Aged Care Changes Campaign
Quantitative benchmarking and evaluation

**Final** report

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Contents

[List of Figures 3](#_Toc507161540)

[1. Summary of findings 6](#_Toc507161541)

[2. Background 7](#_Toc507161542)

[2.1 Objective 8](#_Toc507161543)

[3. Methodology 9](#_Toc507161544)

[3.1 Methodology – benchmark and evaluation 9](#_Toc507161545)

[3.2 Methodology – evaluation sample frame 12](#_Toc507161546)

[4. Campaign context 13](#_Toc507161547)

[4.1 Background to this evaluation 13](#_Toc507161548)

[4.2 Campaign launch environment 14](#_Toc507161549)

[4.3 Analysis and cross-breaks 14](#_Toc507161550)

[4.4 Overall awareness of aged care messaging 16](#_Toc507161551)

[5. Campaign diagnostic 23](#_Toc507161552)

[6. Aboriginal and Torres Strait Islander and CALD audiences’
response 31](#_Toc507161553)

[7. Campaign impact 39](#_Toc507161554)

[8. Moving forward 55](#_Toc507161555)

[8.1 The campaign’s future potential 55](#_Toc507161556)

[9. Appendix 59](#_Toc507161557)

[9.1 Campaign materials 59](#_Toc507161558)

List of Figures

Figure 1: Awareness of aged care messages 16

Figure 2: Awareness of aged care messages 17

Figure 3: Awareness of aged care messages 18

Figure 4: Sentiment of messaging 20

Figure 5: Sentiment of messaging 21

Figure 6: Awareness of My Aged Care campaign by channel 22

Figure 7: Awareness of the My Aged Care campaign by key demographics 22

Figure 8: Awareness of the My Aged Care campaign by channel 23

Figure 9: Awareness of the My Aged Care campaign by channel 24

Figure 10: Awareness of the My Aged Care campaign compared to negative messaging 24

Figure 11: Awareness of the My Aged Care campaign compared to other messaging 25

Figure 12: Prompted response to campaign creative and content 26

Figure 13: Unprompted likes and dislikes 27

Figure 14: Interpretation - prompted message agreement 28

Figure 15: Main message ads trying to convey 29

Figure 16: Actions taken as a result of campaign exposure 30

Figure 17: Awareness of the My Aged Care campaign among Aboriginal and Torres Strait Islander audiences 31

Figure 18: Awareness of the My Aged Care campaign among CALD audiences 32

Figure 19: Diagnostic - prompted response to campaign among Aboriginal and Torres Strait Islander audiences 33

Figure 20: Diagnostic - prompted response to campaign among CALD audiences 34

Figure 21: Interpretation – prompted message agreement among Aboriginal and Torres Strait Islander audiences 35

Figure 22: Interpretation - prompted message agreement among CALD audiences 36

Figure 23: Actions taken as a result of campaign exposure among Aboriginal and Torres Strait Islander audiences 37

Figure 24: Actions taken as a result of campaign exposure among CALD audiences 38

Figure 25: Awareness of *My Aged Care* 39

Figure 26: Impact on knowledge 42

Figure 27: Impact on knowledge - accessing services 44

Figure 28: Knowledge on accessing services 45

Figure 29: Knowledge of recent changes / reforms 46

Figure 30: Understanding of current system 47

Figure 31: Understanding of current system 48

Figure 32: Perceptions of the aged care system - Quality 49

Figure 33: Perceptions of the aged care system – Improvement 50

Figure 34: Perceptions of the aged care system - Comparison 51

Figure 35: Knowledge seeking behaviour - over the past few months 52

Figure 36: Knowledge seeking behaviour over the past few months 53

Figure 37: Likelihood to actively find out more about aged care services / options by age group 54

Figure 38: Likelihood to actively find out more about aged care services / options over the next few months 54

Figure 39: Desire for more information 56

Figure 40: I would like to see the campaign again 57

Figure 41: Prompted perceptions of the impact of changes 58

List of Tables

[Table 1: Evaluation sample frame 12](#_Toc505187397)

[Table 2: Understanding of *My Aged Care* 41](#_Toc505187398)

[Table 3: Awareness of types of support available 43](#_Toc505187399)

1. Summary of findings

The campaign launched in challenging circumstances, in the context of media reports which appeared to generate negative sentiment regarding aged care.

The campaign was effective despite this context and may have driven positive perceptions and minimised the impact of this negativity.

The campaign offered its audience clarity, concise information and reassurance on an emotionally charged topic in a confusing environment – potentially exacerbated by other media at the time.

The campaign is fit for the future with little or no change required. It has strong potential to drive future information seeking behaviour and generate conversation around this important topic. It has also proven effective across Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) audiences.

Further bursts of the campaign may act as a reassurance for those with negative sentiment towards the aged care system and regenerate positive perceptions of the Australian aged care system.

1. Background

Aged care is a policy area of significant national importance, touching the lives of millions of Australians (as recipients of aged care services, as unpaid carers, and aged care staff).

By 2050, it has been projected that the number of those aged 85 years and over will more than quadruple - from 0.4 million (2010) to 1.8 million, with more than 3.5 million likely accessing aged care services each year.

There are a variety of ways the Australian Government supports older people – from regulation and provision of residential care, home care, home support, and flexible care; to capital grants for the establishment of new services or the expansion / upgrading of existing services. There are a range of publicly subsidised formal community and residential care services (ranging from home maintenance to private nursing) and, older people also receive care and support from informal carers. The Australian Government also supports the sector via subsidies, grants, industry assistance, training and regulation.

Since 2014, a range of changes to My Aged Care and the aged care system have been implemented to help create equity and sustainability for future generations. These changes were first introduced to Australians in 2014 with the ‘Let’s Talk About Aged Care’ campaign.

Communications that inform older Australians and their family members about the aged care system were required.

The target audiences of the campaign (and therefore, of the research itself) were:

People aged 65+ years, not yet receiving care or currently receiving care (at home, especially those who entered care before My Aged Care was the entry point and therefore may not be aware of the current pathway if they need to change their services).

There was a particular focus on those 70-80+ who have a health condition meaning they may need care in the next few years.

Families, friends and carers of those described above, who are themselves aged 40+.

Communication Aims

To raise awareness among older people who are not yet in the aged care system and their families that:

My Aged Care is the starting point to access aged care services;

There are aged care services to support people at home;

My Aged Care provides information on services available, eligibility, costs and how to find and choose providers.

To increase intentions to:

Talk about, and plan ahead, so people do not need to find out about aged care in a crisis.

Visit the My Aged Care website or call My Aged Care to assist in this planning process.

When people need services, to call the My Aged Care contact centre to start the process.

* 1. Objective

Broadly, research was required to evaluate the campaign’s effectiveness across its objectives and assess its outcomes in terms of:

its creative / campaign diagnostics (cut-through / reach, message delivery, cognitive response / attitudes);

changes in awareness and understanding of the system / services, the methods of contact for additional information (website / contact centre);

changes in attitudes towards the methods of contact, and towards taking action (preparing, planning, discussing aged care within their family / with others);

changes in behavioural intention / proportions taking action (discussing / planning; contacting My Aged Care); and

changes relative to 2014 (the original benchmark), as well as previous evaluation data from 2015 by establishing a new benchmark (prior to the campaign’s launch), and post campaign activity (evaluation).

1. Methodology
	1. Methodology – benchmark and evaluation

In 2014, the ‘Let’s Talk About Aged Care’ campaign was launched to communicate changes to the aged care system and My Aged Care in particular. In 2017, the ‘Find the help you need with myagedcare’ campaign was developed as the next stage of the communications campaign. This campaign formed part of the government’s comprehensive 10-year aged care reform plan that aims to facilitate greater choice, control and easier access to a full range of aged care services. The initial 2014 ‘Teacups’ campaign aimed to communicate the upcoming changes / reforms to the aged care system, in particular to provide information to people about the improved access to, and the sustainability of, the system. The 2017 campaign aimed to communicate with those who are in the pre/ preparation/ planning stage, to encourage them to think about their future needs and inform them of the process of getting help (particularly that My Aged Care is the entry-point to facilitating the help they need). Three stages of concept testing research were conducted as part of the development of this campaign i.e. concept selection, concept refinement and concept finalisation. This included focus groups, family immersions and individual interviews among families / carers of ageing Australians, and ageing Australians. The research was conducted in metropolitan and regional locations and was inclusive of mainstream, Aboriginal and Torres Strait Islander and CALD audiences and those with an age related/recently acquired disability/mobility issue, or had experienced a previous event (such as a stroke/heart attack).

In the concept selection stage, four ideas were tested, ‘Independence’, ‘Discovery’, ‘Let’s connect’ and ‘Find the help you need.’ There were strong elements across the ideas tested, which, when combined produced a single concept. This concept was tested in the concept refinement stage, using a print, radio (script) and digital execution. The concept was further strengthened and then tested in the concept finalisation stage, prior to launch of the campaign.

The campaign was designed to incorporate the key principles of:

**Independence**: Communicating independence implicitly, by depicting older Australians playing an active role. These messages affirm the underlying desire of older Australians to retain independence and control – and, in turn, work to create confidence (self-efficacy) to engage in information seeking / having conversations without fear.

**Contemplation**: Driving curiosity and contemplation – generating knowledge by providing tangible information about the range of supports and services accessible through the aged care system.

**A strong headline**: Focussing on driving awareness of My Aged Care through increasing contemplation, and clarifying the ‘starting point’ of engagement through the headline ‘Find the help you need with myagedcare’.

The campaign ran from 31 May to 30 June 2017. The campaign included a print ad, radio ad and various digital executions. Culturally specific material was developed and launched for Aboriginal and Torres Strait Islander audiences.

Research dates

The campaign’s effectiveness was evaluated using a benchmark survey, conducted prior to the launch of the campaign, and an evaluation survey, post the campaign. Benchmark fieldwork was conducted between 3 May and 12 May 2017 and Evaluation fieldwork between 3 July and 26 July 2017.

The quantitative structure across the benchmark and evaluation was as follows:

| Benchmark**,** March 2017 | **Evaluation**, July 2017 |
| --- | --- |
| **n=1,055 total surveys** | **n=1,064 total surveys** |
| n=755 online | n=764 online |
| n=250 CATI | n=250 CATI |
| n=50 CAPI | n=50 CAPI |

Details:

Logistics: The logistical details (sample frame, quotas, data cleaning etc.) were identical to that undertaken in 2014 and 2015 to ensure validity and consistency.

Questionnaires: The questionnaire replicated that used in 2014, 2015 (benchmarks) and the 2014 evaluation. The evaluation questionnaire included a dedicated module to assess creative effectiveness, but was otherwise identical to the benchmark questionnaire. All questionnaires were provided to the Department for review, comment and final approval prior to their use.

Survey duration:

Online: 15 minutes maximum benchmark; 20 minutes maximum evaluation

CATI: 20 minutes maximum benchmark; 25 minutes maximum evaluation

CAPI: 20 minutes maximum benchmark; 25 minutes maximum evaluation

Coding and open-ended questions: There were three open-ended questions. On completion of data collection, these were post-coded according to an agreed code-frame to facilitate thematic analysis of responses.

Scripting, testing, piloting, and monitoring: Once the final questionnaire was approved, all surveys were scripted, extensively tested and piloted to ensure their accuracy. Completions were closely monitored throughout the fieldwork period to ensure data accuracy and manage response rates.

Sample frame: The sample was representative of the target audiences, and the Australian population – in order to reflect the Australian population, as well as be comparable with that of previous data collection waves. The sample frame is summarised overleaf.

Data cleaning and analysis: All data was extensively cleaned and checked prior to analysis. An agreed set of tabulations have been produced with key sub-group breaks for detailed analysis. All questions were analysed over time (2014 onwards) to ensure historical progression of key metrics is captured.

**Note:**

‘CATI’ is Computer Assisted Telephone Interviewing (telephone)

‘CAPI’ is Computer Assisted Personal Interviewing (face to face)

‘Online’ is an online survey, self-completed either on a desktop, laptop, tablet or mobile.

* 1. Methodology – evaluation sample frame

Data collection was sampled to target the profile, representative of ABS Census statistics. Soft quotas were imposed and monitored throughout data collection across each of these variables. Post-weighting to correct for differences achieved were applied during the analysis process.

Table 1: Evaluation sample frame

| **Sample frame** | **Proportion (%)** | **Sample frame** | **Proportion (%)** |
| --- | --- | --- | --- |
| **Age** | **Location** |
| 40-49 years | 29% | Metropolitan | 62% |
| 50-59 years | 28% | Regional | 38% |
| 60-64 years | 12% | **Cultural Background** |  |
| 65-69 years | 10% | CALD | 11% |
| 70-79 years | 13% | Aboriginal and Torres Strait Islander | 3% |
| 80+ years | 8% | Not CALD / Aboriginal and Torres Strait Islander  | 88% |
| **Gender** | **LGBTI** |
| Male | 48% | LGBTI aged 65+ | <1% |
| Female | 52% |
| **State** |
| New South Wales | 33% |
| Victoria | 25% |
| Queensland | 19% |
| Western Australia | 10% |
| South Australia | 8% |
| Tasmania | 2% |
| Northern Territory | 1% |
| Australian Capital Territory | 2% |

1. Campaign context
	1. Background to this evaluation

The importance of driving contemplation

Qualitative research with the target audience conducted from 2014 through 2017 has consistently confirmed that while aged care as a topic has multiple layers of ‘rational’ relevance, it equally has multiple layers of ‘emotional’ avoidance, and therefore, low preparation and action.

While rationally, Australians ‘know’ interactions with the aged care system are important, and potentially inevitable, there is a strong reluctance to engage. In reality, this translates into interactions with the system (including having conversations, information seeking, and accessing supports and services) being delayed for as long as possible - ‘avoidance’ is a normalised behaviour.

This reluctance to ‘think’ about / contemplate action and engagement results in a distinct lack of preparedness and, can result in an individual’s first interaction with the aged care system being driven at a point of crisis – an event resulting in ‘forced’ engagement. Many are reluctant to engage prior to ‘crisis intervention’, because they incorrectly perceive that taking action will result in unwanted ‘intervention’ (i.e. having to enter residential care), rather than prevention (i.e. accessing in-home support).

We have found that among those who had a family member in residential care and had indicated they had acted only upon point of crisis, there was acknowledgement that preparation would likely have resulted in a more positive emotional outcome.

This was a reflective assessment and based on the fact that their actions were driven out of necessity, were forced, and had generated considerable confusion during a situation that involved urgency. It was frequently described that this situation was a result of lack of preparation.

While in some cases it was acknowledged that this would be unavoidable, there was in principle agreement that preparation and proactive behaviours (in terms of information seeking, and early access of supports and services) would have likely resulted in a more positive emotional outcome or, at least, reduced some negativity.

We have also found through qualitative work that many don’t know how to engage with the system because of a lack of generational ‘role modelling’ - everything about this topic is new to them.

Subsequently, there is a strong desire for information, content and support.

Additionally, lack of knowledge around the aged care system results in low awareness and knowledge of the supports and services that can be accessed through the Australian aged care system; and that the aged care system is predominantly about residential care only, rather than in-home support. Communication around the availability of in-home services can help dispel this myth.

Finally, when ‘knowledge’ is low, consumers’ perceptions of the system’s quality, progression and comparative standing relative to other developed countries is also low. Thus, driving system engagement through contemplation and curiosity is important.

* 1. Campaign launch environment

It is important to note the environment in which the campaign was launched; the campaign activity coincided with a considerable amount of other media messaging related to aged care and retirement villages, which generated negative sentiment within the target population regarding aged care more broadly, and this has seemingly impacted on the response to the campaign.

Media coverage on issues with retirement villages, such as organisations having restrictive contracting practices, began airing immediately prior to the evaluation research and continued throughout the time the evaluation was in field. Findings indicated that consumers do not distinguish between aged care and retirement villages, as is demonstrated throughout the report.

There has also been heightened media reporting of abuse in residential aged care in the weeks between the benchmark and evaluation.

Depending on which way you look at it, the fact the campaign went live when it did was either fortunate or unfortunate. Fortunate in that it was present to combat the negative sentiments the other media generated, unfortunate in that its impact was potentially diluted in a sea of noise. This will be addressed throughout this report.

* 1. Analysis and cross-breaks

Through this report, the data is analysed by the three core age groups: Working Age (40-59), Baby Boomers (60-69) and Older Australians (70+).

However, given the circumstances in which the campaign launched, and in order to *isolate* those who had seen the other media, throughout this report we refer to three key groups we have analysed separately:

Those who have only seen the campaign;

Those who have only seen the other media;

Those who have seen both the campaign and the other media; and

Those who have seen neither.

This gives us a much clearer understanding of the differences across audiences who have been exposed to different messages and allows us to ascertain which messages can be attributed more strongly to which source (the campaign or the other media). In particular, this analysis gives us a fuller understanding of the impact of the negativity on the views of those participants’ who have seen the other media only.



When looking at the data, the orange sub-group (those who have seen both the campaign and the other media*)* can be treated as somewhat of a ‘barometer’ of the effectiveness of the campaign – if this group’s scores are more similar to those who have seen the other media only, we can assume that the other media is having a greater effect than the campaign on their perceptions. If the reverse is true, and their scores are closer to those who’ve seen the campaign only*,* we can say that the campaign is having a greater impact than the other media. This premise is revisited through the report.

* 1. Overall awareness of aged care messaging

Half of the target audience were aware of aged care messaging of some form at the time of the July 2017 evaluation (47%). This figure had doubled since 2014 when just under a quarter claimed awareness (24%), and has increased by 6% since 2017 benchmark (Figure 1).

There has also seen a significant rise in aged care message awareness through free to air TV (27% pre-campaign (benchmark in May 2017) to 36% after the campaign in July 2017), which could be a result of an increased amount of airtime given to aged care through this medium coinciding with the campaign period.

Figure 1: Awareness of aged care messages



A1. Over the past few months, have you seen or heard anything in the media (for example, on the news, in the newspaper, on the radio, in online forums / blogs, in advertising) about aged care / the aged care system?

Looking across our core age breaks in the bar charts shown in Figure 2, we see that up to three in five older Australians are (in July 2017) aware of aged care messaging over the past few months (60% of 70+ Australians post-campaign, a significant rise of 11% from 2017 benchmark).

Figure 2: Awareness of aged care messages



A1. Over the past few months, have you seen or heard anything in the media (for example, on the news, in the newspaper, on the radio, in online forums / blogs, in advertising) about aged care / the aged care system?

The data suggests that it is the other media driving this increased awareness. Respondents were asked if they had seen, read or heard anything in the media about aged care (Figure 3); 12% of participants had seen media reports on issues with retirement villages, 11% mentioned the high cost of aged care and 9% mentioned negative stories around quality. Total ‘negative’ mentions have increased significantly post campaign (28% post campaigncf*.* 15% 2017 benchmark).

Figure 3: Awareness of aged care messages



A2. What were the things you saw / read / heard? (Unprompted response)

Analysis revealed four additional common themes that align with, and compound, pre-existing negative emotions around the topic of aged care (which in turn, could potentially generate avoidance of thinking and talking about aged care). These are:

1. Financial insecurity

The theme of financial insecurity generated by media reports ties into the feelings and negative emotions around losing control, being in a vulnerable position and taken advantage of:

“Elderly people are being **taken for a ride** *when they buy into retirement places”*

A bunch of people reckon they’ve been **ripped off…***a lot of the* **contracts were unfair”**

2. Loss of freedom/being trapped

The theme of loss of freedom and being trapped is linked to feelings around lack of knowledge of aged care, manifested as fear of getting into situations you can’t get out of through inexperience and low understanding of the system:

*“Saw expose on one of the leading operators of homes… startling revelations on terms of contracts, exit fees,* **getting out was difficult or expensive or both***”*

*“Exit fees and if people hate being in retirement homes they are* **stuck”**

3. Mistreatment

Whilst not previously cited in qualitative research, mistreatment is linked, as an underlying factor, to the introverted emotional fear of ‘living in a home’ and being forgotten about (and neglected):

**“Weren’t looking after people**, *people weren’t being fed properly and lack of medical attention”*

**“Abuse** *and* **neglect** *in nursing homes”*

4. Fear

An extroverted emotion found to be generated by several factors around aged care, and reporting of abuse and neglect, served to exacerbate this generalised fear of aged care by focusing the fear on ‘horror stories’ in relation to retirement living and aged care facilities:

*“There have been some* **horror stories**”

**“Shocking** *treatment of the aged”*

In turn, negative sentiment about the Australian aged care system has almost doubled from pre to post-campaign, with 28% expressing that what they had seen or heard made them feel negative about the Australian aged care system, up from 16% pre-campaign activity (Figure 4).

Figure 4: Sentiment of messaging



A4. Did this make you feel positively, neutral or negatively about the Australian aged care system?

This negativity is expressed across all age groups, with older Australians (70+) feeling the most negatively overall – this has almost doubled since the pre-campaign survey, rising from 19% to 36% amongst this age group (Figure 5).

Figure 5: Sentiment of messaging

A4. Did this make you feel positively, neutral or negatively about the Australian aged care system?

However, amid this challenging context, the campaign managed to reach one in four of the target audience (24%), with all mediums contributing to this figure.

Figure 6 shows that radio has had the furthest reach of all channels (15%), followed by print (12%) and Medium Rectangle format online digital advertising (MREC) (9%). Leaderboard (an online ad placed at the top of the web page) and Facebook both achieved 6% reach. A more detailed breakdown of channels is outlined in Section 4 (Campaign diagnostics). Please see next page.

Figure 6: Awareness of My Aged Care campaign by channel



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?

**Note**: MREC stands for ‘Medium Rectangle’ and is a common form of online digital advertising. Leaderboard is a banner style advert at the top of a web page.

Reach was strong across all audiences (Figure 7), with marginally higher reach among females (26% versus 22% for males), Baby Boomers and Older Australians. Both CALD and Aboriginal and Torres Strait Islander audiences were receptive to the campaign (figures for these groups are treated in Section 5 of this report).

Figure 7: Awareness of the My Aged Care campaign by key demographics



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?

1. Campaign diagnostic

Looking at awareness of the campaign by channel and age (Figure 8), we learn that, for those 60+, the importance of print cannot be underestimated as a communications medium compared to those of working age; one in six aged 60+ (16%) recall print versus less than one in ten of working age (9%).

Radio achieved consistent reach across age groups, though was marginally higher for Baby Boomers at 19% compared with Working Age and Older Australians at 14% and 15%, respectively. Print achieves greater reach for respondents over 60 (>15%) in comparison to the Working Age group (9%).

Figure 8: Awareness of the My Aged Care campaign by channel



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?

Figure 9: Awareness of the My Aged Care campaign by channel



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?

The campaign reach however is arguably balanced by the proportion of those who saw something that generated negativity in their minds (Figure 10). Whilst one in four of the target audience had seen the campaign (24%), just over a quarter (28%) had seen something which made them feel more negatively about the Australian aged care system (not a significant difference).

When we look at Older Australians specifically; one in five (21%) had seen only other media versus one in six seeing the campaign (17%).

Figure 10: Awareness of the My Aged Care campaign compared to negative messaging



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?
A4. Did this make you feel positively, neutral or negatively about the Australian aged care system?

As mentioned previously, through the report when looking at diagnostics we have analysed by the three sub-groups to further understand the campaign’s effectiveness and impact. Figure 11 shows that those who have seen the campaign only are more evenly spread across age, whereas those who have only seen the other media are skewed to older age groups (particularly Older Australians 70+).

Figure 11: Awareness of the My Aged Care campaign compared to other messaging



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?
A1: Over the past few months, have you seen or heard anything in the media about aged care/the aged care system?

Diagnostically, in terms of claimed interpretation and actions taken, the campaign has performed strongly.

Figure 12: Prompted response to campaign creative and content



H11. Thinking about the ads, to what extent do you agree or disagree they made you aware that … (proportion ‘strongly agreeing’)?

Creative style and campaign content was received positively (Figure 12), with over two thirds of all participants (68%) rating the campaign 4 or 5 out of five for clarity (‘They are clear’), believability (‘They are believable’) and relatability/relevance (‘They remind me of things I care about’).

This figure rose further amongst those who had seen the campaign previously, sitting at around eight in ten.

When looking at the spontaneous coded responses of likes and dislikes of the campaign (Figure 13), there are very few dislikes, with 71% having no dislikes whatsoever. The data shows that advertising contentis a valuable asset to the campaign, with respondents spontaneously reporting that they like the campaign because it was informative (17%), easy/simple to use (11%) and concise / to the point (10%) - all three being top mentions and related to content rather than look and feel.

Figure 13: Unprompted likes and dislikes



H10. What, did you like about the ads? And what did you dislike?

This positivity around the clarity of message and the informative nature of the advertising is likely, in part at least, due to the complex nature of aged care as a topic. Qualitative research has shown that there is much confusion around aged care and this, coupled with the somewhat confusing and concerning media coverage experienced this year, has resulted in people appreciating more information, making a murky topic clearer (and more positive!).

In terms of message understanding, the campaign was interpreted correctly by over half the sample, delivering clear information about My Aged Care (Figure 14).

Agreement across all measures was high, and fewer than 5% disagreed that the campaign made them more aware of all key messages including having a website, being run by the Australian Government and having a range of support and services available.

Figure 14: Interpretation - prompted message agreement



H11. Thinking about the ads, to what extent do you agree or disagree they made you aware that … (proportion ‘strongly agreeing’)?

Those who have seen the campaign are up to twice as likely to cite “Help/support available for the elderly” and “Assistance to stay at home/independence” (Figure 15) as topics the ads are trying to communicate. The more times the target audience had seen the campaign, the more likely they were to receive these key messages.

Figure 15: Main message ads trying to convey



H9. What are the main messages these ads are trying to tell you?

Positively, among those exposed to the campaign, over half (53%) took an action as a result, representing one in five of the total audience (19%).

Figure 16: Actions taken as a result of campaign exposure



H8. Have you done any of the following as a result of seeing any of these ads?

Figure 16 shows that the most common action taken was visiting the My Aged Care website, with a quarter of those who’d seen the campaign stating they had done this (25%). This was followed by sharing or talking about the ads with family (19%, equating to 6% of the total population), and one in six (16%) tried to find more information about aged care services/support (equating to 5% of the total population). This indicates that the message coming through provides practical information (to send people to the website) and also resonates enough to drive action through discussion and looking for more information on the topic.

1. Aboriginal and Torres Strait Islander and CALD audiences’ response

The CALD material consisted of the mainstream materials translated into 11 languages, placed in CALD media. Materials were also translated into a further 7 languages for use in public relations activities. The Aboriginal and Torres Strait Islander campaign material featured a print ad, radio ad and a poster ad with tailored images and language. An example of the mainstream and Aboriginal and Torres Strait Islander print execution has been included in the appendix.

The campaign performed well among these audiences (Figure 17), reaching two in five (43%) Aboriginal and Torres Strait Islander and one in three CALD (32%) respondents. Again, all media contributed to these figures. It appears that the online channels were more effective for Aboriginal and Torres Strait Islander audiences, and radio for CALD audiences.

Figure 17: Awareness of the My Aged Care campaign among Aboriginal and Torres Strait Islander audiences



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?

\*Caution: small base sizes when looking at Aboriginal and Torres Strait Islander audience figures. Treat as indicative only.

Note: MREC stands for ‘Medium Rectangle’ and is a common form of online digital advertising. Leaderboard is a banner style advert at the top of a web page.

Email and Facebook achieved the highest reach amongst Aboriginal and Torres Strait Islander audiences, with over one in five (22%) being reached via these means (Figure 17). Online digital advertising on websites (Medium Rectangle (MREC) and Leaderboard) achieved 21% and 16% reach respectively. Radio advertising reached 13% of this audience and print advertising reached one in ten (10%).

Among CALD audiences (Figure 18), radio had the furthest reach, with one in five hearing the ads via this medium (21%). Whilst they could have heard the ad in English, it appears that having translated radio ads achieves greater reach in comparison to digital and print, likely owing to its specific and personal nature (being in specific languages).

Figure 18: Awareness of the My Aged Care campaign among CALD audiences



H1-H6. Do you recall seeing or hearing this or a similar version of it before today?

Overall, the Aboriginal and Torres Strait Islander specific campaign performed as strongly as the mainstream campaign in terms of creative and content.

It was considered to be clear, taught something new, was relevant and reminded respondents of something they cared about, with over six in ten participants, rating it 4-5 out of five across these metrics.

Figure 19: Diagnostic - prompted response to campaign among Aboriginal and Torres Strait Islander audiences



H12. Please indicate which number between 1 and 5 best describes what you thought of these ads… (proportion ‘4-5’)

Caution: small base sizes when looking at Aboriginal and Torres Strait Islander audience figures. Treat as indicative only.

The CALD audience specific campaign also worked well, resonating highly for relevance, believability and clarity.

For both Aboriginal and Torres Strait Islander and CALD audiences, uniqueness is rated lowest.

Figure 20: Diagnostic - prompted response to campaign among CALD audiences

H12. Please indicate which number between 1 and 5 best describes what you thought of these ads… (proportion ‘4-5’)

The campaign also showed clear messaging with the majority of the Aboriginal and Torres Strait Islander audience agreeing that the ads made them aware that My Aged Care is run by the Australian Government, has a website, a range of support and services available and is the starting point to access services.

Figure 21: Interpretation – prompted message agreement among Aboriginal and Torres Strait Islander audiences



H11. Thinking about the ads, to what extent do you agree or disagree they made you aware that … (proportion ‘strongly agreeing’)? Caution: small base sizes when looking at Aboriginal and Torres Strait Islander audience figures. Treat as indicative only.

The campaign also showed clear messaging for CALD participants, with strong agreement again that My Aged Carehas a website, is run by the government and has a range of support and services available.

The message of being able to live independently at home is coming through marginally stronger for CALD audiences than for Aboriginal and Torres Strait Islander audiences.

Figure 22: Interpretation - prompted message agreement among CALD audiences



H11. Thinking about the ads, to what extent do you agree or disagree they made you aware that … (proportion ‘strongly agreeing’)?

The proportion who took action as a result of the campaign is also in-line with mainstream audiences, with one in six (15%) Aboriginal and Torres Strait Islander participants taking at least one action. Just under one in ten (8%) visited the My Aged Care website and 5% shared/talked about the ads and tried to find out more information.

Figure 23: Actions taken as a result of campaign exposure among Aboriginal and Torres Strait Islander audiences



H8. Have you done any of the following as a result of seeing any of these ads?
Caution: small base sizes when looking at Aboriginal and Torres Strait Islander audience figures. Treat as indicative only.

Among our CALD audiences, a third took at least one action (33%), with over one in ten (12%) sharing or talking about the ads with family, and similar numbers visiting the website and/or trying to find more information (both with 11%).

Results suggest that the campaign is prompting conversation and action through website visitation, which may in-turn prompt further action.

Figure 24: Actions taken as a result of campaign exposure among CALD audiences

 

H8. Have you done any of the following as a result of seeing any of these ads?

1. Campaign impact

There is evidence the campaign has mitigated impact from the other media, and generated positive sentiment among those exposed. This will be investigated further in this section by looking specifically at the three sub-groups of campaign exposure discussed previously.

In terms of overall awareness of ‘My Aged Care’, the My Aged Care website and the My Aged Care telephone contact centre, all three achieved increased awareness post campaign.

Figure 25 breaks down results of awareness of My Aged Care into whether respondents have seen the other media going on at the time only, seen only the campaign itself, seen neither or have seen both. Total sample data (see left hand column) shows awareness figures from pre to post campaign.

Figure 25: Awareness of *My Aged Care*





F1. Before today, had you heard of …? (‘definitely /maybe’)



F1. Before today, had you heard of …? (‘definitely /maybe’)

This breakdown demonstrates that while there is little in the way of data movement pre and post campaign, there are significant differences in brand awareness among those who had seen the campaign and/or other media.

**NOTE**: It is important to highlight the relationship of higher awareness of My Aged Care among those aware of the campaign. However, it is noted that causality and the direction of the relationship cannot be inferred from this analysis. Nonetheless, the strength of My Aged Care awareness among those aware of the campaign is considered strong and, the hypothesis that the campaign has driven awareness of My Aged Care cannot be rejected. This is illustrated by the proportion of those who had seen the campaign who took at least one action compared to the total response.

The campaign may also have raised levels of understanding of what My Aged Care is and does, with those having seen the campaign recording higher levels of understanding across several measures.

Table 2: Understanding of *My Aged Care*

|  | **Seen other media only (%)** | **Seen campaign only (%)** | **Seen both (%)** |
| --- | --- | --- | --- |
| Starting point to access | 65 | 73 | 71 |
| Info about aged care to stay at home | 70 | 76 | 72 |
| Helps you find local services | 59 | 67 | 60 |
| Provides information re. cost | 46 | 49 | 35 |
| Provides information re. homes | 36 | **56** | 52 |
| Provides information for carers | 53 | 63 | 60 |
| Provides financial / legal guidance | 15 | **36** | 23 |
| Provides general health / wellbeing info | 47 | 53 | 43 |
| Provides eligibility / assessment info | 62 | 68 | 58 |
| Provides personalised assistance supports | 37 | **62** | 43 |
| Provides website and call centre | 61 | **72** | 65 |
| Managed by Australian Government | 63 | 72 | 78 |

F2b. What is My Aged Care and what are all the different things My Aged Care does?
Please note: the highlighted cells refer to significant differences between sub-samples.

The table above shows that those that have only seen the campaign generally have higher levels of awareness of what My Aged Care provides in comparison to those who have only seen other media. This could indicate that the campaign is potentially increasing the level of knowledge of the system overall. Additionally, those who have seen both the campaign and the other media also feel more knowledgeable about the My Aged Care system and what it provides, in comparison to those who have only seen other media, indicating that the campaign is performing strongly in regard to generating awareness of my aged care.

Indeed, those who have seen the other media only report feeling that they only know ‘something’ (78% rated neutral on this question); this indicates a high level of confusion generated by the other media, versus the clarity delivered by the campaign.

Figure 26: Impact on knowledge



B2. Generally, how would you describe your current level of knowledge / familiarity with Australia's aged care system?

In specific areas of raised awareness, we see that, among those exposed, there are higher levels of awareness of ‘domestic assistance’ and ‘home modifications’ – all topics addressed within the campaign.

If the campaign has generated an increased awareness of these home-based services, this will help to overcome confusion regarding aged care being predominantly about residential care.

This will help people to associate aged care not only with residential care but also in-home care and the ability to be able to stay in their own home and receive support. Previous concept testing has shown that ‘living in a home’ is seen as a negative outcome of the aged care system and instils fear, relating to being ‘trapped and ‘forgotten about’.

This in-home focus is important in encouraging earlier engagement with the system. As discussed previously, preparation and proactive behaviours (in terms of information seeking, and early access of supports and services) can increase the likelihood in a more positive emotional outcome or, at least, reduce negativity surrounding aged care.

Table 3: Awareness of different types of support available



B5a. What are the different types of supports older Australians can access through the aged care system in Australia?

The campaign may also have driven greater knowledge on how to *access* services in Australia’s aged care system. Those who have seen the campaign and both campaign and other media were more likely to describe their current level of knowledge of how to access services as high, compared to those who had only seen the other media.

This may suggest that the campaign is raising knowledge levels and is potentially overriding the negativity generated by the media.

Figure 27: Impact on knowledge - accessing services



B4. How would you describe your current level of knowledge / familiarity with how to access services in Australia’s aged care system?

Similarly, we also see greater confidence in how to access services among those who had seen the campaign, again possibly overriding the impact of the other media.

Those who had seen the other media only were more likely to say they had low confidence versus those who have seen the campaign and the other media (15% vs 4%).

Figure 28: Knowledge on accessing services

E5. How confident are you in knowing how to access services when you / a family member / parent / partner / friend is in need of services?

On the question relating to knowledge of recent changes/reforms to Australia’s aged care system, one in five of those who had seen the campaign claimed to know *a* lot.

However, here the other media appears to have had an impact; over half of those who had seen the other media (56%) claimed to not know anything.

Those who had seen both tend to sit somewhere in between, indicating that the other media has in fact muddied the water and generated quite a lot of confusion on this topic among our target audiences. A topic that we know from the qualitative research is already a confusing one.

Figure 29: Knowledge of recent changes / reforms



C2a: Generally, how would you describe your current level of knowledge/familiarity with the recent changes/reforms to Australia’s aged care system?

More positively, a further area of strength for the campaign is in supporting understanding of options and support available.

In Figure 31, looking at agreement with the statement “There are a lot of options that can help older Australians stay at home and live more independently”, two-thirds of those who had seen the campaign or both campaign and other media agree (64% vs 45% of those who had seen other media only).

Figure 30: Understanding of current system



B6. And overall, based on what you currently know, how much do you agree or disagree with each of the statements below?

However, in the concept of ‘choice’, the statement “Support is available for you to make choices about aged care that are right for you/your family”, there is some impact of the other media. Amongst those who have only seen the campaign, 57% of individuals agree that support is available. However, of those who had seen both the campaign and the other media, results were a little more in between, potentially displaying some doubt in peoples’ minds around the choices available and amplifying the risk involved in making the ‘wrong’ choice (a poor aged care provider for example).

Further impact of the media landscape at the time of the campaign is evidenced when looking at understanding – the campaign effectively supports self-efficacy to source information, but in relation to comprehension we see that the other media has again sowed some seeds of doubt in peoples’ minds and is confusing matters (Figure 31).

Where the campaign works well is in driving agreement with the statement “It’s easy to find information about aged care services and supports that are available”. This makes sense as the campaign is informative and communicates clear information re: website and contact telephone number.

Figure 31: Understanding of current system



B6. And overall, based on what you currently know, how much do you agree or disagree with each of the statements below?

But where the other media has an impact is in understanding; “It’s easy to understand the different aged care services and supports that are available” achieves a lower agreement level among those who have seen both the campaign and the other media. The other media is pulling down this comprehension measure by again confusing and muddying the water around this measure.

Again, qualitative work on this topic has told us how complex the area is perceived to be, making decisions difficult in an already emotionally charged topic area.

When we look at perceptions of the aged care system, we find that a third of those who had seen the campaign (32%) rated it as ‘high quality as is’. This figure however is far lower amongst those who have seen the other media only, sitting at only 12% with over a third (36%) claiming it is poor quality and needs reforming.

For those who have seen both, uncertainty is rife and, as a result, many people have been driven to neutral (63%), showing again the impact of the other media.

Figure 32: Perceptions of the aged care system - Quality



B3. Based on what you currently know which of the statements below best describes your opinion of it?

The same pattern is evident across the two other measures regarding perceptions of the aged care system – whether the ‘system has improved or deteriorated in the last ten years’ and comparative standing with other developed countries. Those exposed to the other media are far more likely to express negativity versus those who have seen the campaign only. Those who have seen both sit somewhere in between and again tend to be driven to the middle of the scale. Results suggest that had the campaign not been shown at that time that sentiment could have been a lot worse. The campaign has worked hard to drive positive perceptions and minimise the impact of negativity across these measures.

Figure 33: Perceptions of the aged care system – Improvement

B3. Based on what you currently know which of the statements below best describes your opinion of it?

Figure 34: Perceptions of the aged care system - Comparison



B3. Based on what you currently know which of the statements below best describes your opinion of it?

Contemplation, Conversation and Curiosity

While the other media appears as likely as the campaign to stimulate contemplation about aged care needs, the campaign appears more effective in stimulating conversation about these needs. When asked whether over the last few months they had thought about aged care needs, over half of those who had seen the othermedia reported that they had, showing that the media coverage had stimulated them to think about aged care.

However, despite making them thinkabout it, the data suggests that they had not talked about it quite so much – likely owing to confusion and/or not knowing what to say or indeed what to talk about.

But when we look at the campaign scores for talking about aged care needs, we see that those who had seen the campaign were more driven to have a conversation about the topic.

Figure 35: Knowledge seeking behaviour - over the past few months



E1a. Over the past few months, have you…?

Additionally, the campaign has stimulated curiosity. At a ‘system’ level, a third of people who had seen the campaign (and a third who had seen both) versus a quarter who had seen the other media only have looked for more information about the aged care system.

Where there seems to be more curiosity though is at the ‘provider’ level, whereby almost four in ten of those who had seen both the campaign and the other media claimed to have looked for more information about organisations/providers specifically. The other media, focusing specifically on aged care providers may have generated interest in this particular area. Alternatively, those who have recently researched providers may have been more knowledgeable before seeing the campaign.

Figure 36: Knowledge seeking behaviour over the past few months



E1a. Over the past few months, have you…?

A further area where the campaign is more impactful than the other media is in the potential to drive future information seeking behaviour. When asked “Over the next few months, how likely will you be to actively try and find out more about aged care services/aged care options?”, nearly half of those who had seen the campaign (46%) stated top two box intent to do this vs less than three in ten of those who had seen the other media (which is also less than the benchmark of 32%).

The other media it seems does not stimulate action as much as the campaign. This is potentially linked to the confusion and fear generated by the negativity, which turns into avoidance as a defence mechanism. As we saw previously, those exposed to the other media were more likely to contemplate aged care but were less compelled to *talk* about it (take action), compounding this assumption of avoidance and internalisation.

Figure 37: Likelihood to actively find out more about aged care services / options by age group



E2a. Over the next few months, how likely will you be to actively try and find out more about aged care services / aged care options? (8-10 out of 10)

The positive impact of the campaign appears to have the strongest effect on Baby Boomers and Older Australians (Figure 40 below) with both groups increasing their stated intent to find out more about aged care services by five and six per cent respectively.

Figure 38: Likelihood to actively find out more about aged care services / options over the next few months



E2a. Over the next few months, how likely will you be to actively try and find out more about aged care services / aged care options? (8-10 out of 10)

1. Moving forward
	1. The campaign’s future potential

The campaign has seemingly contended effectively with some media around aged care and retirement villages which generated significant negative sentiment among the target audiences. It has done this through strong content, clarity of message and relevance to the target audience. We can therefore conclude that the campaign retains strong future potential and, if appropriate, can be used again to combat fears and concerns regarding the aged care system and give much needed reassurance to the target audiences. Reassurance is necessary against a backdrop of confusion on this emotionally charged topic.

Key themes to come from analysis of the open-ended comments around campaign ‘likes’ were:

the different/range of services available and how to access this information/help/support;

simple, clear and easy to understand information;

an encouraging, positive and caring tone – described as ‘positive and informative’;

comforting and reassuring (to know help is available for themselves and family members).

Figure 39: Desire for more information



C2b. Do you feel you need further information on the changes to aged care?

Compelling evidence of this is that for those in particular who have seen other media, they have a *need* for further information.

There is overwhelming positivity and receptiveness to seeing this campaign again, particularly among again those who’ve seen other media. This indicates a further need for this group to receive clear, informative and positive messaging regarding aged care to reassure them moving forward.

Figure 40: I would like to see the campaign again



H13. Would you like to see these ads again sometime? (Yes / maybe)?

All metrics relating to the positive effects of change were higher among those exposed to the campaign. Of particular interest is the metric “Give people more control over their aged care services and support” – this was higher among those who’d seen the campaign and also, importantly, among those who’d seen both the campaign and the other media. This indicates that the campaign communicates this message much more strongly than the other media.

Figure 41: Prompted perceptions of the impact of changes



D1. To what extent do you believe change will… (Score 8-10 out of 10)?

1. Appendix
	1. Campaign materials



