of the Academy of Marketing Science, 19(3), June. Springer, Netherlands
- Egger, G., Spark, R., and Lawson, J., 1992. Health Promotion Strategies and Methods. Sydney: McGraw-Hill Book Company.
- Hill, R. and Hill. A. 2007a. 'New Product Development (NPD) in a Social Marketing and Community Development Context: A Case Study', in Proceedings of ANZMAC 2007 Conference, 3-5 December, University of Otago Dunedin, New Zealand
- Hill, A. and Hill, R. 2007b. Evaluating Development Programs for Parents of 0-4 Year Olds: Impacting Parental Stress and Confidence, E-Journal of Applied Psychology, 3(1):94-104.
- Jackson, T., Mitchell, S., & Wright, M., 1989. The Community Development Continuum. Community Health Studies, 13(1), pp. 66 - 73.
- Kates, S. and Robertson, J. 2004. 'Adapting action research to marketing: a dialogic argument between theory and practice', European Journal of Marketing, Vol. 38 No. 3/4, Emerald, pp. 418-432.
- Kotler, P. and Lee, 2008. N. Social Marketing: Influencing Behaviours for Good, (3rd Edn.) Sage, Thousand Oaks, Calif.
- Kotler, P Gregor, W., Rodgers W. 1977. The Marketing Audit Comes of Age. Sloan Management Review (SLOAN MANAGEMENT REVIEW CLASSIC REPRINT)
- Mattson, L. G., 2000. Relationships and Networks. Marketing Theory: a Student Text. M. J. Baker. London, Business Press: Thomson Learning: pp. 150-160.
- McLoughlin, D. 2004. There can be no learning without action and no action without learning: A case study, European Journal of Marketing 38(3/4), pp. 433-445 Emerald.
- Naidoo, J., and Wills, J., 1994. Health Promotion: Foundations for Practice. London: Bailliere Tindall.
- Posavac, E. and Carey, R. 2003. Program evaluation: Methods and Case Studies (6th Edn)., Pearson Education, New Jersey.

Spoth, R. and Redmond, C. 1996. A theory based parent competency model incorporating intervention attendance effects, *Family relations*, 45(2), pp. 139- 146.

Thompson, F and Perry, C. 2004 'Generalising results of an action research project in one work place to other situations: principles and practice', *European Journal of Marketing*, 38(3/4), Emerald, pp. 401-417

Taylor, T.K. and Biglan, A. 1998. Behavioral Family Interventions for Improving Child-rearing: A Review of the Literature for Clinicians and Policy Makers, *Clinical Child and Family Psychology Review*, 1 (1), 41-60

Tucci, J. 2004. *The Concerns of Australian Parents*. Sydney, Australian Childhood Foundation.

Wass, A. 1994. *Promoting Health: The Primary Care Approach*. Sydney, Harcourt Brace and Company.

WHO, 1986. *The Ottawa Charter for Health Promotion*. Geneva: World Health Organisation.