AGEING WELL IN A CHANGING WORLD

A report by the Commissioner for Senior Victorians

Contents

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Foreword

This report presents an overview of feedback obtained from senior Victorians about their thoughts on what it means to 'age well'. It was commissioned by the Victorian Department of Health and Human Services in August 2019 and the research was completed in October 2019.

Life for all Victorians, old and young, has changed radically since that time, following the outbreak of the contagious coronavirus COVID-19, which was declared a pandemic by the World Health Organisation on March 11, 2020.

At the time of writing, Australia was responding to COVID-19 with strategies including border closures, physical distancing, wearing of face masks, changes to workplaces including working from home, travel restrictions, extensive testing programs and detailed contact tracing of those infected.

Globally, in June 2020, there were over 10 million cases and more than 500,000 deaths from the virus. By September 2020 this had reached 27 million cases and nearly 900,000 deaths.[1] Older people have been disproportionately impacted by the pandemic, with the overwhelming majority of deaths among people aged over 60, in particular those with co-morbidities.[2]

Senior Victorians have been particularly affected by the occurrence of a second wave of COVID-19 which caused a high death toll of residents in aged care. There was also a significant increase in the risk of isolation and loneliness among older people due to the need for stricter stay at home directions and restricted access of families to those living in aged care homes.[3]

Many seniors who are otherwise quite independent, have needed to accept assistance while in isolation to stem the tide of the pandemic. Activities that sustain older people by giving their lives meaning and purpose have necessarily been curtailed. While the consequences of the pandemic have challenged everyone's ability to maintain a positive outlook on life, isolation measures have been particularly difficult for those who are not online, who lack family support systems and who are at risk of elder abuse.

The release of this report coincides with the community and governments dealing with the consequences of unprecedented public health measures in response to COVID-19. For the foreseeable future, the aspiration for senior Victorians to 'age well', will occur in the context of COVID-19.

Thus, the findings of this report take on even greater importance. They provide a sound basis to inform the re-shaping of our health, economic, service and community systems to support our ageing population in the wake of the pandemic.

Gerard Mansour
Commissioner for Senior Victorians

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1   Worldometer website 2020, <www.worldometers.info/coronavirus>
2   Dr Hans Henri P. Kluge, WHO Regional Director for Europe: Statement – *Older people are at highest risk from COVID-19, but all must act to prevent community spread,* Copenhagen, Denmark, 2 April 2020.
3   <https://www.abc.net.au/news/2020-04-05/coronavirus-is-a-disaster-for-lonely-older-australians/12114034>

1. Executive summary

Our population is ageing. People over 85 years old are the fastest growing population group in Australia. Ensuring Victorians are supported to 'age well' must be a priority not just because it is the right thing to do for seniors and their loved ones, but because it is beneficial for our society overall. Older Victorians are willing and able to continue to contribute to society in a positive way and fostering the conditions that enable them to age well will enable them to be able to do so.

But what does it mean to 'age well'? This report talks to the experts – senior Victorians themselves – to hear their views not only on what ageing well means to them, but what barriers they face to achieving it. We then look at the opportunities available at all levels of society to facilitate ageing well.

It is a timely report; the World Health Organisation has declared 2020 to 2030 as the decade of healthy ageing, putting the spotlight on the need for individuals, governments and societies to make it a priority.

> *'The Decade of Healthy Ageing (2020–2030) is an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live.*[4]

In 2019, the Department of Health and Human Services (the department) began developing an Ageing Well framework. The framework aims to maximise the wellbeing and quality of life of older Victorians by supporting future policy development and assisting with determining funding priorities in the Ageing and Carers portfolios.

The Ageing Well framework will map a service system continuum, and the Victorian Government's responsibilities across it, starting from prevention and early intervention through to community and crisis support, and reablement and specialist care. An outline of an early draft of the framework is at **Appendix 1**.

The department requested the Commissioner for Senior Victorians seek the views of senior Victorians on 'ageing well' to ensure the framework is informed by the aspirations and real-life experiences of older people.

Whilst this report is the result of that request, its findings will have application beyond the framework as it comprehensively details the interplay of all levels of society on the ability of seniors to age well.

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4 World Health Organization (2020) *Decade of Healthy Ageing 2020–2030.* (Website)

The research approach

The research used a two-pronged approach to seek feedback from older Victorians; 4,726 seniors responded to an online survey, adding their voices to the views of the 231 people who took part in face-to-face consultations that were held across the state. Thanks to all senior Victorians who contributed their time to provide their invaluable input.

The methodology is outlined at **Appendix 2**.

Priorities for wellbeing

Older people rated their priorities for health, social wellbeing and independence. They valued as 'highly important' having secure accommodation; mobility; feeling safe; being able to self-manage their health; having adequate financial resources; being independent in decision making; having access to good services and support when needed; and, having a meaning and purpose in life.

Barriers to ageing well

When asked about barriers they face to ageing well, older people considered financial constraints the key challenge. Other issues cited included being:

- unprepared for life changing events
- isolation and loneliness
- the significance of the digital divide
- lack of opportunities to meet their interests
- feeling unsafe when out in the community
- practical problems such as:
  - inadequate parking facilities
  - inadequate community transport
  - loss of mobility
  - difficulty navigating service systems to find support.

Ageism can lead older people to unnecessarily delay reaching out for assistance when its needed due to the stigma associated with using mobility aids or needing additional support or care. There is also a fear of loss of control and independence.

The loss of meaningful relationships and social networks leading to social isolation and loneliness was identified as one of the most significant risks to ageing well. Older people spoke with a depth of feeling and passion about the enormously negative consequences of being isolated and lonely, which can be magnified by the sense of 'invisibility' felt by many older people as they age.

Maximising quality of life

In terms of their opportunities for ageing well, older people were very clear that there are many things they can, and should, do for themselves to maximise their quality of life as they age. These include adopting a positive attitude to the experience of growing older, coming to terms with the challenges and limitations that arise and, as far as possible, self-managing their health and wellbeing.

However, they also recognise that their ability to age well is also impacted by external factors, such as economic and social conditions, community attitudes and access to services or support when needed.

Attributes of ageing well

The rich feedback provided by seniors for this report has been used to identify the **EIGHT KEY ATTRIBUTES OF AGEING WELL** from the perspective of an older person.

Diagram 1: Attributes of ageing well

1
A positive attitude

2
Life has purpose and meaning

3
Respected and respectful

4
Connected to family, friends and society

5
In touch with a changing world

6
Safe and secure at home and financially

7
Able to manage health issues including mental health

8
Able to get around

Attributes of ageing well
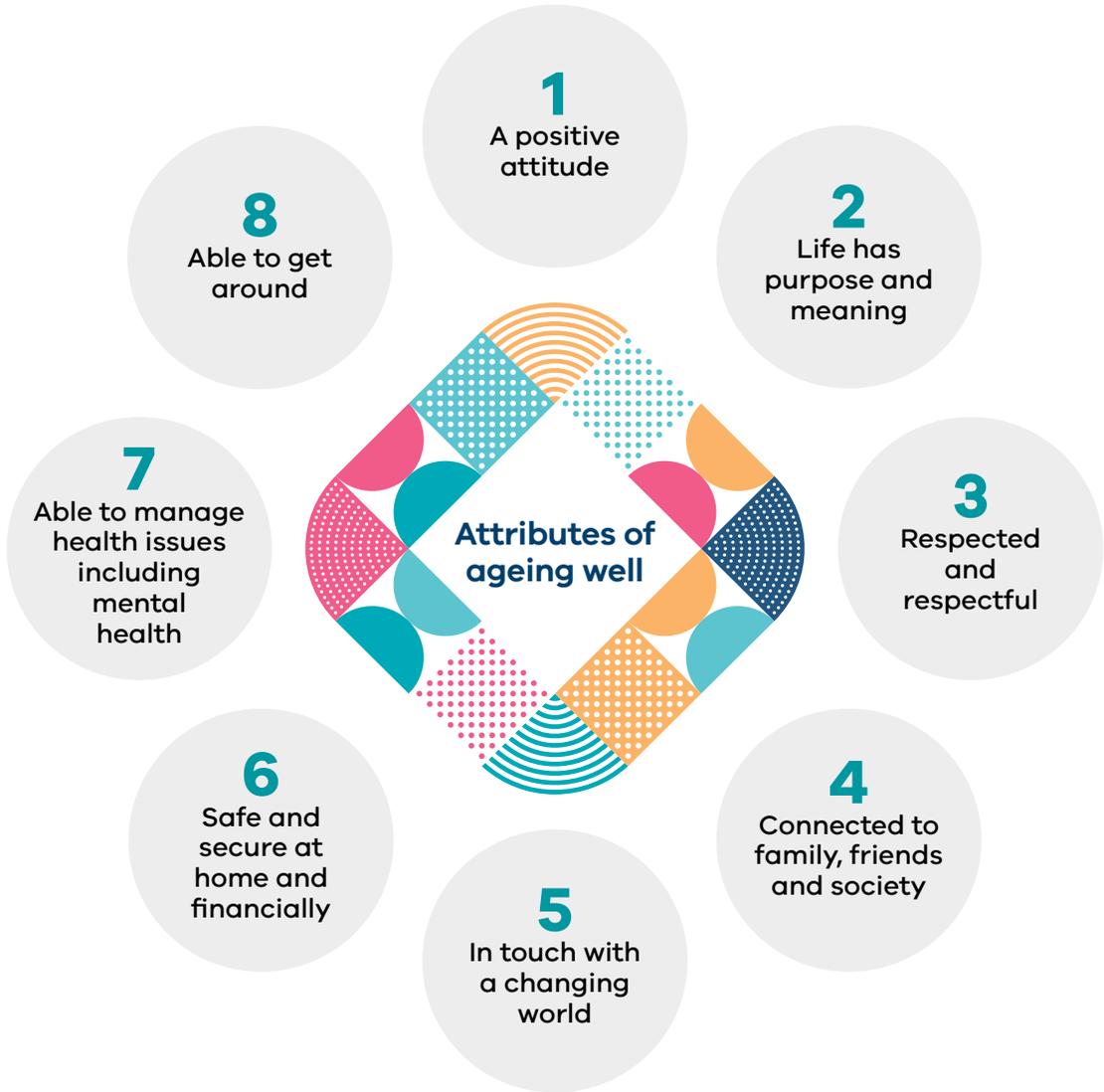
These attributes provide a sound starting point for developing policy and funding priorities relating to seniors and are a timely reminder of the need to embed regular consultation and feedback from older people on issues that impact upon them.

Strengthening the focus on ageing well

Given the interdependence between individuals and the environments in which they live, ageing well is presented in the context of a socio-ecological model

Priorities for enabling ageing well at an **INDIVIDUAL LEVEL**, in addition to practicing healthy habits and lifestyles, include providing options for seniors to participate in social activities and have opportunities to have a say about matters that impact their lives.

'Give older people a real role to play like an ambassador for a local area, or volunteer opportunities.'

At the **INTERPERSONAL LEVEL**, it is important to for seniors to have friends, family and social networks that support their decision making and facilitate conversations about important life planning decisions and future arrangements and preferences.

'You need to have a positive attitude to age well. But you need to have acceptance that you will need help one day.'

At the **COMMUNITY LEVEL**, older people want to be respected, with their considerable skills, experience and time availability utilised within their communities through activities such as volunteering. They need age-friendly local infrastructure, facilities and community transport to support them to age-in-place at home and stay engaged in community life.

'It's important to feel included. Feel part of our community.'

At the **SOCIETAL LEVEL**, older people are battling ageism. They feel they are stigmatised as incapable or incompetent, and labelled as having little to offer. Older people would like more recognition of their immense contribution, respect and a greater say in decisions that are made about them, including by all levels of government.

'Not being treated like an "old" person – life stage doesn't define who you are.'

Priority action areas

Medical advances over the last 100 years have delivered unprecedented longevity in populations around the world. With many people living well into their 80s and 90s with a continuing desire to contribute to, and be recognised by, the world around them, there is a valuable social dividend to be gained from including older people in social and economic endeavours and leveraging their skills. The benefits are two-fold: communities benefit from older people's ongoing contributions and individuals maximise their quality of life as they age.

However, the evidence from older people is that this opportunity can be undermined by negative ageist attitudes. Many feel that they are invisible in society and are excluded from services and opportunities to participate in their communities, which erodes their rights and contributes to physical and mental ill health.

Much can be done at the **GOVERNMENT AND SERVICE SYSTEM LEVEL** with older Victorians identifying five initial priority areas for action at the State Government level, namely:

1. SENIOR VICTORIANS DESIRE TO HAVE A GREATER VOICE

Older people want to have greater input into factors that impact on their wellbeing and ability to age well. They have the knowledge, wisdom and expertise to contribute to policy discussions and the setting of priorities, including through the WHO Decade of Healthy Ageing. Governments and communities will benefit from giving older people a voice in decision making.

In progressing the Ageing Well framework, the Victorian Government could give consideration to this by, for example, appointing an advisory group of older people. A Victorian 'State of ageing' report should be published, for example, every three years to provide an update on the progress made on the Ageing Well framework to ensure their input is being acted upon.

2. TRIGGERING A LONGEVITY DIVIDEND

Maximising the participation of older people in social, economic and community life will deliver long-term dividends for our society as the population continues to age. This will require investing in resources to enable older people to age well in their local communities and pursue activities that engage and interest them.

It will include supporting better self-management of health, enabling economic and workforce participation, increasing access to secure and appropriate housing, and maintaining the Seniors and Carers card discount programs, the Seniors myki and government concessions.

3. RESPECT AND RECOGNITION OF OLDER PEOPLE

Older people reported facing ageism, including a feeling that society treats them as if they are invisible, rather than valuing their contribution. This should be addressed by fostering respect for seniors and reinforcing their right to be treated with dignity as they age, have independence in decision making, and to live free from harm and abuse. Strategies are needed to reduce internalised ageism and the stigma associated with seeking help that cause older people to delay getting necessary services and support.

It includes fostering social connections to reduce isolation and loneliness, including within residential aged care settings, through a range of initiatives such as strengthening community connections and expanding intergenerational programs.

4. NAVIGATION TO SERVICES AND SUPPORT

To maintain their independence, older people need access to support and services in a timely manner. For example, there is need for greater recognition that mental health issues are not a natural consequence of growing old and that older people experiencing mental health issues should have access to and receive services tailored to meet their needs. In addition, older people report the aged care system is too complex and difficult to navigate and there are long waiting periods for home support services. They also struggle to identify the services they are eligible to receive.

Improvements are needed to ensure senior Victorians can readily find information and practical support and that service systems are easily navigable so they can find the support they require. Better coordination of policies and services is needed to streamline access and delivery across all levels of government.

This includes increasing the availability of local parking and community transport options to improve accessibility for older people to attend to necessities such as shopping, doctor appointments and chemist visits and to participate in local activities.

5. ONLINE ALTERNATIVES AND SUPPORT

Victorian seniors consider keeping in touch with our changing world to be a priority but, while some are comfortable using technology, many others require additional support to take advantage of online access to medical consultations and essential services, as well as using the internet to maintain social connections. This requires strategies to address the digital divide as well as the provision of face-to-face or personalised alternatives to online platforms to access information, services and support.

Our ageing population

The proportion of Victorians aged over 60 is predicted to increase from one-fifth of the population in 2016 to one-quarter in 2056. Those who reach 60 years of age now will, on average, have nearly one third of their lives left to live; a period of life longer than their childhood and teenage years combined. This has enormous potential to increase social and economic capital, as well as enhance individual wellbeing and quality of life.

In this extended period of later life, it is vital to recognise the enormous diversity of senior Victorians' interests, identities, cultures, capacities and aspirations. The over 60's cannot be viewed as a homogenous population cohort. The creation of a Victorian Ageing Well Framework will be of great assistance in improving the opportunities for people to age well during this extended period of their lives, particularly if it harnesses the feedback in this report to guide future long-term priorities and investment.

2. Victoria's ageing population

2.1 Population over 60 years

The Victorian population is continuing to age. Current generations of older people are living longer on average than prior generations, and this trend is expected to continue. The number of people aged 65 years and over is predicted to almost triple by 2051. Those aged over 85 years are the fastest growing population group in Australia.

Figure 1 shows predicted population growth rates of people aged 60 to 74, and 75 and over. The 60 to 74-year-old population is predicted to grow at an average of 2 per cent per annum over the next four decades. The 75 years and over population is predicted to grow at an average of 4 per cent per annum for the next two decades, slowing to an average of 2.3 per cent per annum for the following two decades.

Figure 1: Victorian population aged over 60 – predicted growth 2016–2056[5]
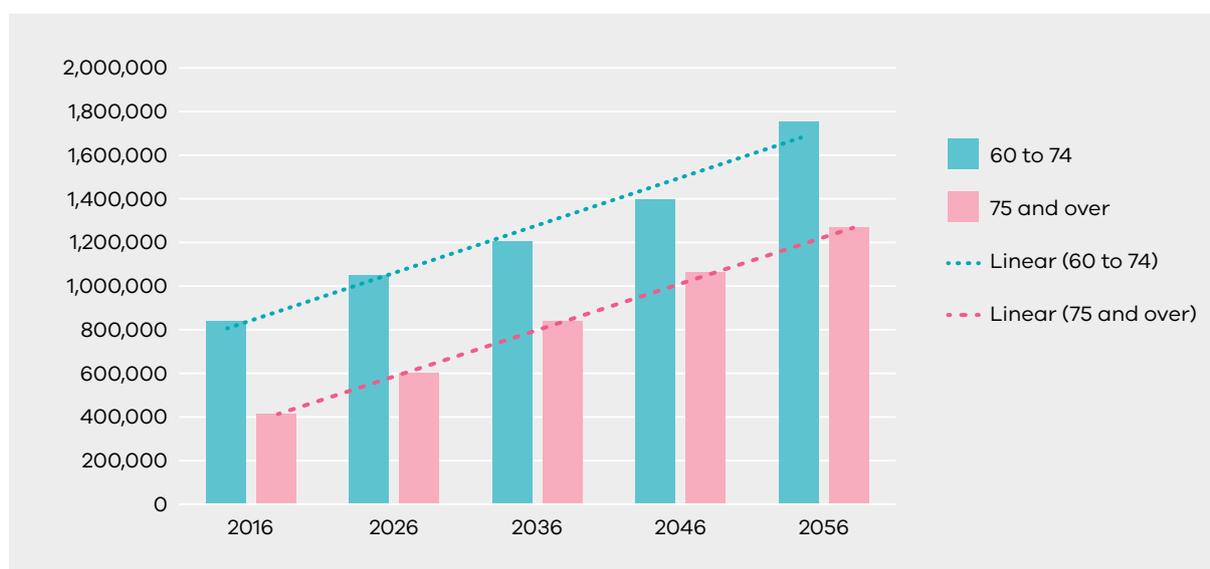
One of the most important benefits of the ageing of our population is the increasing number of people who can retain high levels of wellbeing, activity and independence well into their 80s and beyond. This has enormous potential to increase social and economic capital, as well as enhance individual wellbeing and quality of life.

5 State of Victoria Department of Environment, Land, Water and Planning (2019). *Victoria in Future 2019.*

Figure 2 shows the predicted growth rates between 2016 and 2056 of people aged 60 years and over as a proportion of Victoria's total population. During this period, the ageing of our population will see the proportion of Victorians aged over 60 increase from one-fifth of the population in 2016, to one-quarter in 2056.

Figure 2: Victorian population aged over 60 years as a percentage of total population 2016–2056[6]
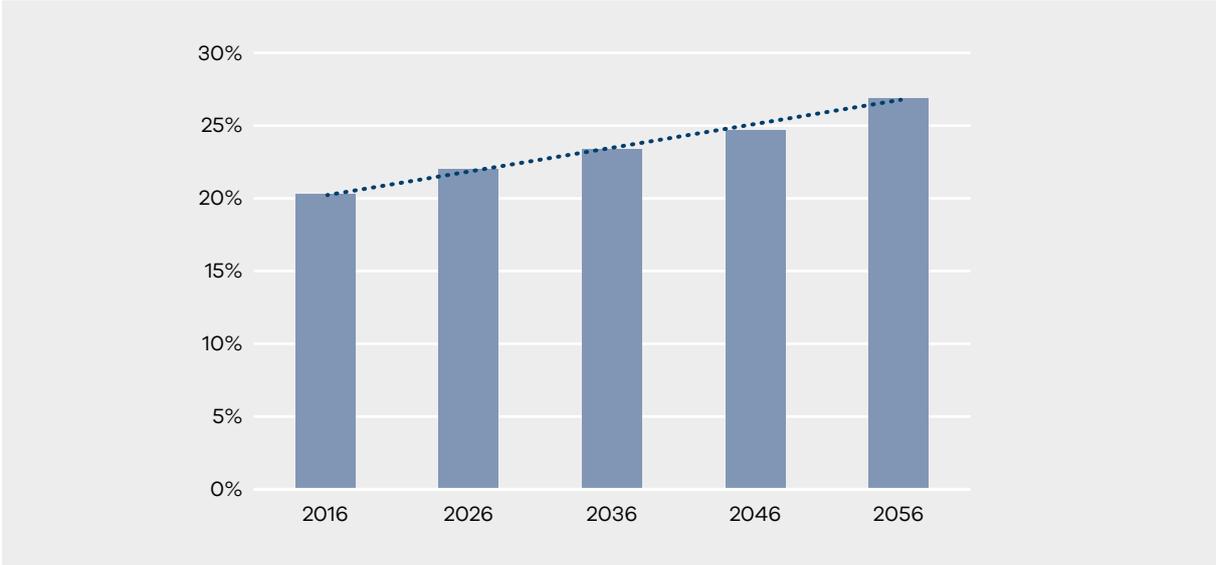
2.2 Life expectancy and phases of ageing

The *Victorian Population Health Survey 2017*[7] shows the life expectancy for those aged 60 years and over continues to increase. Those who reach 60 years of age in 2016–18 can expect to live:

- an additional 24.5 years, if male
- an additional 27.2 years, if female.

This means that those who reach 60 years of age will, on average, still have nearly a third of their lives left to live; a period of life longer than their childhood and teenage years combined.

The capacity of individuals to age well is influenced by prior life experiences and social and economic factors. Many reach their 60s in very good health, while others may have chronic health conditions, a disability, or other challenges such as poverty or language barriers.

6 ibid

7 Victorian Agency for Health Information: *Selected indicators from the Victorian Population Health Survey 2017 for older Victorians* (unpublished). NOTE: information comes from a PowerPoint presentation provided to the Commissioner on 20 February 2020.

The Australian Institute of Health and Welfare (AIHW) provides a very useful outline of 'life expectancy' in terms of people's health and wellbeing, their quality of life and functional status[8]. The AIHW defines three phases of life after 65 years of age:

- *Phase 1: Without disability* – this period of approximately 10 years, on average, is characterised by relative wellness, good health and physical activity. During this phase, many older people are able to pursue a variety of activities and interests and most people retain high levels of independence and activity.
- *Phase 2: With disability but no severe or profound core activity limitation* – following on from Phase 1, this next six to seven years sees individuals dealing with more complex needs but not severe or profound core limitations to their capacity. Many people during this phase continue to be able to pursue a variety of activities and interests, with relative independence. During this phase they will likely increase their use of health and other support services.
- *Phase 3: With severe or profound core activity limitation* – this period of an additional three to five years on average, is characterised by higher levels of disability or frailty. During this phase, many older people will increasingly rely on health and aged care services and supports due to increasing frailty and vulnerability.

  Provided people in this phase can access the support and care they need, they can continue to maximise their quality of life.

The AIHW concludes:

> *'... both sexes gained more years living free of disability and free of severe or profound core activity limitation than with it, indicating that the disability-free life expectancy of Australians has improved.'*[9]

The evidence suggests that many older people have a significant opportunity to age well, provided their health challenges can be effectively managed as these arise in later life.

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8   Australian Institute of Health and Welfare: *Life expectancy and disability in Australia,* 2017.
9   Australian Institute of Health and Welfare: *Life expectancy and disability in Australia,* 2017.

2.3 Living independently for longer

One of the most deeply held desires of older people is to remain in their homes and in their communities for as long as possible as they age.

'The survey data and other evidence of older people's housing decisions unambiguously reveal that the majority of older people prefer to "age in place". This does not necessarily mean never leaving the family home, although housing mobility does decline in old age. For many older people the "rubber band" attaching them to the family home is the desire to remain in the local community.'[10]

However, the desire to 'age in place' is reliant on the availability of suitable local housing to meet needs such as to downsize, affordable long-term rentals and universal design features[11], for example for easy access and to limit risks of trips and falls.

As the number of people over the age of 60 increases, there will be a growing need for practical in-home support and care so that people can live safely in their own homes.

'At present I am reasonably healthy and independent and want to remain that way as long as possible. For the future I want to stay in my own home as long as I can but have few family members nearby who could help. I live alone ... it would be a comfort to know that help could be available to me if I become incapacitated.'[12]

The availability of in-home health and age care services is of critical importance to the capacity of senior Victorians to 'age well'.

10 Australian Productivity Commission, *Housing Decisions for Older Australians,* 2015, p. 5.
11 See the Victorian Health and Human Services Building Authority website <www.vhhsba.vic.gov.au>
    for information on universal design principles for building accessibility.
12 Dow, B et al. Australasian Journal on Ageing. *What do older people want,* 2013, p. 237.

3. Ageing well survey

To obtain broad-based feedback from Victorian seniors about what it means to age well, a two-part methodology was used:

- an online survey completed by 4,726 senior Victorians, and
- in-depth conversations with 231 participants in community consultations (refer Chapter 4).

The methodology is outlined at **Appendix 2**.

The findings from the online survey provide a detailed picture of how senior Victorians perceive what it means to age well, the nature of the challenges to achieving that, and the factors affecting their quality of life. The survey questions are at **Appendix 3**.

3.1 Survey demographics

Of the 4,726 respondents, 57 per cent lived in Melbourne, 10 per cent in outer Melbourne, 18 per cent in rural Victoria and 15 per cent in regional cities. Sixty-one per cent lived with a partner/spouse and 28 per cent lived alone.

A total of 86 per cent of respondents were aged between 60 and 75 years of age, with 66 per cent being female and 34 per cent male.

3.2 Survey design

The objective of the survey was to understand what older Victorians consider is necessary to age well. The survey sought their views about:

- the most important aspects of life as they age
- what assists social wellbeing
- factors that are important to maintain independence
- activities older people participate in, and
- factors that reduce quality of life.

The survey included questions from international survey tools on five factors that have been identified as contributing to quality of life as people age, namely:

1. level of love and friendship experienced
2. level of enjoyment and pleasure in life
3. extent of feeling valued
4. confidence in the future
5. ability to be independent.

3.3 Overall wellbeing and quality of life

While seven in 10 respondents indicated some level of satisfaction with the quality of their life as they age, detailed feedback showed that a significant minority of older people experience limitations to their wellbeing. In particular:

- 42 per cent can only **THINK ABOUT THE FUTURE** with a lot or some concern
- 41 per cent feel **LONELY** often or some of the time
- 22 per cent have none or little of the **ENJOYMENT AND PLEASURE** they want
- 21 per cent have none or little of the **LOVE OR FRIENDSHIP** that they want
- 21 per cent who have none or little of the **THINGS THAT MAKE THEM FEEL VALUED**
- 5 per cent are **NOT ABLE TO BE INDEPENDENT** at all or only in a few things.

Clearly, there is the potential to make major inroads into improving the health and wellbeing of older people by tackling these limitations, with a particular focus on fostering a positive mindset towards their future, increasing opportunities for social interaction and participating in things that make them feel valued and give them pleasure.

3.4 Health

Respondents were asked to rank six factors, on a scale from 'Not at all important' to 'Highly important', in relation to their impact on maintaining their health as they age.

The ratings for 'highly important' were:

1. self-management of my health – **88 PER CENT**
2. access to good services and support when needed – **82 PER CENT**
3. keeping fit through exercise – **64 PER CENT**
4. being in a positive supportive relationship – **62 PER CENT**
5. holidays and travel – **38 PER CENT**
6. having a pet – **29 PER CENT**.

In relation to health outcomes, a key finding from the survey was that almost nine out of 10 respondents rated as 'highly important' their ability to self-manage health conditions and 82 per cent wanted to be able to readily access good services when required. They also highly valued trying to remain as fit as possible and being in positive relationships.

3.5 Social wellbeing

Respondents were asked to rate eight factors identified from international research as being important to your social wellbeing as you age.

Their rankings for 'highly important' were:

1. personal mobility – **92 PER CENT**
2. exercising independence in decision making – **83 PER CENT**
3. having meaning and purpose in life – **79 PER CENT**
4. social interactions with friends and/or family – **73 PER CENT**
5. having a hobby and/or regular recreation – **64 PER CENT**
6. access to learning opportunities, for example, U3A, libraries – **42 PER CENT**
7. participating in a club, group or organisation – **34 PER CENT**
8. volunteering, for example, with a community group, charity – **24 PER CENT**.

With regards to social wellbeing, maintaining autonomy was a theme with more than 80 per cent valuing personal mobility and being able to exercise independence in decision making. Having meaning and purpose in life as well as social interactions, including hobbies, were also rated as important.

3.6 Independence

Respondents to the survey were asked to rank five factors that research has identified as being important to your independence as you age. Each of the five factors were rated as 'highly important' by more than 60 per cent of respondents:

1. Having secure housing or accommodation – **97 PER CENT.**
2. Feeling safe in the community – **90 PER CENT**.
3. Adequate financial resources – **86 PER CENT**.
4. Planning for your future – **68 PER CENT**.
5. Access to information technology – **60 PER CENT**.

Unsurprisingly, seniors identified having a secure home, feeling safe and having enough money as being the top three requirements for being able to maintain their independence as they age.

3.7 Summary of priorities for health, social wellbeing and independence

More than 73 per cent of all respondents ranked the following nine factors as being 'highly important' to their ability to age well:

Table 1: Highest rated priorities for health, social wellbeing and independence

Priorities for health, social wellbeing and independence	Highly important rating (%)
Having secure housing or accommodation	97
Personal mobility	92
Feeling safe in the community	90
Self-management of my health	88
Adequate financial resources	86
Independence in decision making	83
Access to good services and support when needed	82
Having a meaning and purpose to life	79
Social interactions with friends and/or family	73

From survey responses, it is evident there are a wide range of factors that influence older people's health, social wellbeing and independence. The nine factors in the table above provide a guide to the factors that are considered by the vast majority of respondents to be of most importance.

Judy Tulip – the importance of social activities

Judy Tulip began a Knit 'n Natter group that meets weekly at a café in Sale with the aim of giving older, single women an opportunity to socialise.

'Many ladies, when they are widowed, don't feel comfortable in mixed company and feel alone,' Judy says. 'I know what it feels like because I was widowed suddenly in my early 50s.

'The feedback from the ladies is amazing. One particular lady, who had just turned 90, said to me, "Judy, I look forward to Tuesdays when I can come and meet up with people and have a nice chat and knit. Otherwise I'd be sitting at home and knitting on my own".'

3.8 Isolation and loneliness

When surveyed about how often they feel lonely, 41 per cent said they feel lonely often or some of the time, and 21 per cent said they have none or little of the love or friendship that they want.

There is significant evidence that the combination of social isolation and loneliness can have detrimental health outcomes[13], can undermine self-worth and lead to lower levels of wellbeing[14]. Research has identified that the magnitude of the impact of isolation can be benchmarked against well-established risk factors:

> *"Lacking social connections carries a risk that is comparable, and in many cases, exceeds that of other well accepted risk factors, including smoking up to 15 cigarettes per day, obesity, physical inactivity and air pollution."[15]*

Conversely, being socially connected significantly reduces the risk of premature death[16] and this issue should be a priority policy area for government and community action[17].

A meta-analysis of 70 independent studies concluded that:

> *'Substantial evidence now indicates that individuals lacking social connections (both objective and subjective social isolation) are at risk for premature mortality. The risk associated with social isolation and loneliness is comparable with well-established risk factors for mortality … social isolation and loneliness leads to poorer health and decreased longevity.'[18]*

Key protective factors

A comparative analysis of the data was undertaken to identify both protective factors and risk factors for social isolation and loneliness. The level of loneliness experienced by respondents was compared with their participation in a range of activities. The analysis found those who reported not feeling lonely were more likely to participate in activities than those who reported often feeling lonely.

This analysis also found the most commonly described protective factor against loneliness was relationships with family members, relatives or friends.

13 Holt-Lundstad et al, 2015
14 Cacioppo & Cacioppo, 2014
15 Holt-Lundstad et al, 2017
16 Holt-Lundstad et al, 2017
17 Mansour, 2016
18 Holt-Lundstad J, et al, 2015, p. 21

Participants who reported they did not feel lonely were:

- six times more likely to socialise with family members, relatives or friends
- five times more likely to undertake travel or holidays
- three times more likely to participate in sporting and physical fitness activities
- three times more likely to participate in a club, group or organisation
- three times more likely to participate in a hobby or regular recreation (for example, the theatre or movies)
- three times more likely to participate in education or learning activities
- twice as likely to work regularly in, or on, their home
- twice as likely to participate in volunteering, for example, a community group, or charity
- thirty per cent more likely to be part of online activities (for example, Facebook).

Risk factors

An analysis of the data compared the level of loneliness experienced by respondents with other aspects of their lives detailed in the survey to identify the risk factors associated with loneliness.

The analysis showed that the key risk factor for loneliness was living alone:

- Those who live alone are nearly twice as likely to 'often' feel lonely.
- Those who live with a partner/spouse are nearly four times more likely to 'hardly ever' or 'never' experience loneliness.

The analysis also found that:

- The level of loneliness is similar across the different age groupings. Those aged in their 60s experienced similar levels of loneliness as those in their 70s.
- Gender and geographic location had minimal impact on reported levels of loneliness.

3.9 Factors reducing quality of life

Respondents were also asked to identify the most important factors reducing their quality of life from 16 factors that had been identified from international research. They then had to rate each of the factors on a four-point scale. The results are listed in Table 2 below.

Table 2: Highest rated factors that reduce quality of life

Priorities for Health, Social Wellbeing and Independence	Proportion of respondents (%)
Cost/affordability of activities/living expenses	43
Lack of local opportunities that meet my interests	36
Lack of information on what's available in my community	35
Lack of adequate and convenient parking at facilities in my community	34
Being unprepared for life changing events	29
Experiencing ageism, lack of respect	28
Feeling unsafe when out in the community	28

The responses to the questionnaire make it evident that there are many factors that individually, or in combination, reduce the quality of life for people as they age. Importantly, most of these factors inhibit the ability of older people to actively participate in social events, in their community and to pursue their interests. This highlights the need for older people to be provided with opportunities to pursue activities that give their life meaning, provide fulfilment and enable them to make and maintain connections with their local community.

Respondents reported a wide variety of factors that reduce quality of life ranging from personal factors, such as being unprepared for life changing events, to a lack of information about what is available in their local community that meets their interests.

There are also more structural societal factors that have a negative impact on quality of life. These include ageism as well as practical concerns, such as the availability of adequate parking.

However, the most significant negative influence on an older person's life is **FINANCIAL INSECURITY**. This is understandable as it impacts not only on their day-to-day life but also on their capacity to participate in paid social activities, events or interests. Programs that provide concessions and discounts, including the Victorian Seniors Card program, play an important role in reducing financial barriers for older people.

4. What does it mean to age well?

Diagram 2: Eight key attributes of ageing well

1 Having a positive attitude

- a positive attitude to ageing, enjoying life and having fun
- able to deal with life changes, such as loss and grief
- realistic expectations about abilities and limitations
- accepting that help with daily living may be needed one day
- able to deal with a shrinking social circle as you age.

2 Life has purpose and meaning

- find meaningful social roles and continue to contribute to society
- be recognised and acknowledged as capable and able to contribute
- be able to access employment, volunteering, lifelong learning and other opportunities
- have personal independence and autonomy in decision making
- key wishes and aspirations for living are understood and acknowledged.

3 Respected and respectful

- valued in society as a respected member of the community
- have a voice and the opportunity to be heard
- work together across the generations and within community
- tolerant of others and receive respect from others, including government, younger people and businesses
- not subject to ageism, stigmatised, ignored or denied services because you are old
- respect for personal identity, culture, gender and diversity.

4 Connected to family, friends and society

- have fulfilling and sustaining social connections and personal relationships
- able to participate in meaningful activities related to interests, including lifelong learning
- able to build good social networks, relationships and supports
- have places to meet and connect with other people
- able to meet with people from the same cultural backgrounds, as well as people from diverse backgrounds
- able to maintain family relationships and friendships
- obtain support for risks such as elder abuse.

5 In touch with a changing world

- not left behind in our changing world
- know what is available to assist as needs change and increase
- able to obtain information when needed
- have opportunities to develop technology skills and knowledge, and to access technology
- provided with alternatives to online platforms for information and services.

6 Safe and secure at home and financially

- have the right housing at the right time, in the right place
- able to age in place with the right supports, including for falls prevention
- able to supplement income through work
- able to afford accommodation and utilities costs
- have access to a wide range of discounts for seniors
- feel safe at home and in the community, including at night
- have the right support to manage family and relationship stress and prevent elder abuse
- able to access free and low cost local social participation activities
- able to undertake life planning and have decisions respected and supported.

7 Able to manage health issues including mental health

- able to take personal responsibility for healthy ageing and wellbeing
- able to access services and support when needed
- actively plan to manage health conditions
- exercise for both mind and body
- maintain good nutrition and a healthy diet
- have access to health, wellbeing and sporting facilities
- have the knowledge and information to access support and services, particularly mental health services
- have health needs, including mental health needs, recognised and responded to.

8 Able to get around

- have access to cost-effective local community transport services, particularly after giving up a driver's licence
- have access to parking and safe carparks, including prioritised parking for seniors, carers and disability
- be in a built environment that is age-friendly, for example, has pedestrian crossings and footpaths and accessible for those using walking aids.

The combined feedback from the community consultations and the online survey provide a high-level overview of the ageing well aspirations of older people. Older people generally see 'ageing well' as a two-sided coin:

- On one side is what older people can do themselves, and the attitudes they adopt in order to age well.
- On the other side are the supports and social conditions necessary for ageing well, which cut across personal relationships, community support, services available to seniors and social attitudes towards older people.

By consolidating the feedback from both the online survey and the community consultation, it has been possible to identify the eight key attributes of ageing well from the perspective of an older person.

The following description of each attribute, and the risks and barriers to achieving or acquiring them is based on the information provided by older people at the consultation meetings.

1. Having a positive attitude

'You need to have a positive attitude to age well. But you need to have acceptance that you will need help one day.'

'If you have a positive attitude you get involved and enjoy life.'

'There is a false perception that it's all downhill from here and so older people have lower expectations than they should.'

When it comes to ageing well, one of the strongest areas of feedback relates to the need for senior Victorians to have a certain attitude about ageing. This attitude has two key components.

1. A belief that life after 60 does provide opportunities for fun, new experiences and being able to live to the full. This is often accompanied by the view that there can be more time to put yourself first and do the things that interest you.
2. A sense of realism that growing older is likely to bring its own life challenges, such as loss of mobility, ill-health, and loss and grief from losing a partner or loved ones, through to increased isolation and loneliness from shrinking social circles.

Older people recognise the value of a positive attitude so they can enjoy life, whilst understanding they also need to plan for the challenges of growing older and be realistic about one's limitations and be willing to ask for help or support as needs arise. This ability to recognise and respond to changes in capacity is seen by older people as a key element of having a positive and realistic attitude.

Risks and barriers

'We are so proud and can't ask for help. Some things could be avoided if people asked earlier.'

'Some people don't use their personal alarms. They don't want to ask for help. They feel shame; a bit less of a person.'

Many older people spoke about the frustration of reaching the point in their life where they needed to rely on others in some way or required some additional assistance. For many this is a vexed issue.

Seniors expressed a fear that if they asked for support it could lead to a reduction of their decision-making power. That is, where a third party, even if well intended, seeks to prematurely take away some areas of their decision making. This fear about loss of decision-making capacity was linked to a concern that ageist attitudes tend to 'infantilise' older people.

Older people can struggle to come to terms with the reality that one day they may need some help with daily living activities. It can take a long time, even years, before someone reaches the point where they are willing to reach out for assistance. Some senior Victorians expressed the view that asking for help can bring with it a sense of shame that they can no longer look after themselves in the way they desire. Rather than seeing access to services as supporting their independence, there can be a feeling of loss or failure and fear of losing control of one's life.

In the feedback from the community consultations, participants considered there can be a compounding sense of embarrassment about using visible aids such as walking sticks, hearing aids or personal alarms. Accepting that changes in health or health limitations are occurring, and that some support will be needed, is a challenge for many people.

Another challenge that was identified relates to managing grief and loss following the death of a partner or close friend. This can bring with it significant change, such as adjusting to living alone, as well as increasing the risk of isolation and loneliness.

2. Have purpose and meaning

'Enjoy life. Get involved in your community, socialise with other people, join groups, get out and travel.'

'Being validated by other people, for example, your children appreciating you. Feeling useful each day.'

'Having job opportunities or being able to continue to work in our small business and in family businesses.'

As people move through their senior years, the things in life that motivate and inspire them may vary but having meaning and purpose remains central to their wellbeing, happiness and enjoyment of life. A sense that life is worth living and provides fulfilment is often linked to giving back to the community and family and includes having meaningful social roles and the opportunity to continue to participate in the workforce.

For some, meaning and fulfilment come from hobbies or pets, looking after grandchildren, involvement with family, or being neighbourly and useful in the community. Other interests may be caring for the environment, a charity, a social cause, religion or spirituality, membership of exercise groups or local fitness clubs or a combination of these.

Seniors want to be recognised by society as capable people who make significant contributions to our community. Older people spoke of the importance of staying visible to society in general and that being part of the community is essential to their physical, emotional and psychological health.

Many are committed to volunteering, serving others and giving back to the community. Regular feedback from those who do volunteer is that they gain more back from the experience than they give, particularly in terms of personal fulfillment.

Some older people want to continue in paid employment or prefer to run a small business rather than being forced into retirement. Others need to remain in the workforce due to financial necessity.

There was strong feedback about the importance of having, as far as possible, personal independence and autonomy. Older people spoke of the need to be able to make informed decisions, and to keep up with changes to their legal rights, available benefits and other broader social changes.

Older people reported that they want to exercise as much decision making as possible over their lives and they want their right to do so to be respected and supported. Older people value their sense of agency and right to self-determination.

Rosie Finn OA – importance of work

Rosie Finn OA had a brief fling with retirement before returning to work part-time for a community program, managing 100 clients and volunteers.

Rosie, who is now in her 70s, retired at 65 after a lifetime in community development in Australia and overseas; including a stint as a dental nurse for the Air Force, where she earned an Australia Day award for her heroic actions during Cyclone Tracy.

However, 12 months into retirement, she returned to part-time work, having missed the mental stimulation and financial rewards it provides. Employers are missing out if they discount older workers, she says.

'I think I have more to offer now than when I was younger.'

Risks and barriers

'Men can lose their purpose in life. I found a Men's Shed.'

'If you don't know what's possible and what's out there you may have lower quality of life.'

'Give older people a real role to play like an ambassador for a local area, or volunteer opportunities.'

Maintaining a life with purpose and fulfilment can be challenging as people move through their senior years. While many older people plan their finances as they move towards or through retirement, less attention is paid to other forms of life planning, for example, dealing with questions like 'what will continue to give my life meaning, purpose and fulfilment through changes over time?'.

There are very few roadmaps for transitioning from a life in the workforce or caring for family to meaningful roles outside of employment and family. Simply knowing what is available, or finding activities linked to personal interests can be daunting if you don't know where to start. Participation in local community activities or in community organisations is one way of maintaining purpose in life, but an inability to find information about what is available is a barrier, as is not having locally available opportunities.

One challenge relates to the governance of smaller community organisations, some of which support culturally specific groups or diverse communities. Some local organisations struggle to find committee or board members and experience challenges when longstanding leaders are not replaced. The loss of such organisations negatively impacts social participation opportunities in their communities.

3. Be respected and respectful

'Feeling good about yourself and being respected by others.'

'Not being treated like an "old" person – life stage doesn't define who you are.'

'To be respected within your family and the community. There should be no discrimination. Culture and identity are important.'

'Sharing of different cultures to learn how to become more tolerant and more appreciative.'

The ageing well experience requires our wider community to have a positive view of older people and government, services and businesses must treat older people with respect. The importance of giving and receiving respect cannot be overstated. This starts with respect for what each person has to offer as they age.

Older people are very keen to contribute to, and be part of, the broader community and share their ideas and experiences. They want to be consulted on matters that affect them, including by all levels of government, and to be able to advocate for themselves and each other.

Older people want to participate in seniors' activities but, at the same time, there was a strong view that intergenerational and cross generational programs and activities are vitally important. As they age, people want to be considered as part of the whole community. There is a desire among older people for intergenerational engagement, with people of all ages working together. Suggested ideas included seniors' clubs partnering with schools to create connections and share life experiences and assist with activities such as reading, homework, mentoring, singing and other activities. There is recognition that this is a two-way process, that older people learn from younger people too, for example, in using information technology.

The sense of 'respect' includes aspects of identity, culture and diversity. Older people spoke of cross-cultural sharing and having opportunities to socialise within and across different cultural groups as a way of building respect across generations and within communities. There was strong feedback from Aboriginal and Torres Strait Islander elders that respect for culture and country continues to be vitally important as they age.

The importance of respect includes opportunity to continue to participate in the workforce or to use life experiences to undertake volunteer activities in the community. Like most people, older people want to feel valued and want to have their contributions welcomed and sought after.

Risks and barriers

'Negative media presentations of ageing, especially regarding dementia.'

'Stigma is attached to older people – people assume lack of capacity and capability.'

'Invisibility in our community. As you get older, stigma and invisibility mean it is harder to hold your own.'

'Sometimes we are ageist to ourselves personally and we don't aim high enough.'

Older people spoke of the stigma associated with being older, often represented by negative presentations of ageing and general assumptions that older people lack capacity and capability. Many people expressed concern that their life experiences and skills are not appropriately acknowledged or respected in the community, the workforce or by governments.

There were numerous examples of ageism in play. Many related their experiences of being stigmatised as old and 'having lost their marbles', being overlooked in retail environments, being blamed for intergenerational inequality and fear of a blame game between generations.

Older people feel they are treated differently due to their age and this can leave them feeling vulnerable and erode their self-esteem. There was a general view that your life stage 'shouldn't define you' and that our society needs to be more inclusive of people, including older people.

Life challenges can increase as people age, for example, as friends move to new areas, pass away or move into nursing homes. Older people felt there is need for a more general understanding that old age doesn't equal diminished capacity or assumptions of dementia. They do, however, see the need for far more caring attitudes toward people who do have dementia, and are concerned that those with dementia and their carers do not receive enough support from the general community.

Ageist attitudes toward older people can lead to situations where their needs are neither acknowledged nor met.

John and Chisal – maintaining social connections

John Ilsley, 79, and Chisal Perera, 66, met at a Men's Shed in Strathmore three years ago. John took Chisal under his wing and the pair are now making their own wooden models of the HMS Victory.

'I'd say I enjoy the camaraderie with the guys just as much as I do working on projects,' John says.

Chisal didn't know how to use a drill when he joined the Men's Shed.

'I started to build my own things. I made toys and now I'm making a model of the HMS Victory, learning from John.

'This place is somewhere you feel like coming to at every opportunity you get. The guys here are first class.'

4. Be connected to family, friends and society

'Participating in community events and activities. It's important to feel included. Feel part of our community.'

'It's important to socialise with other people, not just your children. If you stay at home, you just look at the brick walls.'

'Connection with younger generation e.g. through schools, singing groups.'

Being socially connected to family, friends and neighbours contributes to wellbeing. An ability to maintain fulfilling and sustaining personal relationships, including family relationships, is vital to ameliorating the common experience of reduced social contact in later life.

Older people spoke about the importance of being able to maintain strong and effective relationships, for example, keeping in contact with grandchildren even if they have moved interstate or overseas. People spoke of the strength of these intergenerational relationships 'keeping you young', and that 'you don't get perceived as being "old" if you remain active with them'.

Neighbourliness, and knowing your neighbours, is seen as being an opportunity to give back to the community and a way of feeling good that can lead to greater safety and wellbeing. People gave many examples of the benefits of belonging to organisations, such as a neighbourhood houses, community groups, service or sporting clubs, arts groups, Universities of the Third Age and Men's Sheds.

Because the social connectedness gained from joining clubs and groups helps people both sustain and build new relationships, older people need access to places to meet and connect with others. People spoke of the importance of community meals, community gardens, community houses and recreation and exercise programs as opportunities for bringing people together, maintaining friendships, feeling included and staying involved. Opportunities for social interactions need to be affordable and accessible, provided locally or be linked to good local transport options.

There was a strong sense of the importance for social connections to acknowledge cultural identity. This means providing opportunities and support for people to share interests or activities that recognise the importance of their culture, gender or identity. It also means providing opportunities for sharing these experiences across cultural and other divides.

Risks and barriers

'Have the right approach so that people are supported and stay socially active.'

'Need for education to help with loneliness e.g. loss of a partner, feelings of not fitting in with social groups, or loss of ability to build new relationships. People need education on the real meaning of loneliness and how to address it.'

'There are costs in having social connections and participating but we can't afford this.'

'Lack of confidence in aged care including quality, institutionalisation and isolation from community support networks.'

The loss of meaningful relationships and social networks leading to social isolation and loneliness was identified as among the most significant risks to ageing well. Older people spoke with a depth of feeling and passion about the enormously negative consequences of being isolated and lonely, which can be magnified by the sense of 'invisibility' that many older people feel as they age.

Sometimes this was related to factors such as a loss of confidence triggered by leaving the workforce or the challenges of living alone, or with mental health issues. The subsequent decline in self-confidence, feelings of not fitting in with social groups, loss of ability to build new relationships and loss of inter-generational contact increases the risk of isolation and loneliness. Fractured family relationships or other loss, such as the death of a partner, can also increase anxiety and depression, make day-to-day life more challenging and inhibit the desire for socialising, leading to further isolation. These issues are also risk factors for elder abuse.

As well as information on services and opportunities, older people see a need for information on understanding the changes that come with later life and how people can be assisted to cope with change, for example when giving up driving or facing living alone. They spoke of the need for locally specific information and face-to-face advice when appropriate.

Older people expressed concern about the quality and cost of aged care services. They were concerned about the institutionalisation of people living in aged care, the higher rates of depression experienced by residents, as well as access in rural areas. In addition, they feared that entering residential aged care leads to reduced connections with families and the community, as aged care residents often receive few or no visitors. This leads to a significant risk of increased isolation and loneliness.

5. Stay in touch with a changing world

'Being able to manage change in your own life. This could be relationship changes, financial changes.'

'Challenge of change and resistance to change. We need to work together to help people better understand what it means to grow older, to be assisted through change and be less fearful.'

'Library facilities are really important including technology access, books, talks, learning workshops and mobile library.'

Older people recognise the importance of keeping up with a changing world and adapting to change in enabling them to age well. This has a personal element of being able to effectively manage changes in their own lives and a societal element of being able to stay in touch with new ideas, technologies and services.

The nature of digital communication, the speed of the 24-hour media cycle and the increasing predominance of a global world all combine to provide a context for 'ageing well' in Victoria. For many older people, as with the rest of our community, digital communication provides opportunities for different types of engagement, for example, using Facebook or other social media to communicate with family or friends, including grandchildren, to find health-related information or locate social or special interest activities in their community. In addition, there was recognition of the potential for new technology and equipment to help older people live more independently, have a better quality of life and stay longer in their homes, if they can acquire and use it.

While there were some examples where older people were able to increase their skills in the use of technology and stay connected to our changing world, strong views were expressed about the challenges many older people experience in becoming or staying digitally connected. For many older people, digital connection is out of reach.

Risks and barriers

'Need support to adapt as changes often happen quickly.'

'People are not online, do not get information and cannot tell their stories.'

'The reliance on online systems means it is hard to reach government services. Even parking meters don't take coins anymore and I can't use a smart phone.'

Like most members of the community, many older people use technology and social media as tools for business engagement and to keep in touch with family and friends. Older people do not want to battle the ageist assumption that just because they are older, they will lack the capacity to use and engage with technology.

However, while at every consultation session there were people who regularly use and are comfortable with information technology, there were numerous others who have no engagement with it whatsoever. The latter face enormous challenges in obtaining the required skills and competency to do so. There was a palpable sense of risk that many older people are being left behind by new methods of information communication and service delivery.

Many find that even though they have some online digital capacity, this doesn't necessarily make access to services any easier when internet services and devices update so rapidly.

Seniors lack of ability to use and keep up with technology, the cost of maintaining and updating systems, and the difficulty of finding someone to assist with acquiring technology skills were raised at every consultation meeting. The increasing trend for information, services and business systems to be based online was cited as a significant barrier. Frustration was expressed about the challenges involved in navigating Centrelink, MyGov and My Aged Care in particular, with difficulties preventing timely access to services.

Those with lower levels of digital literacy risk missing out not only on vital information but also on services and supports that could be of benefit in their day-to-day lives. For example, whilst paying bills or shopping online would assist those with limited mobility, it requires users to be comfortable with making transactions online.

With so many government services, utilities and private businesses using the internet as their main, and sometimes only point of contact, seniors regularly spoke of the expectation that everyone has access to information technology as a form of discrimination. Many older people expressed serious concerns about organisations' reliance on internet-based transactions without at the same time providing alternatives to digital platforms. While some older people can utilise online bill-paying and shopping, there was strong feedback that online platforms are not suitable for more complex interactions such as those required for obtaining social support, health and aged care services.

Older people expressed strong views that online technology is not always fit for purpose. Common examples were given of over-reliance by government on the Aged Care and Centrelink websites when older people are seeking aged care or income support and information.

Alternatives to online access, such as the telephone, often involve extensive selection menus and long waiting times which significantly limit their effectiveness.

More broadly, there was concern that the advent of new mass media digital platforms and television streaming services is leading to further disenfranchisement of older people's participation and understanding of events occurring in the real world. Other concerns included the prevalence of telephone and online scammers, and the difficulty finding information on current scams and how to avoid them.

6. Be safe and secure at home and financially

'Choice and access to services is sometimes reliant on sufficient money.'

'Feeling safe in your community. Being safe to go out at night including car park safety.'

'We need safe and accessible spaces to be able to meet, build relationships like in planned activity groups.'

Older people consider financial security and secure housing and accommodation to be highly important in order to age well. This includes the need for suitable housing options so that they can remain in their local community if they need to change their housing, for example to downsize.

It is very common for people as they age to consider whether they are in the right home. Some want to be sure their house is designed for them to age in place, pointing to the importance of universal design features that minimise risks of trips and falls and enable them to safely move around inside their homes. Others may want affordable housing options, especially if they rent, in case their circumstances change. Some people plan housing decisions well in advance, while others find decisions are crisis driven, for example, when a partner moves into residential aged care because their needs can no longer be met at home.

Older people want to maintain their independence, abilities and functioning and be self-reliant for as long as possible. As people age, assistance with domestic tasks, property maintenance or weekly shopping may be required for them to stay living at home so they can retain their dignity and feel safe and secure in their housing and in their community.

Access to support services is often linked to the financial position of the individual. Older people value the Seniors Card discounts, the Seniors myki and subsidised services and concessions, as these enable them to continue to participate in community life. These discounts are particularly important to those on fixed incomes, such as the pension.

Older people stated they need easy access to information about goods, services, activities and social participation opportunities in their local and wider communities. This includes access to information about the services and support available to allow them to remain independent for as long as possible in their preferred housing situation when their personal needs increase.

Risks and barriers

'Not possible to access all services or needs due to financial limitations. Choice and access to services is sometimes reliant on having sufficient money.'

'Almost nothing left to live on or socialise after the rent is paid.'

'We need to start planning younger, particularly financially.'

Older people at the community forums spoke about the challenges for those who have limited financial means or inadequate housing security.

It can be very confronting for an older person to discover later in life that their choice of housing cannot sustain them as their circumstances or care needs change. Some fear moving away from the family home will bring significant feelings of loss. For others, inadequate downsizing options within their own community may force them to consider moving away from long-term friends and local community networks. There is also concern about the limited availability of affordable housing, including for renters, when life circumstances require a change in housing.

For those in rental accommodation, key issues include cost, lack of access to long-term leases and lack of the design features needed to enable ageing in place.

Financial limitations experienced by older people include costs of living, such as rent and utilities. Managing the cost of living on a fixed income can mean that little is left for social and community participation. There were various examples of older people's participation in social support programs or lifestyle activities being limited due to financial constraints.

In this context, Seniors Card discounts, the Seniors myki, government concessions and subsidised services and participation opportunities are all of vital importance.

7. Be able to manage health issues including mental health

'Doing everything you can to maintain good health; healthy diet and access to health services when required.'

'Keeping fit or re-gaining fitness and mobility, including after a fall.'

'Being able to accept help when you need it and accept your limitations.'

Older people recognise the importance of taking personal responsibility for their own health and wellbeing, and for end-of-life matters, which can be often difficult to face.

Good health management and the ability to independently manage one's own affairs are vital aspects of ageing well. In many of the conversations, older people emphasised the importance of maintaining their independence, abilities and functions for as long as possible and being supported to age well at home. Health management is interpreted in its widest sense and includes physical health, mental wellbeing, management of chronic health conditions, addressing matters such as reduced mobility and so on. It includes a focus on good nutrition, physical and mental exercise and a healthy diet.

The high level of interest in self-management of health can inform the design of health prevention approaches, for example, where risk factors are addressed through strategies such as immunisation against flu or shingles, and community education about healthy eating.

Effective health self-management includes recognising and responding to changing health conditions. Older people see that health needs change over time and acknowledge the necessity of coming to terms with the onset of limitations and the need for additional support. The nature of this support can vary from hospitalisation, to care in the home, and to residential aged care when higher levels of frailty occur.

Older people require access to affordable health and other support services as needs arise, with the focus on older people being supported to continue to self-manage their health for as long as possible. Examples include services such as health, medical, home help, personal care, transport, mental health, mobility aids, technology to monitor health and community facilities for mental and physical fitness.

Older people spoke of the benefits of participating in physical activity and exercise groups to assist them to self-manage their health, including gym, dancing, walking groups, bowls, tai chi, yoga, dog walking and golf for physical health, and for mental wellbeing activities like book and bridge clubs, libraries, cooking groups, computer courses, Men's Sheds and Universities of the Third Age.

The benefits described include reduced anxiety, mental alertness, building friendships and communities and being able to continue to cope on your own and not rely on others. Many people expressed the view that being part of a community benefits their physical, psychological and mental health.

The feedback indicated that those who identify and come to terms with health changes early on are more likely to reach out and obtain the assistance they need to continue to age well.

Risks and barriers

'Ill-health and fragility leading to social isolation and abuse if not able to manage your own affairs.'

'Access to dental treatment can be a problem due to wait times and the costs of hearing aids are expensive.'

'Hearing loss – gets worse as you get older; can lead to isolation.'

Unfortunately, during the consultations there were many examples of older people delaying, sometimes for years, the decision to seek support to manage their health conditions.

Barriers to maintaining good health and independence are often three-fold.

Firstly, many older people have limited social support networks to assist them to navigate access to support or services when the need arises. Secondly, there is a 'personal waiting list' barrier. That is, the delay between when a support need arises and when it is acted upon. Thirdly, there can be extensive waiting periods for treatment and services, for example, when applying for Commonwealth home care services.

In the consultations, it was clear there are often extended delays of two, three or even more years between when a need arises and when an older person reaches the point where they are willing to act and seek support, that is before they even get their name onto any waiting list.

As an example, some people who are experiencing a reduction in their mobility will struggle on without assistance because they perceive a walker frame to be a visible sign of their loss of independence. When they finally decide to use a walker frame, they recognise that it actually supports them to be more independent and wonder why they hadn't utilised one earlier.

This is a complex issue and is driven by a range of factors. One factor, related to stigma, is the impact of internalised ageism when older people adopt attitudes and behaviours that devalue their own worth and lead them to struggle with coming to terms with the fact that they are ageing. Related to this is resistance to the reality that growing older can bring health or wellbeing challenges, and fear that seeking assistance is akin to a loss of independence rather than a way of maintaining independence. It is also

connected to a fear that if they seek support, others will intervene and take away their decision-making control.

Other factors that limit effective self-management of health are:

- costs of support, including fees for private health cover
- geographical accessibility of services, including cost of travel or limited availability of transport, especially in rural and small towns
- lack of availability of dental services
- inability to access appropriate hearing aids
- lack of confidence in the quality of services, particularly aged care services
- difficulty in accessing culturally relevant services.

Isolation from community and support networks and the fear of elder abuse were commonly cited as risks connected to poor health and lack of access to services. Older people spoke about the challenges of dealing with depression or anxiety as they age, and that this should not be seen as a 'normal' part of the ageing process, but rather as health conditions that should be addressed. Social isolation can stem from anxiety and depression due to losses in later life and social isolation can, in turn, cause and exacerbate anxiety and depression.

Some of the most compelling challenges older people spoke about were the difficulty of navigating support from the aged care system, the long waiting lists for home support packages and the difficulty of identifying what support was available. There is a fear that the aged care system is too impersonal, and brings with it a loss of decision-making control, where people lack the necessary autonomy and support to be able to continue to manage their own lives.

Concerns were expressed about the level of support available for those living with dementia, including within residential aged care, and that the prevalence of mental health issues among seniors is not being adequately addressed within the service systems. From feedback, it would seem there are only small numbers of people aged over 65 years who are accessing subsidised psychological services.

There was feedback about the limited assistance available to enable more proactive approaches by older people to life planning tasks, such as end-of-life planning, advance care planning, medical treatment directives and appointing Powers of Attorney.

8. Be able to get around

'Able to be involved including able to transport yourself.'

'Access to transport. Be able to get to social clubs, events and appointments.'

'Access to public toilets to enable mobility of older people.'

The ability to maintain personal mobility and be able to access transport options are major enablers of social participation, health management and prevention of social isolation and loneliness. Safe transport options play a key role in enabling older people to meet and take advantage of social participation opportunities.

The ability to move around, attend events or meetings and participate in activities all require a level of personal mobility. There are an increasing number of personal mobility aids now being used in communities, including walker frames, walking sticks and mobile scooters.

A focus on expanding age-friendly built environments was considered important to enable older people to exercise a greater level of independence. This includes access to disabled and seniors' car parking, access to public toilets, ensuring footpaths and roads are easy to navigate and cross, and acoustics that allow for hearing loss.

Having alternate and accessible transport options were considered important, particularly when the time comes for older people to think about whether it is safe for them to continue to drive. Loss of a driver's licence can impact a person's level of independence, making it vital to have access to options such public transport, taxis or community transport.

Community transport was identified as a vital form of affordable door-to-door transport for many vulnerable people, including some older people and people with disabilities. It enables users to get around their local communities, participate in life fulfilling activities, do shopping, visit chemists and attend essential appointments such as with doctors and other services.

Risks and barriers

'Accessible public transport and this is not always available such as low step trams and buses.'

'Not enough emphasis on mobility. Without mobility you can't get to the gym, pool, walking group, interests. You then become isolated and disconnected from the community.'

'Loss of licence and not being able to drive. The impact is financial too and means you have to rely on others, but they are not always available.'

Limited mobility, loss of a driver's licence and not being able to drive carry financial and adaptability risks and risks related to relying on others. Loss of one's driver's licence was considered a significant barrier to maintaining independence as people age. There is a risk of disengagement from usual activities if appropriate and affordable alternatives to self-driving are not available.

Distance to services and social participation opportunities for seniors is a risk factor. Seniors from rural areas spoke of limited transport options and circumstances where an afternoon appointment may entail an overnight stay due to lack of transport services.

Practical examples were given about how shopping centres often dedicate parking bays for parents with babies, but very few provide dedicated parking for someone who is transporting an older person because they need the support of a mobility aid such as a walker frame. Lack of access to parking was identified as a significant practical barrier to older people undertaking day-to-day activities in their local communities.

Pedestrian crossings that do not allow enough time on the green walk sign for older people to cross the road, particularly on major multi-lane roads and highways can be daunting. Local roads and footpaths that are narrow, cluttered or regularly blocked by parked vehicles are deterrents to older people, especially those using mobility aids such as a walker frame.

Questions were raised about the availability of wheelchair accessible transport and there was mixed feedback about how well commercial passenger vehicles cater for older people using walker frames.

5. Opportunities to improve the experience of ageing

5.1 Ageing well within our society

Older people are very clear that there are many things they can and should do for themselves to maximise their quality of life as they age. This includes adopting a positive attitude to the experience of growing older, coming to terms with the challenges and limitations that arise, and as far as possible self-managing their health and wellbeing within their personal resources. They also recognise that their ability to age well is impacted by external factors such as economic and social conditions, community attitudes, and access to services or support when needed.

Medical advances over the last 100 years have delivered unprecedented longevity in populations around the world. With many people living well into their 80s and 90s with a continuing desire to contribute to, and be recognised by, the world around them, there is a valuable social dividend to be gained from including older people in social and economic endeavours and leveraging their skills. The benefits are two-fold: communities benefit from older people's ongoing contributions and individuals maximise their quality of life as they age.

However, the evidence from older people is that this opportunity can be undermined by negative ageist attitudes. Many feel that they are invisible in society and are excluded from services and opportunities to participate in their communities, which erodes their rights and contributes to physical and mental ill health.

It is important to acknowledge that people's circumstances are less determined by age than by the changes they experience as they age. That is, people in their 90s can continue to be fundamentally healthy and active while some in their 60s experience significant disability. Life transitions occur at different times for different people, and many are able to successfully manage them. It is those who lack support, resilience or capacity to compensate for the effects of these changes who face increased risk and vulnerability.

Whilst older people are keen to contribute to society, be self-sufficient and to take responsibility for their own health and wellbeing and personal circumstances, like people of all ages, they can't achieve these aspirations on their own. The journey of ageing requires concerted individual, community and social action over time.

Around the world, best practice ageing policies emphasise the importance of the link between the experiences a person has over the course of their life to their wellbeing and vulnerability in later life. Active ageing and age-friendly policies emphasise putting in place conditions that assist older people to live active lives for sustainable ageing. As well as examining how well society supports older people to age well, such policies also look to the resources that older people themselves bring to their ageing journey.

Socio-ecological models of social theory also recognise the interdependence between individuals and their development over their lifetime, and the environments in which they live. That is, people develop according to their environments, societies and the times in which they live. The adoption of a socio-ecological model to identify the various personal and environmental levels that influence ageing well in Victoria allows for older people to be purposefully placed at the centre of our thinking and analysis, while allowing that broader social conditions and circumstances also influence their capacities to age well.

The different levels of an ageing well socio-ecological model are:

- the individual level, where personal characteristics related to identity and status determine personal resources and abilities, including personal attitudes, motivations and competencies that influence the individual's capacity to age well
- the interpersonal level of sustainable relationships made up of formal and informal social networks and supports, such as family, friends, colleagues, the workplace and religious networks
- the local community in which one lives, including community associations and information and the built environment. It involves localised support and activities for ageing-in-place and active ageing, including the establishment and maintenance of age-friendly environments and meeting places and provision of information, public transport and opportunities to volunteer and participate in community life
- government and other services systems and how they are funded and provided (for example, access, eligibility, response to diversity, investment to respond to changing social needs). These set the context for ageing well, including the design of service systems to support initiatives such as ageing in place, age-friendly environments, access to services that support diverse seniors through the different stages of ageing, and the extent to which these are available
- society generally, comprising national, state and local laws and policies governing the allocation and distribution of resources and the upholding of rights and mores that influence social attitudes, including those related to ageing and older people.

Diagram 3 below maps the eight attributes of ageing well across the five levels of the socio-ecological model based on which attributes each level is well placed to influence.

Diagram 3: THE EIGHT ATTRIBUTES OF AGEING WELL: A socio-ecological model

Societal level
3. Respected and respectful
4. Connected to family, friends and society
5. In touch with a changing world

Government and service system level
3. Respected and respectful
5. In touch with a changing world
6. Safe and secure at home and financially
7. Able to manage health issues. Including mental health

Community level

Interpersonal level
3. Respected and respectful
4. Connected to family, friends and society
5. In touch with a changing world
6. Safe and secure at home and financially
8. Able to get around

Individual level
1. A positive attitude
2. Life has purpose and meaning
3. Respected and respectful
4. Connected to family, friends and society
5. In touch with a changing world
6. Safe and secure at home and financially
7. Able to manage health issues. Including mental health
8. Able to get around

The ability to develop and maintain positive attributes for ageing well is influenced by norms and conditions that are the result of the dynamic interplay of factors across these levels.

Table 3 outlines factors in the different domains that contribute to, and influence, individual's capacity to age well, and which represent the levers that can be used to remove barriers to ageing well, as described by older people.

Table 3: Influencing change across the socio-ecological model

Level	Norms, conditions and levers for influencing change
Individual	The individual has maximum agency in decision making with a focus on independence, self-management of health, support systems and social participation opportunities. Priority focus on developing and maintaining a positive attitude as well as meaning and purpose in life.
Interpersonal	Fulfilling and sustainable relationships based on respect and are free from all forms of abuse. Connections that recognise culture and identity, where support is available through key life transitions.
Community	Age-friendly environments, services and facilities. Provision of information. Opportunities for social and community participation in activities.
Government and service system	Setting the context of laws, principles, values, cultural recognition that uphold the rights and agency of older people. Creating expectations that people will have the right to live with dignity, be treated with respect, be valued in a manner that is free from abuse and violence. Sets frameworks to facilitate active social participation and active and meaningful input into decision making. Sets in place strategies to address key areas of disadvantage, including housing, employment, income support, concessions and discounts, and actively support key life transitions.
Society	Societal and cultural norms that value and respect older people. Provides meaningful opportunities for older people to be visible in society and be acknowledged for their contributions.

Older people can be assisted to maximise the benefits possible from all eight attributes, depending on the extent to which, for example, society treats them with respect, governments deliver essential and timely services, there are opportunities for meaningful and purposeful roles in their communities and they have sound interpersonal relationships and connections.

Through these consultations, older people have told us of their aspirations to be respected and recognised in the community, live free from ageism, abuse and negative images of older people, for example in the media, and be valued for who they are and for their contributions, experience and abilities.

Feedback from older people demonstrates there are excellent opportunities to strengthen the capacity for older people to 'age well' at each of the levels in socio-ecological model, which will on the one hand maximise the benefits of longevity and on the other to minimise the negatives impacts of vulnerability for those requiring more assistance as they age. The suggestions made by older people themselves are set out below.

5.2 Older people's views about opportunities to age well

At the individual level

A priority is to continue to find ways for older people to have options for volunteering, community and social participation and to pursue their life interests.

Older people want to contribute to, and have a say about, matters that effect their lives and their ability to age well. This could be through advisory groups, structured consultation, ambassadorial programs, or other participatory channels.

As well as practising healthy habits and lifestyles, older people want information on how to self-manage their health and access practical supports, for example, equipment and mobility aids.

Another priority area is to better prepare for the time when an individual may no longer have decision making capacity. Being able to age well involves preparing for, and acting on, changes in life circumstances that occur either suddenly or over time. These include:

- access to life planning and information tools that support decision making, including support and guidance for end-of-life planning, advance care planning, and legal documentation such as wills and powers of attorney
- access to housing or housing modifications that enable ageing in place
- access to affordable activities and opportunities that provide meaning and purpose in life
- maintaining social connections, including relationships within family networks
- being willing to act on, and receive support, when changes in health occur, including mental health challenges such as anxiety and depression
- knowing where to find relevant information about health and aged care services, as well as being able to navigate entry into service systems
- planning for declining mobility and increasing frailty, for example identifying alternate transport options when driving is no longer possible
- recognition of personal values and identity that contribute to wellbeing, such as gender, Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI), Aboriginality, and cultural identity.
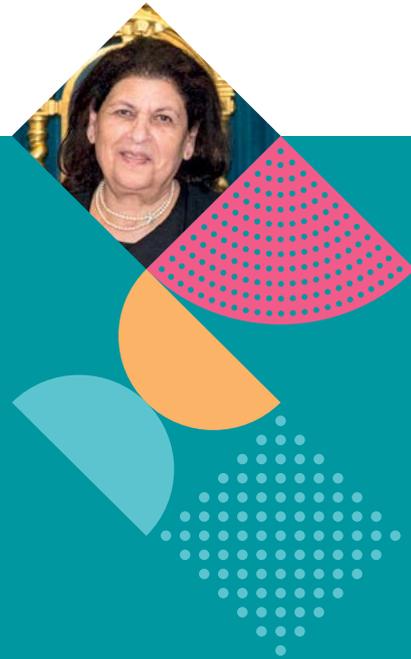
Souria Youssef – joy of volunteering

Souria Youssef's husband often finds her in the kitchen at one in the morning, cooking up to 120 meals for members of the Senior Citizens Group that she helped found.

Souria, now in her 70s, immigrated to Australia from Egypt in 1978 and has become a treasured volunteer in the Egyptian and broader communities in Melbourne's south east.

Her extensive range of unpaid work has included checking on vulnerable people through the Community Visitors Scheme, being a community transport driver, and raising money to help establish an aged care facility.

'You have no idea how much satisfaction I get from it,' Souria says.

At the interpersonal level

Senior Victorians prioritise positive and fulfilling social connections during their later years. These include friends, family and social networks that support their decision making and facilitate conversations about important life planning decisions and future arrangements and preferences. There is a strong desire among older people for those who are close to them to understand their wishes and desires for the future.

Older people without such relationships face a heightened risk of social isolation and loneliness, which can be exacerbated when changes occur in later life. Some older people face a far greater risk of elder abuse, including those who no longer have trusted people to support them as their needs change over time.

At the community level

Older people want to be respected and this includes having their considerable skills, experience and time availability utilised within their communities. Many older people find meaning and purpose in community-based activities in new life stages after raising families and entering retirement. They make a huge contribution to sustaining community-run volunteer organisations and supporting local communities, but often feel this contribution is neither recognised nor valued by society.

Many older people prioritise social connections in local communities, which reduces their risk of isolation and loneliness. They are keen to have opportunities to meet their interests in their local community. Strategies to support local community social connections include:

- welcoming, age-friendly organisations and local businesses that promote visibility, value and respect for older people and challenge ageist assumptions
- age-friendly local infrastructure, facilities and community transport, particularly in rural areas, to support older people to age-in-place at home and stay engaged with their community
- providing information relevant to older people's interests, including through locally based, face-to-face support, such as accessible community hubs. This includes information on opportunities for social and community participation and volunteering, as well as how to navigate entry to service systems and support
- providing more opportunities for older people to engage in healthy and active ageing activities that reflect their views and interests, for example local walking and activity groups
- support for volunteering and for volunteer-run community organisations
- encouraging inter-generational and inter-group use of community facilities to meet a broad range of activities and interests
- developing innovative models of aged care and addressing the issue of loneliness within residential aged care homes.

At the government and service system level

Governments are well placed to respond to the feedback that older people need timely access to more information about ageing that supports the importance of planning ahead and encourages people to seek support as their needs change.

People in need of additional support include those:

- lacking technology skills or affordable information technology
- experiencing socio economic disadvantage, or facing life challenges such as homelessness, disability, mental health challenges, discrimination and elder abuse
- with limited family or friendship networks
- experiencing cultural or identity challenges, including those of Aboriginal descent, non-English speaking background, identifying as LGBTI, from emerging communities, or refugees.

The focus on ageing well in Victoria can be strengthened if the Victorian Government, through the Ageing Well framework takes the opportunity to:

- address ageism and promote the rights of older people to be treated with respect and dignity in all aspects of our service system and across society in general
- address the link between ageism and the stigma many older people feel when confronted with the need to have support or care services. This leads to internalised ageism, fear of loss of independence and control and unnecessary delay in reaching out for assistance
- support older people to better plan for later life circumstances and challenges through initiatives, including:
  - increasing support for improved self-management of health including oral health, dealing with addictions, mental health, nutrition and physical activity
  - strategies to reduce risk of social isolation and loneliness
  - preventive health strategies, including community education
  - supporting approaches that provide better housing choices for older people, including innovative and affordable housing and universal housing design
- enable better access to a mental health system that is tailored to the needs of senior Victorians
- support training and other initiatives to upskill older people so they can take advantage of technology and online platforms, including telehealth. At the same time, ensure availability of alternatives for those older people who do not have the capacity to use technology
- continue to provide the benefits of the Seniors Card discounts, Seniors myki and concessions programs, particularly for those on fixed incomes
- support the objective of enabling older people to live independently, for as long as possible, in their own community through more age-friendly communities, pedestrian safety, parking and local transport options
- advocate to the Commonwealth Government to better meet the income support needs of Victorian seniors, including improvements to the age pension, Newstart and Centrelink services; and, on timely access to, and more flexible models of, residential and home-based aged care services and assistive technologies
- support the expansion of social participation opportunities, particularly at the local community level, including intergenerational and cross generational programs
- improve access to parking and community transport to assist vulnerable members of the community to participate in local activities and attend to necessities such as shopping and visits to doctors and chemists
- promote awareness of elder abuse, including state-wide prevention, early intervention and response strategies
- expand mature age employment and transition to employment programs
- report regularly to the Victorian community on the state of ageing in Victoria.

At the societal level

Older people believe ageism underlies their experiences of feeling invisible in society, being stigmatised as incapable or incompetent, and labelled as having little to offer society.

Older people would like more recognition of their immense contribution of experience, capabilities and wisdom. Increasing the respect society affords to older people for who they are and what they contribute can be achieved by giving seniors a greater say in decisions that are made about them, and the ageing of our population, by all levels of government.
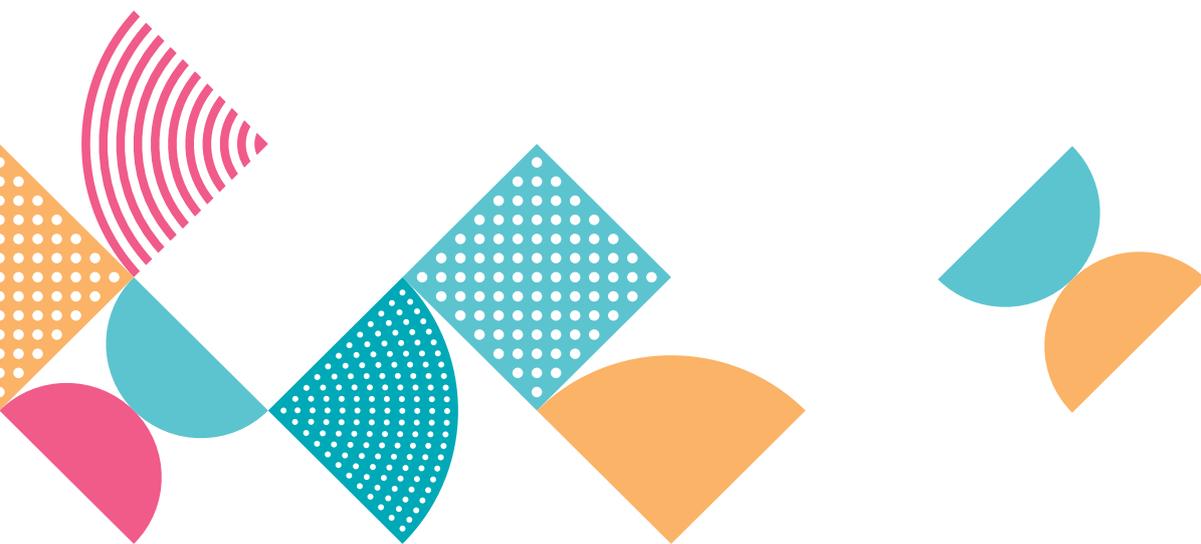
6. Conclusion

Driving a commitment to ageing well

This report sets out senior Victorians' views and aspirations for ageing well. The findings of this research will inform the development of the Victorian Ageing Well framework, and the aspirations captured in the eight key attributes of ageing well provide a vitally important starting point for the framework. They point to policy and funding priorities, as well as the need to incorporate regular feedback from older people.

These findings take on even greater significance as our community moves through the recovery phases of COVID-19.

Senior Victorians are clear in their feedback that being able to age well goes beyond the actions of individuals, it requires a broad approach across government, the community, and society.

A long-term commitment is needed to maximise opportunities for senior Victorians to age well in the decades ahead. At a State Government level, the initial five priority areas for action identified by older Victorians as the basis for reform are:

1. SENIOR VICTORIANS DESIRE TO HAVE A GREATER VOICE

Older people want to have greater input into factors that impact on their wellbeing and ability to age well. They have the knowledge, wisdom and expertise to contribute to policy discussions and the setting of priorities, including through the WHO Decade of Healthy Ageing. Governments and communities will benefit from giving older people a voice in decision making.

In progressing the Ageing Well framework, the Victorian Government could give consideration to this by, for example, appointing an advisory group of older people. A Victorian 'State of ageing' report should be published, for example, every three years to provide an update on the progress made on the Ageing Well framework to ensure their input is being acted upon.

2. TRIGGERING A LONGEVITY DIVIDEND

Maximising the participation of older people in social, economic and community life will deliver long-term dividends for our society as the population continues to age. This will require investing in resources to enable older people to age well in their local communities and pursue activities that engage and interest them.

It will include supporting better self-management of health, enabling economic and workforce participation, increasing access to secure and appropriate housing, and maintaining the Seniors and Carers card discount programs, the Seniors myki and government concessions.

3. RESPECT AND RECOGNITION OF OLDER PEOPLE

Older people reported facing ageism, including a feeling that society treats them as if they are invisible, rather than valuing their contribution. This should be addressed by fostering respect for seniors and reinforcing their right to be treated with dignity as they age, have independence in decision making, and to live free from harm and abuse. Strategies are needed to reduce internalised ageism and the stigma associated with seeking help that cause older people to delay getting necessary services and support.

It includes fostering social connections to reduce isolation and loneliness, including within residential aged care settings, through a range of initiatives such as strengthening community connections and expanding intergenerational programs.

4. NAVIGATION TO SERVICES AND SUPPORT

To maintain their independence, older people need access to support and services in a timely manner. For example, there is need for greater recognition that mental health issues are not a natural consequence of growing old and that older people experiencing mental health issues should have access to and receive services tailored to meet their needs. In addition, older people report the aged care system is too complex and difficult to navigate and there are long waiting periods for home support services. They also struggle to identify the services they are eligible to receive.

Improvements are needed to ensure senior Victorians can readily find information and practical support and that service systems are easily navigable so they can find the support they require. Better coordination of policies and services is needed to streamline access and delivery across all levels of government.

This includes increasing the availability of local parking and community transport options to improve accessibility for older people to attend to necessities such as shopping, doctor appointments and chemist visits and to participate in local activities.

5. ONLINE ALTERNATIVES AND SUPPORT

Victorian seniors consider keeping in touch with our changing world to be a priority but, while some are comfortable using technology, many others require additional support to take advantage of online access to medical consultations and essential services, as well as using the internet to maintain social connections. This requires strategies to address the digital divide as well as the provision of face-to-face or personalised alternatives to online platforms to access information, services and support.

When the Ageing Well framework uses these identified priorities to guide future programs and investment, the rewards will be shared far beyond those Victorians aged 60 plus.

7. Appendices

Appendix 1: Outline of the Department of Health and Human Services Draft Ageing Well framework

Older Victorians and carers are supported to maximise their wellbeing and quality of life

AGEING WELL	**Universal community-based initiatives:** *Support active ageing, inclusion and participation through:* • Community based prevention and early intervention focussed on active and health ageing by engaging existing 'touchpoints' in the community and social settings (EG U3A, libraries, men's sheds, neighbourhood houses) • Offering programs that actively support seniors to participate in the community and promote appreciation of older people in the community
SUPPORT IN THE COMMUNITY	**Target initiatives: Help older people to live with long term and complex conditions** • Community based prevention and early intervention focussed on active and health ageing by engaging existing touchpoints in the service system (EG home care packages, local council services, community health services, primary care) **Responding to support needs of key population groups including:** • Carers • Strengthening engagement of CALD and LGBTI older people; • Programs supporting disadvantaged groups and home-based supports; • Compassionate communities; and • Social capital strategies for older people in disadvantaged communities.
CARE IN A CRISIS	**Provision of care and support** • Integrated elder abuse policy development and services • Developing the touchpoint role of home-based models of time limited specialist care • Community health • Primary care
REGAINING INDEPENDENCE	**Supporting reablement across the service system** • Enablement and reablement support • Role of health services in discharge planning and follow up care
SPECIALIST CARE	**Provide access to good quality services and supports** • Optimise system effectiveness of PSRACS through development of modernisation policy options • PSRACS Operations and development of quality improvement • Research and policy development for older people utilising Health Services and Aged Care • Oversight and development of Transition Care and GEM Programs for older people • End of life care

Appendix 2: Methodology

This report uses the age of 60 as the starting point for the research, as that is the age Victorians become eligible for a Seniors Card.

In seeking feedback from Victorian seniors about what it means to age well, a two-part methodology was used:

- in-depth conversations with 231 participants in community consultations, and
- an online survey completed by 4,726 senior Victorians.

Community consultations

Senior Victorians from 27 Local Government Areas were invited to take part in one of four regional community consultations, with each council inviting up to 10 seniors from their municipalities to attend.

The seniors were representative of a diverse range of backgrounds, cultures and ages. Some were extensively and actively involved in various local and state-wide consultative and/or advisory groups and shared their views on behalf of senior Victorians from within their geographic communities and communities of interest.

The consultations were hosted by:

- Manningham Council, which held a meeting with 86 participants from Manningham, Boroondara, Knox, Maroondah, Monash, Whitehorse and Yarra Ranges.
- Geelong Council, which held a meeting with 28 participants from Greater Geelong, Golden Plains, Colac Otway, Queenscliffe and Surf Coast.
- Greater Shepparton Council, which held a meeting with 45 participants from Greater Shepparton, Campaspe, Mitchell, Moira, Murrindindi, Strathbogie and Wangaratta.
- Maribyrnong Council, which held a meeting with 72 participants from Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Whittlesea.

Each session provided seniors with the opportunity to present their views about what it means to 'age well', what works for them, the risks and barriers to ageing well and any opportunities for improvement.

Online survey

Online research with older people will contain some bias as many older people face barriers to participation due to limited skills or access to the required technology. However, the decision was made to supplement the face-to-face consultation sessions with an online Ageing Well survey.

In an attempt to overcome the technology barrier, a hardcopy newsletter from the Commissioner for Senior Victorians was distributed throughout the Victorian public libraries network. The newsletter contained information about the survey and how seniors could seek assistance to complete it at their local library.

This was in addition to a range of promotional activities that were employed to encourage seniors to participate in the online survey: it was publicised in the Seniors Card holders' email newsletter; on the Seniors Online webpage; and, on the Commissioner for Senior Victorians Facebook page.

The survey was made available on the Seniors Online website from 23 August to 20 September 2019 and was completed by 4,726 people. As anticipated, responses were primarily from those aged 60 to 80.

The survey questions are at **Appendix 3**.

Appendix 3: Online survey questionnaire

Commissioner for Senior Victorians Ageing Well survey August–September 2019

Q.1. **Are you . . .?** SINGLE RESPONSE

Male 1

Female. 2

Self-describe – please specify. 3

(e.g. intersex, non-binary, trans male/man trans female/woman):

Free text box to describe gender

Prefer not to respond. 4

Q.2. **In which of these age groups are you?** SINGLE RESPONSE

<60. 0

60– 64 years. 1

65–69 years 2

70–74 years. 3

75–79 years 4

80 years or more 5

Q.3. **In which geographic location do you live?** SINGLE RESPONSE

Inner metropolitan. 1

Outer metropolitan 2

Regional city 3

Rural Victoria. 4

Q.4. **Which statement best describes your living arrangements?** SINGLE RESPONSE

Live on my own 1

Live with my partner / spouse 2

Live with friends / adult children / family 3

Communal living (e.g. share house, retirement village, aged care). 5

Other 6

Free text box to describe other

Q.5. **How satisfied are you with your quality of life as you age?** SINGLE RESPONSE

Very Satisfied. 1

Satisfied 2

Neutral 3

Dissatisfied 4

Very Dissatisfied. 5

Q.6. **Please indicate which statement best describes your social relationships.**
SINGLE RESPONSE

I can have all of the love and friendship that I want. 1

I can have a lot of the love and friendship that I want. 2

I can have a little of the love and friendship that I want 3

I cannot have any of the love and friendship that I want. 4

Q.7. **Please indicate which statement best describes your thinking about the future.**
SINGLE RESPONSE

I can think about the future without any concern. 1

I can think about the future with only a little concern. 2

I can only think about the future with some concern 3

I can only think about the future with a lot concern. 4

Q.8. **Please indicate which statement best describes your feeling of value.**
SINGLE RESPONSE

I am able to do all of the things that make me feel valued 1

I am able to do many of the things that make me feel valued 2

I am able to do a few of the things that make me feel valued 3

I am unable to do any of the things that make me feel valued. 4

Q.9. **Please indicate which statement best describes your enjoyment and pleasure in life.** SINGLE RESPONSE

I can have all of the enjoyment and pleasure that I want 1

I can have a lot of the enjoyment and pleasure that I want 2

I can have a little of the enjoyment and pleasure that I want 3

I cannot have any of the enjoyment and pleasure that I want 4

Q.10. **Please indicate which statement best describes your level of independence.**
SINGLE RESPONSE

I am able to be completely independent 1

I am able to be independent in many things 2

I am able to be independent in a few things. 3

I am unable to be at all independent 4

Q.11. Please rate the following factors in terms of importance to your health as you age.
SINGLE RESPONSE FOR EACH ITEM

	Not at all important	Not very important	Neutral	Somewhat important	Highly important
Self-management of my health	1	2	3	4	5
Being in a positive supportive relationship	1	2	3	4	5
Holidays and travel	1	2	3	4	5
Access to good services and support when needed	1	2	3	4	5
Keeping fit through exercise	1	2	3	4	5
Having a pet	1	2	3	4	5
Other (please specify)	1	2	3	4	5

Free text box to describe other

Q.12. Please rate the following factors in terms of importance to your social wellbeing as you age. SINGLE RESPONSE FOR EACH ITEM

	Not at all important	Not very important	Neutral	Somewhat important	Highly important
Social interactions with friends and / or family	1	2	3	4	5
Participating in a club, group or organisation	1	2	3	4	5
Volunteering e.g. community group, charity	1	2	3	4	5
Exercising independence in decision making	1	2	3	4	5
Having a meaning and purpose in life	1	2	3	4	5
Personal mobility	1	2	3	4	5
Having a hobby and / or regular recreation	1	2	3	4	5
Access to learning opportunities e.g. U3A, libraries	1	2	3	4	5
Other (please specify)	1	2	3	4	5

Free text box to describe other

Q.13. Please rate the following factors in terms of importance to independence as you age. SINGLE RESPONSE FOR EACH ITEM

	Not at all important	Not very important	Neutral	Somewhat important	Highly important
Having secure housing or accommodation	1	2	3	4	5
Feeling safe in the community	1	2	3	4	5
Planning for your future	1	2	3	4	5
Adequate financial resources	1	2	3	4	5
Access to information technology	1	2	3	4	5
Other (please specify)	1	2	3	4	5

Free text box to describe other

Q.14. How often do you feel lonely? SINGLE RESPONSE

Hardly ever or never 1
Some of the time 2
Often 3

Q.15. How often do you participate in the following activities? SINGLE RESPONSE FOR EACH ITEM

	Never	To a small extent	Sometimes	Regularly on a limited basis	Regularly and often
Working in and on the home (e.g. renovations, gardening)	1	2	3	4	5
Socialising with family members, relatives or friends	1	2	3	4	5
Sporting activities (including physical fitness)	1	2	3	4	5
Participating in paid employment	1	2	3	4	5
Participating in a club, group or organisation	1	2	3	4	5
Volunteering e.g. community group, charity	1	2	3	4	5
Participating in a hobby or regular recreation (e.g. theatre, movies)	1	2	3	4	5
Education or learning activities	1	2	3	4	5
Travelling and holidays	1	2	3	4	5
Online activities (e.g. facebook / internet / email)	1	2	3	4	5
Other	1	2	3	4	5

Free text box to describe other

Q.16. **To what extent do each of the factors listed below reduce your quality of life?**
SINGLE RESPONSE FOR EACH ITEM

	A lot	Some	Little	None
Lack of adequate and convenient parking at facilities in my community	1	2	3	4
Experiencing ageism, lack of respect	1	2	3	4
Lack of local opportunities that meet my interests	1	2	3	4
Lack of information on what's available in my community	1	2	3	4
Feeling unsafe when out in the community	1	2	3	4
Language or cultural barriers	1	2	3	4
No public and / or community transport access	1	2	3	4
Too far to travel / personal mobility	1	2	3	4
Cost / affordability of activities / living expenses	1	2	3	4
Feeling unwelcome when attending groups, activities or events	1	2	3	4
Lack of access to information technology training and support	1	2	3	4
Being unprepared for life changing events (e.g. retirement, loss of spouse, loss of driver's licence)	1	2	3	4
Carer responsibilities / lack of respite care	1	2	3	4
Lack of companionship	1	2	3	4
Loss of confidence	1	2	3	4
Poor health	1	2	3	4
Other	1	2	3	4

Free text box to describe other

Q.17. **Please describe one thing that is most important to your quality of life.**

Free text box to describe

Appendix 4: References

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