metlifecare

PART 1:

Tell us what *you* would want to know

FED ERA TION

01.

We didn't just write questions. *We wrote a research brief.*



Your category is well researched on what people want from village life.

What we're curious about is something else: why they wait.

Deferral is a decision problem, not a product one, so our research questions take aim at the decision itself: the fears, the triggers, the family dynamics, the language. This is what changes the game for Metlifecare.

03. We're looking for the *shifts*

The genuine shifts that audiences will accept ,
and what evidence Metlifecare would need to hold the position.

THE SHIFT	CATEGORY	METLIFECARE
Who carries the decision	**Village-led.** Site is the brand, operator is invisible.	**Brand-led.** Master brand carries 'decision', village carries 'choice'.
What the work is about	**The destination.** And life once you are already there.	**The decision drivers.** What people are weighing up BEFORE they get there.
How the category speaks	**Vitality.** A vocab that avoids what people fear.	**Honesty.** Making the undiscussable discussable.
The faceless company	**An operator.** Selling units of accommodation.	**Purpose-driven advocate.** For families facing the hardest decision of their lives.

03. The category conventions we're *testing*

WHAT WE NEED	HOW WE WANT IT ESTABLISHED
The campaigns: the audience view	Is this a real person like you, or like your own mother or grandmother? What does this not say that you wish it did?
Why your category conventions exist	The category reflects its own messages about vitality - an active life and independence rather than somewhere safe to decline. Metlifecare needs to ask the questions that break out.
Which ones to keep	Which category conventions aid instant recognition? Identify the ones that aid message fluency and execute them better than anyone else.
Which ones to break	Which conventions are reinforcing deferral? The vitality vocabulary. The refusal to name decline. The silence on what the adult child actually fears. We need evidence of what they cost.
What progress means	What makes the decision easier. What do people wish someone had done, said or given them?

04.

Four future need states, how they *rank*

Our hypothesis: The category sells vitality while the decision is made on 'the uncomfortable' - future caring, future safety and health. The white space is speaking credibly about the three states the category avoids, and to earn happiness as a result.

FUTURE STATE	WHAT WE MEAN	WHAT WE NEED TO KNOW
Future caring	The caring they want for their future, from their community and actual care.	How far ahead do they think, and how honestly? What language makes this discussable, not frightening?
Future safety	What happens if something goes wrong and nobody is there.	Whose fear is this, the prospect's or the family's? What is happening that opened the conversation?
Future health	What decline looks like, who deals with it, its impact on those around them.	What do they imagine, and what are they avoiding? What does the adult child fear having to do?
Future happiness	What a good life from here looks like, on their terms.	What does it consist of in their words rather than the category's? Where does vitality language fail?

We need to know what the prospective resident, the adult child and the grandchild each think. Where those views diverge is the creative problem to resolve. We would rather this was disproved in fieldwork than survived into a campaign.

05.

The barriers and triggers we *need* to understand

WHAT WE NEED	HOW WE WANT IT ESTABLISHED
The person	How do people feel about getting older, in their own words? What have they quietly stopped doing? How do they describe themselves, and which words about them do they reject?
The home vs the apartment	How do maintenance, equity and running costs feature? What's hardest to leave? What problems have they stopped noticing? What does an apartment say to them?
The barriers and the trigger	What do they fear losing? What shifts someone from one day to now? For those who settled, what finally made it possible? For those who haven't, what had to be true?
The household	Who raised it first, and how did that conversation go? Who could stop this happening? What do adult children believe their parents fear, are they right? How does inheritance sit?
The brand	Does the master brand register at all, or only the village? If they hear a village brand advertised, does it matter? What can Metlifecare claim that Ryman and Summerset can't?

06.

Who we need to hear from

We need the household that makes the decision, and the people inside Metlifecare who meet them.

WHO	WHY THEY MATTER	FOCUS
Prospects, 68 to 85, across the four Auckland catchments	Enquirers, people who toured and walked away. People who fit the profile, never enquired.	All five territories. The four future states. Reaction to category advertising. Language.
Adult children, 45 to 60, most often daughters	Frequently the initiator, the researcher pushing the decision. Sometimes the barrier.	What they believe their parent fears. Future safety and health.
Metlifecare's own people: village managers, sales staff	More than a research subject. They need to know the brand story and what makes Metlifecare good.	What they say the proposition is. Where they think it goes wrong.
Recent residents, settled within 18 months	The only people who know what actually made it possible, and whether the promise held.	The trigger. Expectation against reality. What they wish they had known.
Grandchildren, 20 to 35, where they are close	An emerging voice in the decision, and the generation least marketed to.	Their role in the conversation. What they want for their grandparent.

07.

Method



Mixed method, deliberately weighted to qualitative.
A survey can only size what we already know to ask about, and we do not yet have the language. Qualitative leads, and shapes whatever follows it.

We want a recommendation rather than a default.

Where families allow it, household conversations are likely to reveal more than interviewing either party alone.

Diary or longitudinal approaches may suit a decision that unfolds over months.

Use real category advertising as stimulus, Metlifecare's included. We want reactions to what exists rather than to descriptions of it.

What we would deliberately not do:

• Ask people to rate messages for reassurance. The most reassuring message is likely to be the least memorable, and stated preference will send us somewhere safe and forgettable - how the category built its conventions in the first place.

• Use independence as a prompt only. Let people arrive at it, or not at all.

• Recruit in the language of the category.

08.

The insights *we're* looking for



- **A convention inventory.** Each one named and classified as a code to keep or a convention to break, with audience evidence.
- **A language inventory and verbatim library.** The words they use and the words they reject, treated as creative raw material.
- **An answer on which future state** is driving the decision, for whom.
- **A named territory that is credible** for Metlifecare and unoccupied by every competitor, with the proof required to hold it.
- **An honest measure of the gap** between what the brand promises, what the front line says.