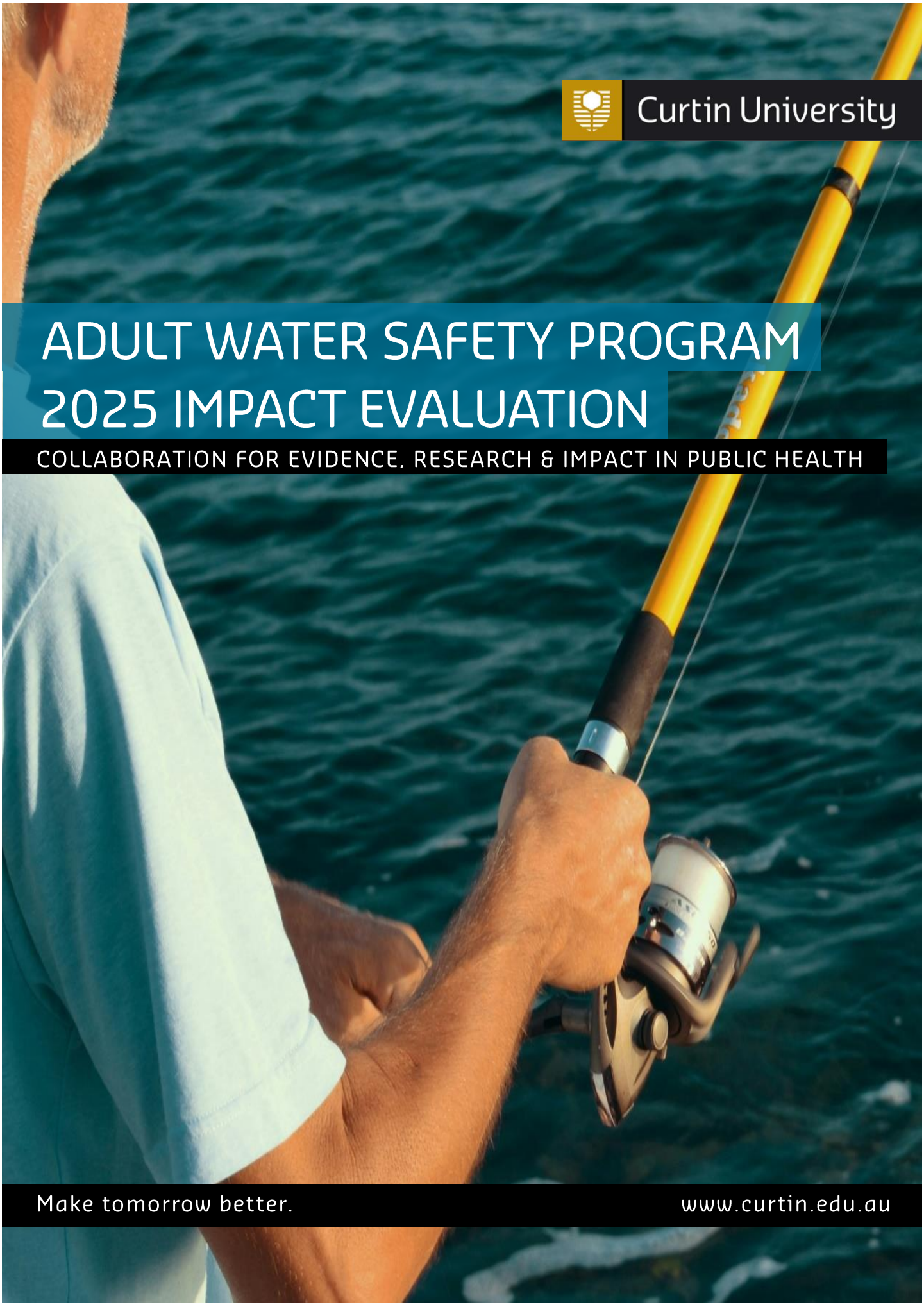

Curtin University
ADULT WATER SAFETY PROGRAM
2025 IMPACT EVALUATION
COLLABORATION FOR EVIDENCE, RESEARCH & IMPACT IN PUBLIC HEALTH
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SUMMARY

Background

The WA Adult Water Safety Program (AWSP), implemented by the Royal Life Saving Society Western Australia (RLSSWA), aims to increase knowledge and skills amongst older people aged 45+ years regarding drowning prevention. It focuses on key drowning trends, risk factors and prevention strategies, swimming ability, water safety, and lifesaving skills. One key strategy is the 'Make the Right Call' (MTRC) media campaign (the Campaign), including radio advertisements, social media advertising and posters over the previous four summers. In 2024-25, a new iteration of the Campaign incorporated video and social media advertisements designed to remind people to make the right decision about water safety before heading into or onto the water. The social media execution consisted of four images. The new Campaign portrays five refreshed key messages (make the right call before you get in the water; make the right call on solid ground; check the water and check yourself; the water is always better with a mate; get prepared with a lifejacket).

This report presents 2025 evaluation findings of the AWSP. Comparisons are made to findings from 2024 (collected pre-Media Wave 1 of the new campaign iteration) and 2020 (prior to implementation of the initial MTRC campaign).

Evaluation approach

This evaluation was conducted for the period July 2024 – June 2025 using a population level, cross-sectional online survey. Analysis was conducted comparing 2025 findings (February - April 2025) with the pre-campaign time points (October – November 2024) (prior to the current iteration) and October – December 2020 (Baseline). Collection protocols required an equal proportion of males and females; an 80%/20% metropolitan/regional split; and a 65%/20%/15% split of age categories (45 – 64 years/65 – 74 years/75+ years).

Descriptive statistics summarised: demographics; water-based activity; drowning and water safety knowledge, attitudes and beliefs, social norms and behaviour; and campaign recall. Independent t-tests analysed alcohol consumption. The report summarises current campaign recall and recognition, as well as key messages, advertising diagnostics, and behavioural intent from 2025 participants. Comparisons are made between the timepoints as well as by age (45 - 64 years and 65+ years), gender (male and female) and country of birth (Australian and overseas-born); however, we report only comparisons of interest.

Key findings

Demographics

The demographic profile of survey participants in 2024 and 2025 was consistent across both years. There was an over-representation of middle-aged individuals (45-64 years) and female participants. While this provides valuable insight into these groups, it also suggests that further engagement may be needed to ensure representation from adults 65+ and males, who are key target audiences for drowning prevention strategies. Most respondents were born in Australia, with nearly half holding a university-level qualification. Approximately one-third of participants were retired or not actively seeking employment. This demographic profile suggests a relatively well-educated sample with potentially higher levels of health literacy and available time to engage with water safety messaging.

The limited demographic differences between the two time points strengthen the reliability of the findings and provide a foundation for informing future drowning prevention strategies. However, efforts to diversify participant profiles remain important to ensure water safety initiatives are inclusive and reflective of all at-risk groups.

Swim ability & water-based activities

Between 2020 and 2025, there was a significant improvement in adult swim confidence, with a lower proportion of participants reporting they cannot swim in 2025. This positive shift is encouraging and may reflect a combination of post-pandemic lifestyle changes, increased interest in local outdoor recreation, including the Aqua Skills 55+ program offered at local aquatic centres, and greater public awareness of water safety following several summers of extraordinarily high drowning rates (1). Of interest, there was no significant change in the perceived swimming distance participants felt they could confidently achieve, suggesting that while more adults are entering the water, perceived endurance or ability remains stable.

Across all three timepoints (2020, 2024, and 2025), pool swimming, beach swimming, and relaxing in water consistently ranked among the top water-based activities. However, introducing 'novel' activities in 2024 and 2025, e.g. snorkelling, stand-up paddleboarding (SUP), canoeing, and kayaking, suggested a shift in recreational patterns. These activities entered the top four for the first time, indicating a broader engagement with water environments beyond traditional swimming.

Swim lesson participation was lower in 2024 and 2025, which may be influenced by the broader recruitment strategy used in this evaluation or counterbalance the finding of higher swim confidence over time, with participants perceiving less need to participate in swimming lessons in 2025 compared with 2020. In addition, the change could reflect a sample that includes more adults who are self-taught or have developed swimming ability outside formal lessons. This may be worthy of further exploration in the coming evaluation phases, so that resources can be allocated in the areas of most need.

There was no notable change in CPR training, with similar rates of completion or planned participation in 2024 and 2025. Reasons for not completing CPR courses in older adults are similar to the general population and include cost, logistics and their own health considerations (2, 3). In addition, the fear of legal consequences about being 'responsible for a bad outcome' has been cited in a recent review (2). This suggests that the inclusion of training on the laws around protecting the public from being sued in such 'emergency' situations could be included in first-aid classes (2), plus promote and incentivise CPR uptake alongside water safety messaging for older adults.

Health & wellbeing

Findings from the 2020, 2024, and 2025 evaluation show that alcohol consumption patterns remained consistent over time, with no significant differences in overall use. However, important differences were observed by gender. Male participants were more than twice as likely to report drinking at higher-risk levels compared with female participants. These findings highlight the ongoing need to address alcohol-related risk in drowning prevention efforts, particularly among men. However, there were no significant differences in alcohol consumption by age group, indicating that risk behaviours are not confined to any specific age demographic.

Prescription medication use also remained stable across timepoints, with no noted increase or decrease in reported use. As expected, younger participants were less likely to be taking prescription medications, while no gender differences were observed in medication use. These findings reinforce the need to consider both alcohol and medication use in drowning prevention messaging, with tailored strategies that target at-risk groups, especially males, and consider combined impairment in and around aquatic environments.

Knowledge

Overall, knowledge related to the campaign messaging among participants was consistently high across all timepoints, a pleasing outcome. While only two knowledge-based questions were directly comparable with 2020 due to changes in survey design, no significant differences were found, suggesting a steady level of understanding over time.

In 2025, younger participants demonstrated stronger knowledge of CPR requalification requirements, correctly identifying the one-year renewal period, compared to older participants. This finding reinforces the recommendation that those barriers, including cost and logistics for undertaking CPR for adults 65+, should also be addressed. Gender

differences were evident across nearly all knowledge items, with female participants more likely to provide correct responses overall. While male participants were more accurate in identifying relevant medical conditions (that people should talk to their doctor about before participating in water-based activities), they were also more likely to select incorrect options, highlighting a potential need to simplify or limit response options in future surveys to improve clarity.

Risk-taking behaviour

In 2025, risk-taking behaviour showed a downward trend, whilst this was not significant, it is a positive finding for the program. However, being alone when undertaking water-based activity and boating whilst not wearing a lifejacket were the top two risk-taking behaviour. Considering the increase in individual-based activities such as snorkelling and SUP, these messages need to be reinforced. Male participants were more likely to indicate they had engaged in water-based activities alone, had consumed alcohol, not worn a lifejacket, were affected by medication or a medical condition, and engaged in activities in or around water in poor weather conditions compared with female participants. Older men are over-represented in drowning statistics, with gender continuing to be a key risk factor for alcohol and drug-related aquatic incidents (4, 5). A recent study reported that the presence of drugs was identified in one-quarter of all drowning cases in adults 65+ years in Australia, Canada and New Zealand, with Australia recording the highest proportion (5).

Little is known about poor weather and risk-taking, except for in extreme heat, where drowning prevention education prior to heatwaves is needed for recreational swimmers, and in older people, particularly those affected by medication or a medical condition, which a heatwave may further exacerbate (6). In this context, poor weather is more likely to be storm or rain events, which may be overcome by wearing wet-weather gear and therefore facilitate men engaging in activities such as fishing and boating. These findings suggest the need for continued, targeted messaging and interventions, particularly aimed at adult males, to address the combined risks associated with medication use and aquatic activity in compromised weather conditions.

Age comparisons in 2025 showed a significant difference in consuming alcohol, with younger participants more likely to report this behaviour than those who were older, and younger participants were also more likely to report not wearing a lifejacket compared to older participants. A recent review has found age, gender and demographics significantly influence life jacket usage and effectiveness. The review emphasises the need for targeted interventions, educational programmes and regulations on life jackets to reduce drowning incidents, especially among high risk groups (7). The review and current findings emphasise targeted messaging and interventions for a range of risk factors across age and gender profiles.

Enhanced awareness, education and tailored prevention strategies by gender and age may help reduce risk-taking behaviour and prevent drowning incidents.

Attitudes & beliefs

Alcohol and prescription medication use remain a central tenet in perceived risk around water-based activities, consistently emerging as the only behaviour identified as high risk across all survey timepoints. In 2025, a notable shift was observed, with older participants more likely to recognise elevated risk when engaging in water activities involving alcohol consumption, at unfamiliar locations, or with pre-existing medical conditions. Gender differences were also noted, with men significantly less likely than women to perceive any of the surveyed behaviours as high risk. Country of birth influenced perceptions, particularly regarding the absence of first aid or resuscitation skills and being in unfamiliar environments. The only timepoint variation between 2024 and 2025 was an increased recognition of risk when undertaking activities alone. These findings highlight the need to micro-target alcohol and prescription medication use in drowning prevention messaging for those 65+ while also addressing gender and cultural perceptions of risk to strengthen drowning prevention efforts.

Social norms

Between 2020 and 2025, social norms related to protective behaviours showed several encouraging positive shifts. Notably, there was a reduction in friends' approval of participating in water-based activities alone, and children were

perceived to be less likely to approve of their parents consuming alcohol in these settings. These changes suggest that peer and familial influence may be increasingly aligned with protective practices. Older participants in 2025 also demonstrated greater caution, reporting that their spouses, friends, and children would be unlikely to support them undertaking water-based activities alone, at unfamiliar locations, or while consuming alcohol. This heightened risk awareness among older adults is promising, as is the finding that overseas-born participants were more likely than their Australian-born counterparts to perceive disapproval from their spouses, friends or children when considering activities in unfamiliar settings, suggesting a potential protective factor. Encouragingly, older adults also reported higher levels of peer approval for lifejacket use than younger adults.

However, the findings also reveal some areas of concern. The most notable negative shift was an increase in perceived spousal approval for undertaking activities alone and in unfamiliar locations, both of which are established risk factors for drowning (8). Perhaps most concerning is the observed decline in perceived approval from spouses, friends, and children for wearing a lifejacket in 2025 (51.9%) compared with 2020 (71.6%). This trend could undermine vital efforts to promote the consistent use of life jackets across all life stages. Additionally, in 2025, male participants were more likely than females to believe that their friends and children would approve of them consuming alcohol during water-based activities or participating in them at unfamiliar locations. These gender differences highlight ongoing disparities in attitudes towards risky behaviours.

Future efforts should focus on reinforcing protective social norms, particularly within families and peer groups. Campaigns should specifically challenge increasing spousal approval for risky behaviours and address gendered perceptions by promoting safety as a shared value across all demographics. There is strong evidence that social influence can be a powerful lever for behaviour change (9) and recent research underscores the need for targeted approaches given the overrepresentation of men in drowning statistics (4, 5). The decline in lifejacket approval suggests an urgent need to revitalise messaging around personal flotation devices, possibly through positive peer modelling and age-relevant messaging. Furthermore, the finding that children do not approve of their parents drinking in and around water presents a unique opportunity to 'turn the tables' and engage young people as influencers in water safety efforts. Finally, culturally tailored messaging that builds on the more protective attitudes seen among overseas-born individuals may enhance reach and impact across diverse communities.

Campaign

Video advertisement

The identification of the Aquaskills 55+ program was a pleasing addition to the recall of the advertisements, together with the improved recall of other drowning prevention campaigns compared to previous years. In the first year of the current campaign, recall was low (which aligns with expectations and mirrors results from the 2021 media wave). However, both total awareness and recognition increased in 2025, exceeding comparable figures from the earlier campaign iteration.

Participants generally responded positively to the campaign advertisements, considering them relevant, believable, easy to understand, and thought-provoking in relation to water safety. The key campaign messages were perceived to be portrayed very well or extremely well, with particularly strong feedback for the first three messages. However, there was less resonance with the messages '*get prepared with a lifejacket'* and '*undertake water activities with a mate'*. This lower recall is understandable, as the campaign videos did not explicitly visualise or cue these actions, especially the importance of engaging in aquatic activities with others. Most scenarios depicted individuals alone, which may have diluted the visibility and retention of these two behaviours. This suggests a clear, easy-to-achieve opportunity for explicit role modelling of these behaviours by simply showcasing characters preparing for water activities with lifejackets and alongside others.

Most people who recalled the advertisements reported seeing them on Facebook, although two-thirds were unsure where they had seen them, more than double the uncertainty recorded in 2023. This emphasises the need for MTRC to be across multiple social media platforms to cater for the 'platform switching' people engage in daily. Most

participants correctly identified RLSSA or RLSSWA as the advertisement developers, further affirming the campaign's branding strength.

Social Media Tiles

Recognition of social media tiles was high and comparable to previous iterations, despite small numbers. Social media tiles were considered believable, easy to understand and made participants think about water safety. Whilst only four of the five key campaign messages were reflected in the social media tiles, most participants thought the messages were executed either very well or extremely well, except for '*lifejacket preparation'*. This was similar to the video advertisement result but lower than the previous social media execution. Therefore, this finding reinforces the recommendation to use explicit cues or role modelling of this behaviour in future executions.

Behavioural intent

An interesting disconnect emerged between the two least recalled campaign messages *'Wearing a life jacket when boating'* and *'Taking a mate when undertaking water-based activity'* and participants' reported behavioural intentions. While these messages had lower recall, the majority of participants still indicated they would consider taking these safety actions as a result of seeing the campaign. Specifically, 73.9% reported they would consider wearing a lifejacket while boating, and 60.9% said they would take a mate when undertaking water-based activities. This suggests that other influences, such as external media, concurrent safety messaging, e.g., at Perth boating, caravan and camping shows or broader public discourse, may be reinforcing these behaviours independently of direct campaign exposure.

This finding highlights the importance of further investigation into the wider media and environmental context in which these behavioural intentions are being formed. Additionally, it underscores an opportunity for future campaign iterations to strengthen message alignment by more explicitly depicting the promoted safety behaviours, particularly those related to lifejacket use and participating in aquatic activities with others. As noted above, enhanced visual representation of these actions may improve recall and reinforce intended behaviours more effectively.

Program Recognition

In 2025, program recognition remains low (name 10.2%, logo 12.9%) comparable to previous years, (2021 name 9.9%, logo 13.8%; 2023 name 11.2%, logo 11.2%). However, in view of the diversity of platforms on which participants can potentially recognise the program, it is worthwhile exploring whether the measure for recognition is too blunt and needs to be refined for future evaluations, given the variety of channels, platforms, and media now used to disseminate the program.

Reflections

These are overall pleasing results for the AWSP, including MTRC, which invested in formative research and is underpinned by the evidence. The demographic profile across 2024 and 2025 remained consistent, with an over-representation of middle-aged and female participants. Although this provides valuable insight into these groups, it highlights the underrepresentation of males and adults aged 65+, who are priority populations for drowning prevention efforts.

There was a broadening of water activity preferences, with increased participation in snorkelling, SUP and kayaking. Swim lesson participation declined, possibly due to increased confidence, a broader participant profile, or more adults acquiring swimming ability informally. CPR training remained unchanged; the common barriers, including cost, logistics, health limitations, and fear of legal responsibility, are worth further exploration when designing the next phase of the MTRC program.

Alcohol use patterns were stable over time, and prescription medication use also remained consistent. Males were more likely to engage in high-risk aquatic behaviours when alone, with alcohol, without a lifejacket, or under the influence of medication or poor weather. Age differences emerged, with younger participants reporting greater alcohol use and lower lifejacket use than older adults. Knowledge levels were generally high overall, but varied by gender and age, with females and younger individuals scoring better. There is a call to tailor and micro-target

messaging that addresses combined risks such as alcohol, prescription medication and poor weather. This is particularly critical for men, who are a high-risk group.

Consistent with other research and evaluation, men were less likely to perceive risky behaviours as dangerous. While social norms improved with less peer/family approval of risky behaviour there was a concerning drop in spousal and family approval of lifejacket use and increased perceived approval for risky behaviours among men. Children disapprove of parental alcohol use near water. Future efforts to harness children's disapproval as a peer influence strategy in campaign development, turning them into active voices for intergenerational safety, are worthy of exploration.

Recall of the campaign, including the Aquaskills 55+ program, improved from previous years. Advertisements were perceived positively, although *wearing a lifejacket when boating* and *taking a mate* messages had low recall, likely due to limited visual cues. Most exposure occurred via Facebook. Given media complexity and the increased likelihood of platform switching, there is a need to ensure campaign visibility across multiple channels. The integration with other safety messaging environments, such as the Perth Boat Show, should be continued. Noteworthy, for contemporary mixed-media campaigns, the need to refine campaign measures, such as prompted recall and recognition to better capture brand exposure across the diverse range of platforms used is key to gaining accurate proximal impact.

Despite a low recall of some safety messages, many participants reported an intent to adopt safe behaviours, such as wearing lifejackets and taking a mate. This suggests that other media or public discourse may reinforce the Campaign objectives. Social media tiles had good recognition, despite the lack of visual modelling of behaviour, especially lifejacket use. There is an easy-to-achieve call to increase the explicit visual representation of key safety behaviours, such as lifejacket use and participation with a mate, to enhance message recall and behavioural alignment.

Overall, the evaluation findings are encouraging. Micro-targeting by age and gender, complemented by visual cues to address areas that have seen a decline, is worthy of exploration for the next iteration of the campaign. The investment in formative research, a 5-year evaluation cycle and a refreshed campaign has been rewarded.

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