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# Informing the NSW Ageing Strategy 2021

– Consultation Report July 2020 –

Prepared for

Department of Communities and Justice

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# 1 executive summary



*This report documents the findings from the consultations that were held as part of the development of the NSW Ageing Strategy. The research was commissioned by Ageing Policy and Implementation, NSW Department of Communities and Justice. It was conducted by Instinct and Reason, an independent market agency accredited with the Australian Market and Social Research Society (AMSRS). All research was conducted under the Market and Social Research Privacy Codes, which ensure confidentiality of information.*

# 1. Summary of findings

## Setting the scene

An air of optimism about ageing continues to exist among NSW seniors; they resolved that getting older is a regular part of life that everyone experiences. They do not think of themselves as old. Many love the initial freedom they have and being able to spend much more quality time with family, friends and in their communities. They truly feel they still have much value to give, and that as people living longer, their skills and life experience can benefit society and should be garnered.

This can be through reskilling and contributing to the economy, volunteering, supporting family members and others as carers for the more vulnerable, and simply being a consumer.

### **Volunteering**

Volunteering is seen by seniors as giving them a sense of purpose and positive affirmation, necessary for good mental health. Volunteering provides opportunities to contribute to society and allows some people to undertake roles for which they would not have been technically qualified had they tried to gain paid employment in them.

### **Concerns with ageing**

While they may not feel old, seniors know they are getting old and may begin to suffer more from issues associated with ageing. This can be related to loneliness and isolation, mobility, and lifestyle changes, making accessibility and engagement more difficult and costly. This leads to an inevitable need for some level of financial assistance for seniors who can no longer afford the high cost of living in NSW. This is made more difficult with superannuation not covering living expenses, and financial difficulties for those on the aged pension.

Many seniors also expressed health fears associated with cancer, dementia, cardiovascular disease, and losing sight or mobility. Many of these fears were fuelled by witnessing others around them experience such health complications. They have seen their peers lose the ability to drive or move around with ease, with the lack of accessibility to transport making it difficult for them to get outside, forcing them to be housebound. Those who have personal support felt extremely fortunate to have supportive family and friends around them.

### **Community perception of seniors**

Despite their own optimism about their personal value and ability to contribute, seniors expressed frustration at the way they are perceived by the community. They often feel undervalued and treated as 'has-beens' and unable to contribute as fully functioning members of society; as fragile, incapable or useless. They feel they are treated differently in the workplace, for social sports and in general based on their age, and that younger generations almost expect them to quietly settle into retirement. They also feel they are often taken advantage of by service providers.

Seniors know they can become a potential 'burden' but are hopeful they can keep contributing to society, paying their own way, and giving back their experience to younger generations. Many want to be able to



plan their long-term financial stability but feel governments keep shifting the 'playing field'. Becoming a potential 'burden' does weigh on their minds – creating feelings of concern, fear, anxiety, vulnerability, and pessimism about how they can be self-sufficient for as long as possible. Those who have experienced no hardship, other than the usual aches and pains that come with ageing, are often thankful they have not been as affected by ageing as others.

## Key themes of the consultations

Consultations were held with seniors, peak ageing bodies, local government, and service providers/non-government organisations across NSW for the development of the new NSW Ageing Strategy 2021 (the Strategy). These consultations focused on practical and innovative solutions to meet the NSW Government's vision that people in NSW experience the benefits of living longer, and enjoy opportunities to participate in, contribute to and be included in their communities. Additionally, the discussions enabled seniors from across the state to inform the conversation on ageing.

The Harwood methodology for community conversations (see Appendix – The Harwood Guide – discussion guide for all consultation sessions) was used so that seniors could drive the conversation on issues and priorities that are important to them in enabling this vision and have a strategy that was developed with them in mind. The consultations asked seniors to envisage their ideal community, consider ways in which NSW communities may differ from this, and discuss ways to overcome barriers preventing our communities from meeting this goal.

The following major themes came out of the consultations.

### I. Overall theme across the strategy

The sense of the consultations was about 'the value of ageing', 'enabling ageing', and 'living the life you want to live'. NSW, and the world, needs to recognise that seniors still have something to give, and ensure they are given opportunities to live the lives they want to live: opportunities that ultimately respect, value and help give purpose to seniors.

### II. An inclusive and connected society remains a standout aspiration for seniors

- a. NSW should be connected and accessible so the most vulnerable seniors (Indigenous people, people from culturally and linguistically diverse (CALD) backgrounds, LGBTQIA+ [lesbian, gay, bisexual, transgender, queer, intersex and asexual+] people) can interact with other members of the community. This also means having their diverse needs accepted and actioned, their opinions respected, and an improved understanding that age, experience and cultural diversity can positively contribute to society.
- b. NSW must achieve a society that is integrated and tolerant of all diversity, one that is free from discrimination.
- c. A consistent theme for the ageing community is 'being connected' in all its forms. Social isolation is a big issue and is linked to social inclusion, connectivity, and participation.
- d. 'Getting around', a priority in the previous strategy, remains a focus through ensuring there is adequate public transport to keep community members engaged in their local areas and that mobility is factored into smart urban design.

### III. Communities and services need to be affordable and accessible to empower seniors to be connected – combating isolation

- a. Affordable everyday essentials, e.g. power, water, car registration, should be taken care of in a social outcomes focused strategy, not one that is focused on economics.
- b. The existing model of access to healthcare (i.e. the need to travel for more advanced services) is not going to work with a population that cannot travel (easily). Either services come to them or there needs to be more community transport, especially in regional areas.



- c. Activating community engagement with accessible transport is a massive issue and more so in the regions due to limited transport options.
- d. Access to information is a major issue. When seniors do not know what they need to know, they cannot articulate their needs and navigate the system, let alone find the entry points into it.
- e. Housing is a critical issue.
- f. Managing income support remains critical across all senior age cohorts. There is a need for adequate coverage through the transition years from 50 to 65 years given the differences (i.e. reduction) in income seniors can end up with when retiring. Therefore, older seniors need greater levels of support, with many seeing the aged pension as inadequate and incapable of keeping them above the poverty line due to rising living and health costs, especially given older seniors are less willing and able to work. For many, their superannuation is not yet sufficient to fund their retirement due to their superannuation savings being started too close to their retirement (if they were working at all, which is the case for many women).

**IV. Ageism is the standout barrier for the ageing community, with wide-ranging and direct ageism impacting their lived experiences**

- a. Ageism is rife across society and particularly in the workplace.
- b. Ageing is a multi-faceted concept and experience. As a result, age does not correlate with personal capacity per se and support needs. Rather the latter is shaped by a matrix of possibilities or scenarios that should be considered by society.
- c. In ageing, people wish to continue to participate in all aspects of life, to be involved. There need to be mechanisms that enable this, in terms of mobility, opportunities, activities and affordability. U3A (University of the Third Age) is a positive example but people also face barriers being accepted as volunteers, accessing craft and social groups, and having opportunities to utilise the experience and skills they have developed over the years (or to reskill for new job opportunities, as needed, to support their own living).
- d. There is an overwhelming need to improve the narrative around seniors so that respect for the value, potential and capability seniors can offer with their experience – especially in the workforce – becomes entrenched in the community psyche.
- e. There is an evident need to segment people aged 50+ with regards to income and other support needs, i.e. to consider the size and nature of the population in the context of who needs what.

**V. There is a strong and consistent view that the existing market-centred policy settings have run their course, and that governments need to focus on social and community-led outcomes**

- a. Existing policies at all government levels are not delivering on their goals.
- b. There has been a perceived abject failure of government policy through inaction, and doubt as to the capability of the government to act in the interest of NSW seniors
- c. Seniors are not given a voice, but to know their ongoing needs and the effectiveness of potential solutions, they must be given an active voice in decision-making.
- d. Complex systems are not customer (i.e. senior) focused – they are convoluted and do not provide a clear and tangible pathway for seniors to easily move through.
- e. The current service delivery model is inconsistent with addressing the needs of an isolated vulnerable community, proportions of which are in cognitive decline. This model centres on the capability of seniors to self-identify the right solution and then choose from competing service providers and options drawn from a complex policy context. The policy context is simply too complex for vulnerable individuals to manage. There is a need to reinstate the casework-client support model that existed in the 1970s.



- f. There is a need to shift the focus from the welfare state and the deserving poor to one of investing in people, where seniors are front and centre of the conversation in designing solutions for their own lives.
- g. There is a need to shift away from faith-based welfare services.
- h. There is a need to integrate federal and state policy responsibilities into a streamlined customer interface, with greater community-led initiatives driving change.

**VI. The navigation heuristics of seniors are tangibly different to those of younger people**

- a. Seniors have differing levels of IT literacy and approach information-seeking differently. This needs to be treated like a language and culture issue, where there is an access pathway tailored specifically for seniors and the way they think and navigate. Visual acuity and website accessibility also need to be considered.
- b. Negotiating systems (information, service access) online presents key challenges, especially websites that generally offer poor access.
- c. Spreading of information needs to improve. There are many services the target audience remains unaware of. People appear to want to find out more; certainly, they report a need for assistance, yet many fail to connect with the services they need. One thing the ageing strategy could do to make a difference would be to eliminate the knowledge and awareness gap about existing ageing services.

### General community aspirations for NSW

There were twenty-two groups of stakeholders and target audiences spoken to as part of the virtual consultations (see Appendix – Consultation participants). Aspirations for our community can be prioritised and summarised as follows.



#### **An inclusive community**

An inclusive community is the top aspiration for NSW across all groups spoken with. This idea of inclusiveness focuses on an integrated and tolerant community that respects cultural diversity, is free from discrimination, and is fair and equal across regions, for the most vulnerable members of society. The seniors population and people from culturally and linguistically diverse backgrounds were most often





referred to. An inclusive community respects the different opinions – the knowledge that age, experience and varying cultures contribute.

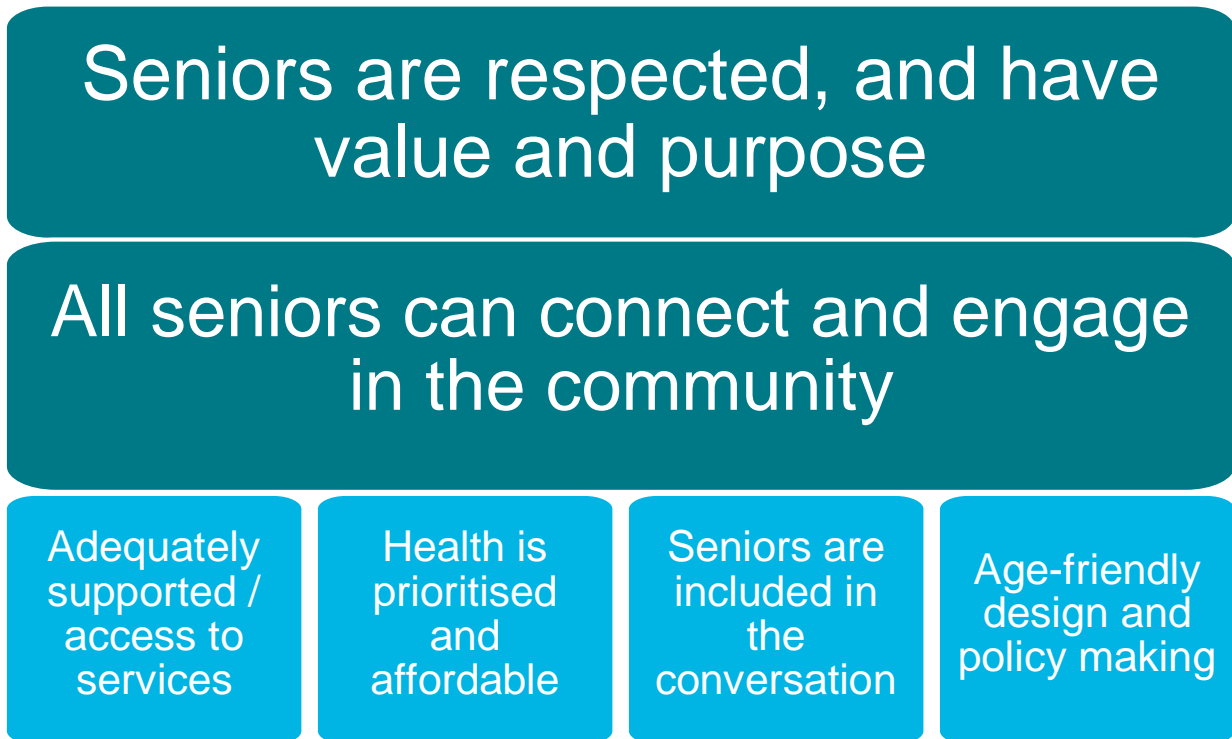
### **Connected and accessible communities**

The next most common aspiration was for connected and accessible communities for all, to ensure the most vulnerable can interact with other members of the community. Seniors discussed ideas about ensuring the availability of adequate public transport and that mobility is counted for in urban design. This can keep community members engaged with their area and allow the less mobile and community members with disabilities to not be isolated.

The overall aspirations discussed by Sydney and regional seniors were remarkably consistent. An inclusive community was the highest aspiration across the state. While regional seniors made more mention of inclusivity than other ideas, Sydney seniors discussed being connected and accessible just as much as they discussed having an inclusive community.

### **Aspirations for ageing in NSW**

Six key themes on ageing that seniors and stakeholders believe are priorities for NSW to aspire to are identified as follows.



The consultations highlighted two key priorities for how ageing should be experienced by seniors across NSW.

#### **1. Seniors are respected, and have value and purpose.**

To have value and purpose for seniors requires a societal change in attitude, one that first sees ageing embraced as a lifelong process by all generations given that everyone experiences ageing. Our seniors also focused on the idea of respecting the wisdom, experience and skills they are still able to provide. There is no wholesale need for seniors to be cast off as invaluable to society. This change in attitude can then open opportunities for seniors to maintain a sense of purpose rather than retiring to a retirement village or aged care facility that almost sits outside mainstream society.



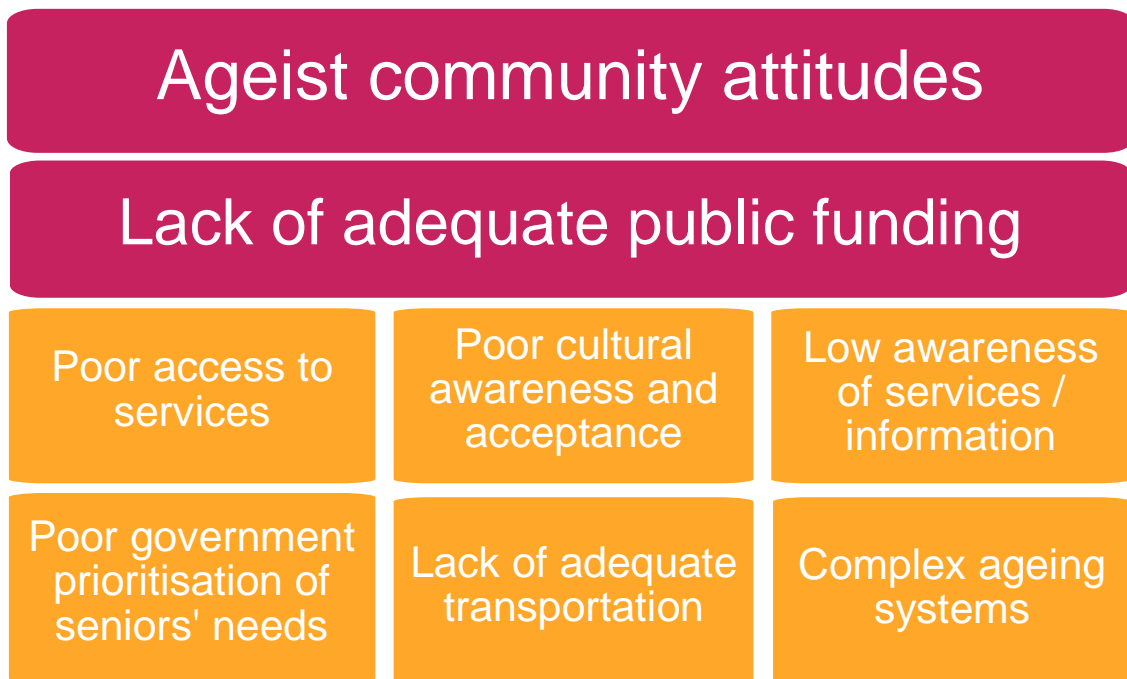
The importance of respect and value was highlighted most by seniors from CALD backgrounds and LGBTQIA+ seniors from regional areas; seniors living with dementia, CALD seniors and seniors with disability in Sydney; and by the peaks, non-government organisations / service providers, and local government groups.

## 2. Seniors are provided opportunities to connect and engage with the community.

The need for all seniors to be connected and engaged in the community is a priority across the regional groups, Sydney's LGBTQIA+ and CALD seniors groups, and non-government organisations / service providers. This aspiration aims to provide opportunities for seniors get out of an isolated home environment, with accessible transport options enabling them to interact with other members of the community.

### Barriers to achieving progress

The consultations identified eight key barriers that are preventing NSW from making progress on improving the lives of the ageing population in NSW.



### Ageism

The consultation identified ageism as a standout barrier – through both direct experience and its manifestations – with ageist attitudes rife across society and particularly in the workplace. When ageing, seniors wish to continue to participate in all aspects of life – to be involved – but it is clear across the consultations that ageist attitudes are preventing seniors from being contributing members of society. These attitudes negate their sense of purpose and do not value their wisdom, experience and skills.

### Government inaction

Government inaction was the next clear barrier identified, manifested in three ways. The most common barrier discussed was the lack of adequate public funding allocated by governments to address the true needs of our ageing population. The low pension combined with the high cost of living makes access to housing and services (themselves seen as not funded well) inherently inaccessible to many seniors. This was seen by the stakeholder consultations as a large factor in many seniors living below the poverty line.



Additionally, the groups believe that government inaction, by not prioritising the needs of this large segment of the population, is further preventing ageing programs from meeting the needs of seniors in NSW. Even when they are available, complex public aged services systems are prohibitive to seniors easily accessing the services they need. When the systems (information and service access) are offered online, poor access, design and functionality make these systems beyond the digital capability of many seniors. In addition, seniors have differing levels of IT literacy and also approach information seeking differently. Thus, many seniors are unable to become aware of, let alone effectively access, services.

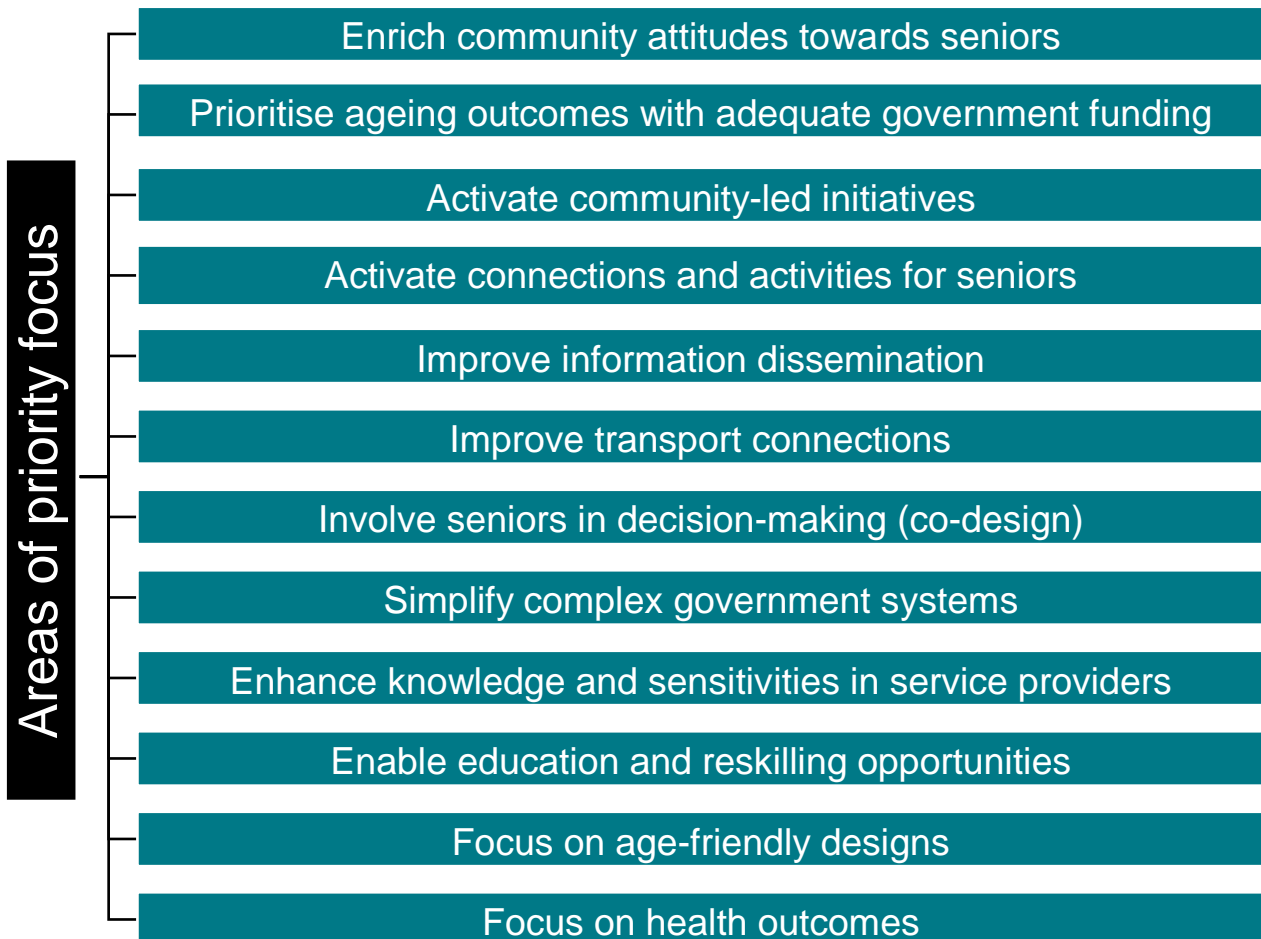
The regional consultations, more specifically, emphasised poor availability of services in regional areas as a significant barrier. A lack of mobility and public transport, combined with a high cost of living and inability to personally move around, was identified by regional seniors as a preventative to them accessing the services they need – services that are often in large regional towns or in Sydney.

### Poor cultural awareness and acceptance

Seniors from culturally and linguistically diverse backgrounds, both regionally and in Sydney, stated that poor cultural awareness and acceptance was a barrier to their progress. They feel real diversity is not celebrated and most services are not adequately catering to the diverse needs of seniors in this cohort. This also applies to Indigenous elders, with individuals in the consultations stating there is no specific aged care facility for Aboriginal and Torres Strait Islander people. Cultural sensitivities are thus easily lost in the scheme of large, generalised aged care facilities.

### Solutions to achieving progress

Seniors and stakeholders identified 12 priority areas they would like the NSW Ageing Strategy from 2021 to focus on.





### **Improve community attitudes towards seniors**

Overwhelmingly, the need to enrich community attitudes towards seniors was the most advocated priority for ageing policy moving forward. Given the significant barriers due to ageist attitudes in the community, seniors and stakeholders alike want the existing narrative to be improved. This improved narrative would entrench the concept of respect for the value, potential and capability that seniors can offer with their experience, especially in the workforce.

Seniors from CALD backgrounds were highly focused on this need, particularly through the additional lens of cultural sensitivity awareness and improved attitudes. Our stakeholder consultations also saw this as the key priority for any new strategy, where government-led changes need to occur to direct evolving attitudes.

### **Improve ageing outcomes**

Prioritising ageing outcomes, with adequate government funding, was the next key priority discussed. With one of the most common barriers discussed being the lack of adequate public funding followed by perceived lack of government action, seniors and stakeholders most want a new ageing strategy to change these so clear outcomes can be achieved. Community outcomes that focus less on privatisation and more on equity and fairness are favoured. Overhauling government funding is seen to be the way to ensure the government prioritises the needs and aspirations of seniors appropriately. This perception was more paramount in the Sydney consultation groups.

### **Improve community engagement with seniors**

Activating community-led initiatives, connections and activities for seniors, and public transport options, were also discussed as important priorities to enable seniors to actively engage. Encouraging seniors to engage in inclusive activities is important to overcome a downward spiral towards becoming isolated in one's own home. This was a key priority for CALD seniors who seek additional help to embed themselves in communities that are not very familiar to them so they can reach across cultural divides.

Community-led initiatives are a key focus, as local communities are seen to know best about their area, than a state or federal government. This in turn can enable seniors to become more autonomous agents, ones who are involved in decision-making around issues that affect their lives rather than having solutions imposed on them by younger generations.

### **Improve spreading of information related to ageing services**

Regional seniors desire an improvement in the spreading of information related to ageing services. This involves appropriate support to access information, and the realisation that digital services are not easily accessible by many seniors. Even though they are connected to the internet, they may not necessarily have the capability to find the right information. So, enabling regionally-dispersed seniors to access information, through a one-stop helpline, for example, could be useful.



## Potential name of the strategy

Ideas for the potential name and length of the new Ageing Strategy were also discussed in the consultations, with the following suggestions presented.

Ageing with Equality NSW
NSW Ageing Inclusion and Equity
NSW Ageing Strategy - A positive plan
NSW Ageing Strategy - An engaged, respectful and positive plan
NSW Engaged Ageing Strategy
NSW Inclusive Ageing Strategy
NSW Senior Strategy- Holistic approach plan
Our future life with older parents
Positive Ageing in NSW
Respecting our Seniors
Valuing the importance of Ageing



## Potential length of the strategy

10 years
10 years in scope, reviewed each 4.
4 or 5 years.
4 years
4 years
4 years is consistent with the term of any one government but it makes sense to have the new strategy being conducted in the middle of a term.
4 years, language, environment ect all change
4 years, Needs of older people may change over the time
5 years
5 years linked to Census
5 years or 10 and not linked to political cycle
5 years. This allows time for strategy, implementation and evaluation
5, need time to establish, operate, then evaluate



# 2 consultation approach



## 2. Background to the consultations

The Ageing Policy and Implementation Team in the Department of Communities and Justice (DCJ) is developing a new NSW Ageing Strategy (the Strategy) from 2021. The NSW Government's vision is that people experience the benefits of living longer, and they enjoy opportunities to participate in, contribute to and be included in their communities.

The ageing strategies provide an ongoing commitment by the NSW Government to respond to the opportunities and challenges of our increasing ageing population that are within the government's domain. The new strategy from 2021 supersedes the current NSW Ageing Strategy 2016–2020, which concludes on 31 December 2020. In developing a new strategy, the NSW Government is listening to a wide range of people to ensure a whole-of-government response and community approach to initiatives and activities to meet the needs of seniors across the state.

To achieve this, a robust and extensive consultation process with NSW seniors and various stakeholders was held in May and June 2020. This included peak bodies and advocates, service providers, local government, government agencies, and the private sector. Additionally, DCJ heard from older people (from 50 years of age) of different ages and cultural backgrounds, as well as those who have older people in their lives, in locations across NSW. This extensive consultation process is being complemented by an online survey where residents can provide feedback via the NSW Government Have Your Say website.

Accompanying the new strategy will be an initial two-year action plan, with subsequent biennial action plans and progress reports to be produced throughout the lifespan of the strategy.





## Objectives

These aim of the consultations was to ensure the new strategy focused on practical and innovative solutions that could meet the expressed needs of NSW seniors. Seniors, peak ageing bodies, local government and service providers/non-government organisations across the state were consulted.

The Harwood methodology for community conversations (see Appendix) was used to have seniors drive the conversation on the issues and priorities that were important to them. The discussion did not prompt participants to focus on predetermined topics or issues, and enabled broad input across possibly new issues. The following questions were explored.

<b>What kind of community is desired for NSW (at a holistic level)?</b>
This broad question enabled a discovery of overall aspirations for NSW, as well as the concerns that seniors really care about – the key issues the community connects with, what is going well and not so well.
<b>What kind of community is desired for ageing in NSW?</b>
This broad question enabled a discovery of overall aspirations for how seniors want to age in NSW, expressing their aspirations and concerns.
<b>What impact ageing has on the personal experience of seniors?</b>
This specific question was asked to explore the personal impact of ageing to draw out deeper themes that are not widely known on what may be impacting the community.
<b>What barriers exist to achieving progress on ageing in NSW?</b>
This broad question enabled an understanding of the key issues that prevent NSW from achieving the community people want to age in.
<b>What solutions exist to achieving progress on ageing in NSW?</b>
This broad question explores the community’s perceptions on how ageing can be improved.
<b>Who is trusted to act on the issue of ageing?</b>
This question explores who, in the minds of seniors, is best placed to implement solutions.

## The virtual approach

Overall, 279 people participated in the online consultation sessions to voice their opinions on the issues and priorities for older people. The consultations were transformed from face-to-face meetings into virtual meetings because of the current COVID-19 pandemic restricting movement during autumn and winter 2020. The virtual approach provided strong advantages, especially in providing isolated seniors and regionally-dispersed seniors an opportunity to participate, which would have not otherwise been likely.



## Stakeholder consultation sessions – who was spoken to

Peak bodies, local governments, and service providers/non-government organisations participated through a combination of Zoom and GroupMap. This process enabled a large number of participants to join. GroupMap was used to instantly record everyone’s ideas and enable them to vote as a group on the most important ones. Zoom was used to have the moderator probe ideas for a deeper understanding.

A total of 113 people participated in the stakeholder consultation sessions. Participants came from ageing peak bodies, non-government organisations/service providers, and local governments across the state. A full list of participant organisations is in the Appendix.

Stakeholders	Dates held	Participants
<b>Peak associations</b> <ul style="list-style-type: none"> <li>• Council on the Ageing NSW</li> <li>• Combined Pensioners &amp; Superannuants Association (CPSA)</li> <li>• Seniors Rights Service</li> <li>• Older Women’s Network NSW</li> </ul>	Session 1: 26 May, 1–3pm	<b>10</b>
<b>Non-government organisations / service providers</b> <ul style="list-style-type: none"> <li>• 3 sessions</li> </ul>	Session 1: 27 May, 9–11am Session 2: 27 May, 2–4pm Session 3: 2 June, 10am–12pm	<b>57</b>
<b>Local government</b> <ul style="list-style-type: none"> <li>• 2 sessions</li> </ul>	Session 1: 28 May, 9–11am Session 2: 28 May, 2–4pm	<b>46</b>

## Community consultation sessions – who was spoken to

A total of 166 people participated in the virtual community consultation sessions, with participants aged over 50 years from across the state joining sessions. Ninety seniors from Sydney participated in the online forums. There were two Zoom conferencing groups with service providers, people living with dementia, and people with disabilities from CALD backgrounds, hosted by Dementia Australia and Multicultural Disability Advocacy Association respectively. Fifty-seven seniors from regional NSW participated in online Zoom conferencing sessions. Demographic data on who participated in the virtual community consultations can be found in the Appendix.

All of the sessions with community groups in Sydney were held as online forums. The online forum enabled up to 30 participants to join in the conversation, at their leisure, across a nine-day period (the forum was open 24/7 for participants to post at their convenience). This format enabled moderators to regularly view the board and facilitate discussion while participants could add new comments and reply to the posts of others.

All sessions with regional community groups were held through Zoom. This enabled up to 12 seniors to effectively engage and discuss their ideas at length.



General seniors population	Dates held	Participants
<b>Sydney online forums</b>		
Seniors aged 50–69	9–18 June	27
Seniors aged 70 or older	9–18 June	31
LGBTQI seniors	9–18 June	8
Indigenous seniors	9–18 June	2
CALD seniors	9–18 June	22
<b>Regional Zoom conferencing meetings</b>		
South coast NSW seniors	9 June, 1–3pm	7
North coast NSW seniors	10 June, 10am–12pm	9
LGBTQI regional NSW seniors	10 June, 1–3pm	3
Western NSW seniors (2 sessions)	11 June, 1–3pm 12 June, 1–3pm	18
CALD Western NSW seniors	12 June, 10am–12pm	4
CALD Coastal NSW seniors	16 June, 10am–12pm	7
Newcastle / Wollongong seniors	16 June, 1–3pm	9

<b>Non-government organisations/service providers</b>		
<b>Zoom conferencing meetings</b>		
Seniors living with dementia (hosted by Dementia Australia)	25 June, 10am–12pm	9
CALD seniors living with disability (hosted by Multicultural Disability Advocacy Association)	25 June, 1–3pm	10



# 3 stakeholder consultations

3

- peaks
- non-government organisations / service providers
- local government



### 3. Stakeholder consultation findings

Participants in the stakeholder sessions individually brainstormed ideas in GroupMap. These ideas were then voted on to prioritise the most important ideas from the group (participants could give three votes per topic but did not necessarily use all three votes).

#### Summary of key ideas, issues, priorities among stakeholders

At the conclusion of the stakeholder consultation sessions, the most prevalent ideas in each of the six sessions were brought together into one GroupMap. It was then sent back to participants to vote on to prioritise the overall key themes from across the sessions.

<b>Aspirations for the general community</b>	
‡ Values and respects the ageing adults and their contribution to our society and country	28
‡ Prioritise our society being important (rather than the economy being important)	21
‡ Access to secure and affordable housing	20
‡ An environment that supports healthy living	16
‡ More practical access to services to keep older members of our community at home, safely	16
‡ Good infrastructure and transport	14
‡ Age friendly	12
‡ Embraces cultural diversity in all areas	12
‡ Adequate income to live with dignity	11
‡ Inclusive	11
<b>Aspirations for ageing</b>	
‡ An understanding that we are living longer, and this has to be reflected in policies related to employment, the pension, housing, aged care	34
‡ One that challenges ageism, where people know ageing is a life long process where every stage is embraced and supported (i.e ageism is no longer present)	25
‡ Senior's wisdom and ability is valued and recognised as a contribution (in employment, volunteering for example)	20
‡ Age in place - do not have to move just to access services	19
‡ Aged care support is adequate, responsive and person-centred	16
‡ Inclusive and connected	12
‡ To have purpose and meaning	11



⌘ Attention is given to health and wellbeing	9
⌘ Choice is available	7
⌘ Include seniors in the conversation	6
<b>Top barriers to progress</b>	
⌘ Allocation of resources is not fair / competing needs and investment capacity	20
⌘ Ageist attitudes	17
⌘ Poverty, with over 35% of aged pensioners living below the poverty line	16
⌘ Complex systems need to be navigated	16
⌘ Funding	14
⌘ Lack of inclusive attitudes and behaviours	13
⌘ Affordable housing	9
⌘ Lack of partnerships across all sectors	9
⌘ Government leaders	9
⌘ Inability to address cultural, social and diverse needs	9
<b>Top ideas to achieve progress</b>	
⌘ Co-design systems and policy - listening and involving older people in solutions	22
⌘ Make community outcomes more important on our strategic agendas at all levels of government	19
⌘ Clear guidelines on what is expected from a council with regards to the aged sector	15
⌘ Ageing is everyone's business	13
⌘ Promote inclusive and accessible communities	12
⌘ Advocate for more services in rural areas	12
⌘ Council and community leaders to be educated in strategic sustainable development, learning the principles of social and environmental sustainability	11
⌘ Support stable housing for older people at risk of homelessness	11
⌘ Recurrent funding that facilitates community services and connections of all age cohorts	10
⌘ Assistance to navigate systems (holistic system navigation roles)	9



## Peak associations

### Session 1: 26 May, 1–3pm

#### Aspirations for the general community

An inclusive community - where poverty is so yesterday, and everyone is valued regardless of their background, ability or age. We need to have a community where people have safe, affordable shelter, enough income to live in dignity, ready access to medical care and mobile. Our community also exists within an ecosphere - so having an environment which supports healthy living is important. 👍1

5

A community where spending on social services is seen as an essential part of building strength and resilience

3

Good public transport infrastructure

2

A community where the government works in the best interests of the entire community and not just for business

1

Where our open spaces are protected and cared for

1

Age friendly design

1

Environmentally aware

1

Medium and long term vision

1

Respectful of ageing members

1

#### Aspirations for ageing

Ageing is a process that begins as soon as we are born. Whether we are 3 years old, or 89, we should have the social support to fulfil our potential. The ageism which impacts our older community members cannot be under-estimated. Older people are seen as liabilities, stuck in the mud, unable to innovate, etc. Ageing is a continuum of experience, and unless we can embrace the humanity within each of us, the process of getting older will not be a pleasant one. In short, ageing should be a lifelong process where every stage is embraced, and supported.

4

Understanding that we are living longer and this has to be reflected in policies related to employment, the pension, housing, aged care, etc.

3

Included in the conversation

3

Housing for vulnerable older people

2

Normalised

2

Respect for elders and their continued value as part of a diverse society

2

Fun and enjoyable

2



## The impact of ageing

A continued loss of purchase in society, being of no value

Confusing Government services

Employment - due to inter-sectionality of ageism, sexism and racism, I worry about finding employment. I do not have enough superannuation and cannot afford to retire anytime before I hit the grave.

Fear

Fear of ridicule

Feel unsafe outside or unwanted in social settings

Fewer choices for dignified aged care

Loss of confidence; less willing to do things

Lower self worth

Pessimistic about the future

Security - where is the guarantee that when I am older, I am able to live in dignity. Not having to worry about putting food on the table, and having adequate shelter.

Self doubt

Worried about health

Worry about the future generation - with climate change, the huge economic blow due to Covid-19, how will my children and their children manage?

## Top barriers to progress

The biggest barriers to having the ageing we want for our elderly is the lack of understanding that everyone is going to get there. We need to change the mindset that older people are a 'burden'. The narrative of nation building has to be of compassion and community. Not profit.

4

Poverty over 35% of aged pensioners live below the poverty line

3

Ageism

3

Government Leaders

3

Public discourse

3

Medium and long term planning supported by funding

2





## Top ideas to achieve progress

On an individual level - to empower individuals to maximise their potential to get the most of their life. On a community level - to promote inter-generational engagement and to ensure that activities are inclusive. On a government level - to make a commitment to change the narrative around ageing, and to commit the funds to support community groups to work at the grassroots to support individuals. On a national level - to promote a narrative to nation building which encompasses the full diversity of our community members, and which respect the contribution we all make, big or small.

4

Government move away from privatising everything and competition and start looking at equity, fairness and wealth sharing

4

Remove the stigma of welfare from assistant programs

3

Stop thinking of age as a barrier to participating in community

2

Address ageism

2

Age friendly environment

2

We need to have a society which has an income generating policy which is fair, and which does not allow multinational companies to minimise taxation to the level of a joke, so that we can pay for what is important to us.

2

Investment into communities/awareness

2

Education of younger women in terms of preparation for retirement and the future

1

Reform Centrelink

1

## Non-government organisations/service providers

### Session 1: 27 May, 9–11am

#### Aspirations for the general community

Inclusive, safe, connected and integrated

12

A kind of community that values and respects the ageing adults and their contribution to our society and country

10

Healthy and active

5

Connected communities addressing loneliness

4

Accessible 

4

Ageing well

3

Strengthening families to support older people

3



## Aspirations for ageing

Active/Engaged	7
Inclusive/Connected	7
Choice	6
Attention to health and wellbeing	6
Respected	5
Supported/Protected <small>👍1</small>	4
Equitable <small>👍1</small>	3

## The impact of ageing

- Ageism is evident in workplace, social place and community

---

- Anxiety about caring responsibilities for parents

---

- Assumptions made about what you want or should be doing

---

- Becoming invisible

---

- Carer burden

---

- Caring for elderly parents

---

- Caring for/supporting older relatives and relatives in a caring role

---

- Challenges of identifying and accessing services for older family members despite being a health professional who has worked extensively in the sector

---

- Concern about increase in social isolation

---

- Concern about lack of guidance to negotiate ageing (other than medical or economic)

---

- Concerned

---

- Concerned about suicide and how silent it is

---

- Earlier aged seniors have multiple roles across generations and often remain working

---

- Financial independence

---

- Future planning is vital

---

- I don't want to become invisible

---

- I struggle when I see an increase in social isolation

---

- I want access to services to be easy

---



Impacts of chronic disease as I age
Loneliness is said to be like smoking 15 cigarettes a day - it is a major issue
Parents who are ageing
Planning for and envisaging my future
Recognition of life experience to contribute to society
Seniors working and contributing to the community
Time poor while working to plan ahead
Unmarried son most likely will take on caring role for parents
Vulnerable

### Top barriers to progress

Addressing cultural, social, diverse needs 👍1	8
Hard to navigate complex systems 👍1	7
Attitudes e.g. ageism	6
An expectation that family can and should supplement paid services, without giving older people and carers choice 👍1	5
Burden of informal caring roles 👍1	5
Accessibility	5
Structural barriers and inequality within the tax system	3
Funding and resources 👍1	2

### Top ideas to achieve progress

Assistance to navigate systems	6
Co-design Systems/Policy	6
Legislative, policy and regulatory complexity simplified and gaps considered	6
Increased advocacy for ageing resources & accessibility	5
Invest in holistic system navigation roles that assist older people and their carers navigate multiple, intersecting service systems - independently	5
Increased Education/Training	5
Simplification/integration of systems	3



**Session 2: 27 May, 2–4pm**

**Aspirations for the general community**

Supportive/Respectful/Inclusive	10
Embraces cultural diversity in all areas of community life	8
Engaging	6
Accessible	6
An understanding that not all communities are digitally connected and CALD seniors have additional needs that need to be considered	5
Great transport	4
Housing options that are easy to get in and out off	4
Equal access to health	3

**Aspirations for ageing**

Community engagement	6
A time of safety and comfort, in which people live with meaning and purpose and maintain their own "normal" lives without being pathologised or assumed to be increasingly incapable	5
Recognised, respected, still contributing	5
A positive stage, full of possibility	5
Recognition of diversity and also different stages of ageing	4
Access to services and support 👍 1	4
No ageism	4
Dignified	4
Choice	4
Independent	3
Healthy ageing or ageing healthy	2
Feel welcomed everywhere - at Government offices, Councils and at Federal offices	2



## The impact of ageing

A fear of ageing and a sense of isolation

A safe hub or place to get together with some activities where they can open their heart out- Regional NSW lacks such hubs

As an able and younger person, the barriers we face attempting to help older Adults access/navigate services that are designed to help them make me really worried about my future and when I need help. It also makes me very worried about those that don't have someone to assist them to access or who don't have anyone else in their lives.

Being aware of the need to prepare for each stage of life

Being invisible - not heard, needs not met

Being isolated in a new community - People have no time to talk

Being over looked and undervalued

For people living with dementia these issues are heightened - lack of engagement, loss of connection, accessibility. It really impacts quality of life and people feel lonely, isolated and many a time discriminated against.

Going to a restaurant and being left to be served till the end

Having a long term plan that covers things other than finances - health, social, emotional needs

Loss of self; individualism, having to become part of a community not of choice

Making decisions about long term housing - with little choice available

Mental health deteriorating

Mental stress on the family especially if the family is on some visa and don't have the facilities for their elderly parents which the government publicly claims that they are free and easily accessible

No confidence

No Roadshows for our ageing population- never have I seen Four Corners or ABC Q&A having special programs for them-the challenges and gaps being discussed

People are isolated, lonely and more vulnerable

People are not able to lead dignified lives

People internalise ageist assumptions and assume they don't have value

People lead shorter, less fulfilling lives (isolation and disempowerment contribute to ill health)

Sorrow for the loneliness

Stereotyping of older people by health professionals is of concern

Trying to find safe places to walk and bringing issues to the attention of council - who ignore it

Watching out for my internalised ageism



### Top barriers to progress

Ageism	8
Lack of connection	4
Risk aversion - preoccupation with playing by the rules/safety over personal freedom and dignified risk	4
Poor alignment between different service systems (NDIS, Medicare, State-based Health, aged care, etc.)	3
A sense of belonging	3
The need for genuinely person-centred care (different people need different things)	3
Lack of housing/resources	3
Government policy not always favourable	2

### Achieving progress

Age-friendly communities	8
Listening/Involving older people in solutions	5
Have many small local initiatives (health and social) run with and by older people	3
Support stable housing for older people at risk of homelessness	3
Making additional efforts to reach out to older people from disadvantaged backgrounds	3
Opportunities for purpose and meaning without patronising	3
Increase options to live in the home, age in place	2

### Session 3: 2 June, 10am–12pm

#### Aspirations for the general community

Access to secure housing for all that need it	7
More practical access to services to keep older members of our communities at home, safely.	4
Caring for the environment - on which we all depend	3
Connected communities - physically and virtually	3
Supportive	2



## Aspirations for ageing

Respectful to all, no discrimination	4
Valuing wisdom of older people	4
Keeping the person as the decision maker, for as long as possible	3
Stress-less, interesting , fulfilled, healthy	3
Financially secure	3
Contribution to community	2
Easy, inclusive access to services	2
Healthy	2

## The impact of ageing

- Adult children being gatekeepers for their aged parents
- Bullying of older people by children
- Concerned about being financially independent
- Divorce has made the future more uncertain
- Excluded by other family members
- Family members being excluded
- Frustration of not being able to do things you once did
- Getting access to services; being treated as a child; contact with others socially
- Good experience of ageing by parents - good access to services, good connection to community and friends, happy and hopeful
- Group homes for older people - intentional small communities, not big institutions
- Health is increasingly on the horizon as an issue
- Healthy ageing - acting now to (hopefully) age well
- I am enjoying my contact with aged people, so very much knowledge they have to share
- I am more aware of dementia issues and it's risk factors. So, to alleviate my own concerns around this, I am keeping up with my training. University of Tasmania offer wonderful, free, training programs on Dementia.
- Importance of grandparents in children's lives



Need to think only family...friends in aged times helps independence

Positively - being able to pursue things you are interested in

Suspect there is an awareness of a growing sense of vulnerability

We are not good at getting couples into care together, where one has dementia

We're all ageing so we should all be concerned about these issues

Worry about having enough money in retirement

Worry about losing independence

### Top barriers to progress

Wait time for services

3

Ageism

3

In these days of neo-liberalism, the more 'assets' the person has, the less services they can access. But often the 'assets' aren't necessarily in a usable form anyway.

2

Cost of living

2

Problems with access to universal services - e.g. healthcare

2

Poverty and inequality for particular groups

2

Not knowing what is there- cannot under My Aged Care or NDIS

2

Communities that aren't inclusive of people with dementia (and frail older people more generally)

1

Tech ability (internet), indifference, funding

1

### Achieving progress

Better staff training

3

Ageing design

3

Adequate funding

3

The market response will not work in smaller communities

3

Instead of focusing on what clients deficits are, look to see what their goals are and work on these

3

Government outcomes based around community goals not financial performance

3





## Local government

### Session 1: 28 May, 9–11am

#### Aspirations for the general community

Actively healthy

10

Flip our thinking from the economy being important to society being important, the drive to have a strong economy drives individual competition

6

Enhanced inter-generational connections

6

Values diversity

6

Access/Funded services and facilities

6

#### Aspirations for ageing

Recognised as contributing and valued

8

Aged care support is adequate, responsive and person-centred

7

Continue to demonstrate ones values and ability, such as employment, volunteering, lifelong learning etc

6

Increase the potential for enabling older people and their environments to not have constraints to healthy ageing

5

Still connected to people and the community

5

Facilities and support

4

#### The impact of ageing

Aged care doesn't seem to be about the residents - more staff needed allow appropriate support and connections

Ageing parent

Ageing parents and service providers with personal agendas and not always having best interest of ageing person

At times, feeling powerless due to lack of resources

Being able have help to plan and not wait until its crisis to go on awaiting list for my aged care

Concerned about aged care facilities

Decreased mobility

Difficult to identify people's needs

Encouraging people to have those critical conversations around powers of attorney and end of life preferences



- Feeling that profit is more important than people (workers and clients)

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- Financial insecurity

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- Frustrating because it's as though older people are invisible or deserve less than what we would expect for ourselves

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- Frustrating because most fellow humans don't think about it much, and when they do they think in very narrow terms

---

- Further withdraw or isolate

---

- Growing fear of change and increasing isolation

---

- How to access hands on individual planning support when needed

---

- I am a sandwich gener -living with younger family and 93yo father. Extended family and health professionals ask me rather than dad what he wants and offer solutions without his input - without me advocating for him he no longer has a voice,yet he is still deemed to have capacity.

---

- I have ageing parents who are terrified of what's next and can't face the complications of planning for it

---

- I'm ageing!

---

- Increasing health issues

---

- Lack of accessibility to suitable activities, opportunities to learn new things

---

- Lack of choice and freedoms... a focus on planning for the future instead of living within the now

### Top barriers to progress

Funding	9
Partnerships across and within sectors - working together	8
Government funding	7
Inclusive attitudes and culture 👍1	6
Affordable housing, workforce and training	4
A wide range of support	4
Lack of respect for the rights of older people	3
Lact of recognition of community development	3
Silos of service delivery	3
Adequate and affordable housing	3
Poor physical and social infrastructure	2
Being proactive about planning for the future	2



## Achieving progress

Project officers in community development working in the social planning space within local government - supporting healthy planning decisions within our DA and Strategic teams

6

Have recurrent funding that facilitates community services and connections of ALL age cohorts

5

Collaboration and partnerships

4

Make community outcomes more important on our strategic agendas (National, state & local govt) than any other

4

Giving older people a voice in planning and resourcing

3

Invest in the quality of our workforce across all areas of community services including higher pay and professional status

3

Design ageing with older Australians involved

3

## Who is trusted to act

Community and Council working together

11

Older people need more of voice to self-advocate 👍1

8

State Government needs to provide leadership and clarity around what Councils roles should be so that the approach is consistent and effects change

6

State agencies such as Seniors Rights Service, COTA and local agencies providing aged services

5

Sector support and development officers

5

## Session 2: 28 May, 2–4pm

### Aspirations for the general community

Socially connected, age friendly, dementia friendly, good infrastructure transport, smart urban design using universal principles  
 👍2

11

Challenges are transport, isolation

6

Connected, inclusive, supportive, creative 👍1

6

Affordable

5

Age Friendly 👍1

5



### Aspirations for ageing

To stay visible, valued and included as we age - challenging Ageism 👍1	8
Age in place - do not have to move just to access services 👍1	7
Empowering 👍2	7
Have purpose	6
Having a stable financial capacity	5
Enables ageing in place 👍1	4
Connected 👍2	3

### The impact of ageing

At greater risk of abuse 👍1
Causing mental health issues 👍4
Digital divide creates isolation and not being informed
Disconnected
Don't know where to go for information anymore because everything is online
Fear
Feeling coddled by family
Feeling devalued and dont ask for help or feel they don't deserve it
Feeling less valued 👍2
Feeling that they just have to 'put up with their lot
Feeling unworthy 👍1
Frustrated
Isolation 👍1
Lack of control or loss of control
Lack of transport in the community impact on seniors being isolated
Lacking purpose 👍1
Lonely
Lonely, isolated, vulnerable
Loss



## Top barriers to progress

Funding	7
Ageism	5
Allocation of resources ,competing needs and investment capacity	4
Competing priorities	4
Economic system based on income for work and structural inequalities 👍1	4
Commitment from council	4
Issues with technology	3
Multi-sector coordination 👍1	3
Poor understanding of the social eco system and how we are all interconnected 👍1	3
Divide between rich and poor	2

## Achieving progress

Council and community leaders need to get educated in strategic sustainable development and learn the principles of social and environmental sustainability 👍2	5
Ageing is every ones business 👍1	5
Promote inclusive and accessible communities for all 👍1	4
Clear guidelines on what is expected from a council level with regards to the age sector	4
More engagement/collaborative approach	4
Advocate for more services in rural areas 👍1	4
Ageing is not a commodity - so move away from market solutions	3
Agree we age across life course it's multifaceted on all levels transport housing planning recreational spaces education, health and well being 👍2	3
Extra health services, such as mental health and social workers, podiatrists, physiotherapists and dietitians	3
More funding/resources e.g. housing	3



# 4 Sydney consultations

seniors aged 50 and older



## 4. Sydney consultation findings

Consultations were held with seniors living in the Sydney metropolitan area via online discussion boards. Seniors provided input on the needs and challenges faced by our ageing population, with engagement between seniors fostered to enable them to share and prioritise ideas. This collaboration of ideas occurred over a week, which allowed deeper insights to emerge on ageing in NSW.

The community conversations were conducted using the methodology set out in The Harwood Guide – discussion guide for all consultation sessions (see Appendix). The following findings emerged.

### Seniors aged 50 to 69 years

#### Aspirations for the general community

##### A connected, supportive community for all

A desire for a greater sense of community in NSW is prevalent. The community should recognise diversity, encourage intergenerational connections, and ensure processes are in place so no one falls through the cracks, even those living alone without family support.

*“It is a shame to have people fall through the cracks.”*

*“I think it is important that as we age, we do not isolate ourselves from other generations, but encompass their ideas, even if it is different to our values.”*

##### Independence from the global economy

Seniors sought a greater focus from broader society on manufacturing and agriculture. This is to ensure a self-sufficient NSW, where food and equipment are concerned, and thus support for local businesses (especially in light of the COVID-19 pandemic and the limitations on the global economy, as well as China’s retaliation against Australia’s calls for an inquiry into the origin of the pandemic).

*“I believe our strong reliance on China for manufactured goods has recently shown the need for us to focus on manufacturing and agriculture in our country, thus providing more employment for Australians and less reliance on other countries.”*

##### A voice in policy for seniors

The community needs to amplify the voice of seniors, who are not just a minority group. Too often the effects on older people and retirees are not considered in political decision-making. Those who are on the aged pension expressed their frustrations with how little they are receiving and that they are now struggling to cover basics after having contributed to the economy and paid taxes their entire lives.

##### An inclusive community for its seniors while living at home

An inclusive community focuses on its seniors by designing homes, facilities and environments so they can engage with their local community. This means people being able to live in their homes as they age or ensuring facilities are designed to enable external interaction with the community.

*“Housing designed for the ageing! From my experience they often go from their very much-loved home and garden straight to a room that looks like a hospital ward. I know they are retirement facilities, but they are very much geared towards the enrichment of the developers.”*

##### Health prioritisation by government

Seniors’ health needs to be prioritised, especially for those who do not have private health insurance. The entire health system needs to ensure some people are not ‘falling through the cracks’.



*“I feel Senior Citizens should be given priority on hospital waiting lists. They shouldn’t have to have private insurance for hip/knee replacements/cataracts and all elective surgery ...”*

## **Aspirations for ageing**

### **Efficient and affordable healthcare access for seniors**

The current healthcare system for older people needs to be efficient, affordable and sustainable for all seniors. The government should continue to help keep seniors from being overlooked and support them with aid and assistance, as required.

*“The current ACAT system needs to be overhauled, as people are waiting so long to get a package, they are dying before they get the help they need.”*

### **Dignity, value, and a sense of purpose for seniors**

Seniors should be respected and provided with a voice on their lives. Seniors have a lifetime of experience. To be able to continue to use this experience to assist others helps them feel a sense of purpose and benefits the entire community.

*“Mentoring younger people is very satisfying and gives you a sense of purpose and value after retirement.”*

*“As a senior I personally still want to have a sense of achievement in my daily life.”*

### **Community support for seniors**

A strong aspiration is for seniors to have support from their families. For those who do not have families, stringent processes should be in place throughout the community to provide support. As people age, they need to be supported both in the home and in aged care facilities. Communities need to support and respect all members regardless of staffing and financial difficulties.

*“Aged care should be either community owned or co-operatively owned by the residents.”*

### **Good transport and access to community facilities**

Easy access is wanted to all community facilities and public transport in all communities. This should be based on demand. Affordability is also a big desire for this group, and the safety of passengers on public transport needs to be a priority. Seniors can stay active and connected by being able to attend events or go shopping.

*“Lack of access to transport is a huge problem across outer suburban and regional areas. This is a problem for everyone in those communities not just the elderly. Everyone is forced to drive.”*

*“When ageing, it is important to have the things around you that are important – things like shopping, medical facilities, community services, transport, etc.”*

### **Appropriate and accessible living choices**

A choice of housing and facilities that are tailored to suit should be ensured. People are looking for different models of housing as they age, and the government is thought to be responsible for ensuring a range of housing types is available. This means enabling seniors to downsize within their community. Additionally, seniors would like incentives to downsize that are not limited to new buildings.

## **Top barriers to progress**

### **Lack of political leadership**

At both state and federal levels, our political leaders tend to mainly please those with the loudest voices, so many vulnerable people tend to be left behind or are dependent on well-meaning friends and





relatives, and the NGO sector (which is also suffering). There is a strong doubt that things will ever change here and a sense that the government does not belong in the ‘real world’ – it is not in touch with normal everyday lives and does not listen to people’s desires.

*“The problem with the government is they don’t belong in the ‘real world’, they’re totally not in touch with normal everyday lives.”*

### **The poor provision of adequate funding and housing support**

Financial hardship due to a poor level of aged pension is a barrier as the government focuses on the younger generations and has almost forgotten the older community exists. Affordability of housing was also raised as a barrier for those who are either on the pension or self-funded retirees.

*“Barriers to affordable and appropriate housing, which includes social housing and disability-friendly housing, need to be overcome if we are to assist aged people (many of whom also have a disability) to lead independent lives.”*

### **A difficult system to navigate**

The existing system is difficult to move through. Many seniors in Sydney identified a system that is not built to meet their needs and is not user friendly for those with no technical ability.

*“The current system needs to be based on meeting the needs of the aged, not delaying helping people, in the hope they will die. The system needs to be user friendly for the aged and their advocates. It is complex now, to discourage people from using it.”*

### **Negative community attitudes towards seniors**

Ageism is a big barrier within the community, especially in relation to seniors being unable to get work, regardless of their experience or qualifications. Seniors feel they are not valued in the workforce. They also believe that negative attitudes from other generations impede seniors. The media and social commentary tend to promote negativity.

*“Real bias in business against hiring anyone over 60.”*

### **Poor transport links**

Poor availability of public transport options, especially in non-city areas, hinders access to all the things that are important for ageing with dignity. Limited transport times, connectivity and costs are all factors.

*“Lack of access to transport is a huge problem across outer suburban and regional areas. This is a problem for everyone in those communities, not just the elderly. Everyone is forced to drive.”*

### **Limited focus on social isolation and loneliness among seniors**

Isolation is a huge barrier, whether physical or being alone in the world. The mental health and loneliness of seniors is an area that receives limited focus. This can be changed through a change in societal attitudes to seniors.

*“I am saddened by the prospects for many in our community and left in despair that, more than likely, not much is going to change and if it does it will not be fast enough.”*

## **Achieving progress**

### **A more user-friendly system**

A simpler online system was requested for all the services most people will need as they age. This includes in-home help, carers, healthcare, the pension, etc. Seniors also want the ability to work through the process on the phone rather than online. Both increased access in regional areas and quicker



processes are essential. Make a 'plain English' sweep over relevant documents and take a systematic look at rationalising the processes required.

*"Have enough packages to cover the needs of the aged, so that people don't die before they get the help they need."*

### **Greater direct financial support from the government**

Many feel robbed by the government given they have worked their entire lives and aren't getting support now, when they believe they need it the most. This could be through a higher pension for low-income earners at least, or a variation in tax and interest structures for those living off superannuation or not receiving the pension.

*"Cheaper electricity and water charges. Incomes do not increase at the same rate as some of our utilities do."*

### **Improve connectedness through intergenerational contact and transport links**

Having increased opportunities for seniors to connect through volunteering, working or intergenerational activities in community centres will allow them to feel a sense of belonging, connection and personal achievement. Affordable options for transport need to be available (e.g. on-demand buses, improved transport connections and subsidised community transport) so people can get to the doctor or shops easily and safely.

*"Incentivising business to retain older workers and to create flexible working arrangements for older people could enable a better interchange of ideas and knowledge, better older and younger workers, and retain the value of an older worker's knowledge in the economy."*

*"... pre-schools have been taking young children into aged care homes to interact with the elderly, which has been a positive experience on both sides."*

### **Government investment in affordable housing**

The government must invest in housing and assist with living costs. This will allow seniors to age in place safely, and keep their existing networks and the sense of community they have already formed. The government could encourage the development of co-ops for housing, healthcare, transport and home services – owned and operated by the community for the community, no private providers.

*"Housing is crucial to how older people interact with their community, but at the moment there are not enough choices of housing types within the same neighbourhood."*

*"Like to see more integrated state housing for elderly people who have not been able to become self-funded or have not been able to have their own homes due to circumstances often out of their control."*



## Seniors aged 70 years or older

### Aspirations for the general community

#### Integrated and inclusive community, tolerant of all

An integrated community is essential that is fair to all, regardless of disability, mental or physical illness, wealth, ethnicity, country of birth, and diversity, with opportunities to meet new people and for intergenerational interactions.

*“Ideally a tolerant and inclusive community that values the diversity of opinions, views, cultures.”*

#### Everyone has opportunities to enjoy an aspirational existence

Although Australia is a wealthy nation, there is societal inequality. Thus, fairness and equality for all Australians need to be met (e.g. address homelessness among women over 50 years of age – the fastest growing segment of an expanding homeless population in NSW, and deeply disturbing).

*“Many people struggle to survive let alone ‘aspire’. We need a society where we can walk in other people’s shoes and cease being judgemental about another person’s situation. Utopian perhaps?”*

#### A connected community with easy access to services and transport/infrastructure

A connected community includes accessible and convenient community centres that cater to all. It also includes access to public transport and local offerings, such as cafes, churches, clubs and recreational facilities – with governments supplying enough funds for infrastructure to accommodate our increasing population.

*“We have more people and so many more cars. I understand the need for housing density. What I don’t understand is that we are not applying enough funds to infrastructure to facilitate the increased population.”*

#### A focus on overall health

A community that is active and fit, should also be driven by access to affordable healthcare.

*“As we get older there is normally some deterioration in our health and faculties, hearing, sight, flexibility and general wellbeing. Our immune system reduces and we are more vulnerable...I suggest that staying active and getting out and about is important.”*

#### Available ways to keep busy, fulfilled and enriched

Diverse opportunities for people to find enriching lives are encouraged and promoted, with access to mental stimulation and the ability to learn and volunteer.

*“To encourage a culture in our society of finding satisfaction in life by offering to serve in a variety of areas in our community, encouraging people to diversify generally in terms of participation in healthy activities, advising people on the issues they may face as they age and encouraging social engagement and support.”*

### Aspirations for ageing

#### Independence and choice

Retaining dignity and independence as seniors age includes providing choice in decision-making. Opportunities to remain financially independent and continuing to work are desired.

*“Ideally it would be great if we can retain our dignity and independence as we age. Access to support that enables us to stay in our own homes for as long as possible, to move easily around our community so that we can remain socially active.”*



## **Awareness and access to information (especially digital)**

Access to, and knowledge of, information is critical, especially in a world where everything is online; greater awareness of services available, including community services, care, disability and discounts.

*“The use of computers is way beyond [seniors’] comprehension and only causes distress if you try to talk them around...regular mail updates from council with just enough information and telephone numbers that would attract their interest.”*

## **Strong health facilities for both physical and mental health**

Understanding dementia and health issues that affect seniors is essential, as is providing access to health services and cost-effective healthcare.

*“Access to mental and physical stimulation is very important. This helps us to stay independent as long as possible and to live in our homes.”*

## **Designing community around ageing**

As people age differently, some people will be active and engaged while others will not be – cater for everyone accordingly.

*“I believe the greatest reward for an ageing person is to be valued. An environment where there are opportunities for ageing people to be involved and included.”*

*“All aged disabled are treated as one when in fact their situations are as varied as one can imagine. One size does not fit all.”*

## **Access to secure and affordable housing and encouragement to age in place**

Access to secure and affordable accommodation, regardless of age and financial position, facilitates ageing in place. Government support for those less fortunate needs to be revised to ensure enough places are provided in facilities too.

*“Also, housing is not a problem for many people our age, but the numbers of homeless older women continue to rise. These people become homeless through no fault of their own and in the current housing market the problem will grow.”*

## **Opportunities for seniors to reinvent themselves and share skills**

In conjunction with younger community members realising that seniors still have much to offer, find opportunities for seniors to use their skills acquired through their working life to support others, e.g. through volunteering or some paid casual work.

*“Respect for knowledge and experience and being able to use that to assist others rather than being dismissed as too old.”*

## **Top barriers to progress**

### **Inability to access services (funding and knowledge)**

Not every member of the community has enough financial support or knowledge capability (e.g. digital access not possible) to access services. Although the national My Aged Care service aims to solve some issues faced, it does not adequately do so and needs improvement.

*“Funding for services for older people is disjointed, i.e. some federal, some state. Access is sometimes difficult and the levels of funding discriminatory with continual changes making it difficult to plan your long-term financial stability if the 'playing field' keeps shifting.”*

*“Some local government areas have excellent programs for their ageing populations but in other areas the services are very sparse. It should not depend on where you live to enable you to get services.”*



## **Ageism is rife for seniors**

Ageism is experienced by some in the community, and others who have not personally felt the effects of age discrimination, acknowledged that it is present in the community. It is also an issue for those who wish to remain in the workforce but are discouraged from doing so, either because younger people assume they are no longer capable or for financial reasons.

*“I often get the feeling that once you are 70 you should be consigned to the shelf – you have passed your use-by date. There is not always the respect for the aged that I’d like to see – e.g. a young person giving up their seat on a train, etc.”*

*“People should be able to work past the state-ordained pension age if they are up to doing the job. Or if not doing the job they have been doing, then used in some capacity as mentors to other people coming up through the ranks.”*

*“Society’s bias against older persons taking (or retaining) gainful work, although solving the financial challenge of the demographic transition, requires encouraging people to stay economically active for longer.”*

## **Senior isolation**

A portion of the ageing population reports feeling invisible, isolated and alone.

*“I do mind the feeling of sometimes being invisible or, if not that, viewed as someone who has always been old, someone of no value, someone who is a silly old thing.”*

*“Mental health is another area that needs more understanding and support. Loneliness can lead to depression, fear of going outside, meeting new people. The loss of inter-generational living compounds dislocation for the ageing.”*

## **Profit-based approach, with limited government funding**

Some Sydney seniors felt that society was run on a profit-based approach; that the pension is too low, there is not enough government funding for ageing, and that there needs to be a person-centred approach.

*“We see it in the abuse of the environment that puts the degree of company profit above the health and well-being of the general population. We see government agencies hold meetings, monitor, document and write reports without ever actually taking any meaningful action – many of the examples are related to environmental matters... we do not respect our first nations.”*

## **Achieving progress**

### **Government action to lead change in attitudes and capability**

The community would like the government to put policies in place to address ageism and provide funding and access to services. Additionally, governments legislating limits on fees or charges by private companies, including medical specialists, would address the challenges faced by the older Sydney community. An ageing awareness campaign through TV snippets might be a way to go.

### **Enabling greater community engagement**

Governments can support community wellbeing activities with the provision of ideas, encouragement and seeding funds where indicated. These activities enable one to know neighbours, be a part of community activities and build social networks to have good mental health.

*“My neighbours are friendly, and we have been able to help each other during the lockdown by sharing our cooking, produce shopping and daily checks.”*



### **Offer adequate transport**

For the Sydney seniors' group, transport and access to services are linked. Access to groceries, medical services and recreational activities is lacking for those not able to drive.

*“Community representatives should declare our value... More community buses for concerts and outings. Doctors to visit us at home when needed. Free grocery delivery for less than \$100.”*

### **A greater focus on self-guided healthcare**

The government should work with communities and associations to promote healthy exercise and sports activity for seniors. This includes special seniors' events and also senior's categories within general events. Healthcare professionals are a key point of contact and can provide information on mental and physical health to older people.

*“A few years ago, the Howard government encouraged elders to walk 10,000 steps a go and the outcome was that a lot of people signed up and improved their health. Health is impacted by exercise, what we eat, genes and good luck. Medicos and doctors can help but so too can we.”*

### **Well-funded community-led initiatives**

Local members of parliament and leaders to engage with older members of the community to understand issues being faced and try to address them. Attending local community meetings and action at localised levels is desired.

*“Would like to see the Council run activities and entertainment on small scale for each suburb, which could utilise the community and church halls and library spaces. Even if this means only 20 to 50 people attend, there is more chance of talking and mixing with others and therefore forming friendships.”*

*“I can only reiterate the importance of involving local governments who, whilst appreciating the needs of aged persons, generally are better placed to identify the actual difficulties as well as advantages of their own communities, and act on them.”*



# 5 regional consultations

seniors aged 50 and older



## 5. Regional consultation findings

Consultations with seniors across five regional areas of NSW were held over Zoom conferencing. Video conferencing allowed for real-time insights to emerge on issues facing our ageing population.

Discussions were similarly directed by The Harwood Guide – discussion guide for all consultation sessions (see Appendix) to canvass issues around ageing that resonated with the participants and other seniors in regional areas.

### Newcastle and Wollongong seniors

#### Aspirations for the general community

##### A sense of community

Seniors in Newcastle and Wollongong would like to have a sense of community in the area. By this, seniors in the community want to engage with each other, and have activities and a shared experience and inclusion.

##### Promoting a healthy lifestyle and good wellbeing

Physical and mental health for the community are fundamental aspirations for people of all ages.

##### Respect for seniors

All members of society, including younger people, should respect the elderly and treat them compassionately.

##### Physical safety from violence

Safety from physical harm is a fundamental aspiration for all, and some seniors would feel more comfortable in their community if there was greater police visibility.

#### Aspirations for ageing

##### Ageing-friendly design as cities grow

A community that is dementia-friendly can be created by providing training for the broader community to understand and support those with disabilities and mental illnesses, and by increasing awareness of the issues and barriers faced by those less able. Age-friendly communities also require good physical accessibility.

*“We should teach baristas to know what to say if someone with dementia forgets their order. Rather than hurrying them along, maybe they could ask, ‘It looks like you may have forgotten what it is you were after. Was it a latte or maybe a cappuccino?’”*

##### Providing a sense of purpose

Having an individual sense of purpose and value is important to seniors in Newcastle and Wollongong. These seniors felt they have valuable knowledge and experience to pass on to the next generation, and that this needs more recognition in the wider community. Additionally, contact with younger people would enable older people to not feel pushed aside. As they age, they feel they need ongoing learning and engaging opportunities to feel a sense of purpose and value on an individual level.

*“I want to be useful and relevant, not that I’m a burden and sucking up resources.”*





## **A health-focused community**

The community feels that maintaining physical health and staying mentally healthy as you age is important. Seniors on the North Coast would like their community to have a greater focus on good food, sleep and exercise, and be peaceful.

### **Respect for seniors by younger people**

Seniors would like to see young members of the community show respect towards their elders.

## **Top barriers to progress**

### **Limited transport system in the towns**

For those who cannot drive, the public transport system provides limited services to get around Newcastle and Wollongong. Poor timetabling does not assist older, more vulnerable community members to get to the services they need. This includes getting groceries and going to medical appointments but is also an issue for social activities.

### **Limited access to health services outside Sydney**

Fast and equal access to health services regardless of your age is not like it is in Sydney.

*“My colonoscopy was delayed because I am 70.”*

### **Low awareness of information on support – capability to use digital sources**

Some members of the community are not aware of the resources and information available to them. They have no computer access or lack knowledge of how to use the technology.

*“Knowing about what information and resources are around. The government should provide links.”*

### **Unaffordable housing**

The community felt that some people, such as renters on the aged pension, were not being supported and are left without housing. Homelessness is an issue, as is difficulty in meeting the weekly rent bill.

### **Regional seniors are isolated – transport an influencing factor**

Loneliness is a barrier, and this is increased for some by limited access to services due to a lack of transport. Depression and mental illness need to be addressed, and loneliness is a key factor for some of the community.

## **Achieving progress**

### **Improve transport**

A better bus system was a key request. Additionally, services that help address the needs of those not able to drive, such as ways to deliver groceries or heavy things, could be of great assistance.

### **Provide appropriate support to access information**

The community would like websites to share information on what services and support are available to older members of the community. Government and non-government support should all be detailed in one place. This includes services for people in different stages of ageing.

*“We need to know what services are available, and at the right time.”*

### **Educational opportunities for reskilling**

Educate seniors to use computers and offer free learning opportunities.



*“A lot of us want to keep learning but university costs are too high as the fees won’t be recuperated. We will not go on to earn more money from further study and the cost can be off-putting. I’d like to see free TAFE or university courses.”*

### **Checking in on isolated seniors**

There should be platforms to bring like-minded groups together for social activities and a sense of community to prevent isolation and poor mental health in vulnerable populations. There could be a buddy system for residents to keep an eye on each other and phone calls to confirm wellbeing.

*“Home visits for people that live alone to make sure they don’t fall through the cracks and they aren’t left alone for 2 weeks.”*

### **Ensure carers are adequately supported**

Seniors cannot remain independent forever. There needs to be adequate financial support or respite for carers who take on caring responsibilities.

*“Carers should be given more support so they can continue helping.”*

## **South Coast NSW seniors**

### **Aspirations for the general community**

#### **A self-sufficient South Coast region**

There was a strong drive among South Coast seniors to stay on the South Coast as they age, and to have everything they need at their doorstep to live healthy and fulfilling lives. This includes having all necessary amenities in the regional area, such as hospitals, shops and cultural experiences.

*“Target stores around Australia are closing so the Cooma Target has recently closed. There is no department store in Cooma. Biella is the same, very few shops. We have to drive elsewhere.”*

#### **Fair and equal opportunity across the region**

Equal opportunity and fairness is wanted for all members of the community of the South Coast. This includes equal access to information and for members of the community to be aware and cognisant of each other’s problems and advocate for one another.

#### **Tolerant and inclusive communities**

The community values respect for one another, tolerance for each other’s differences, and kindness.

#### **Health is prioritised**

Mental and physical health are important to the community, including being active.

#### **Integrated community for all**

An involved South Coast community for seniors includes integration and involvement with each other in the local community where seniors are involved in decision-making processes and have a say in society.



## Aspirations for ageing

### Capability to easily move around the region

For all South Coast seniors to have the capability to get around means having the ability to drive a car for as long as possible given the distances between some towns or, alternatively, having good and cheap public transport.

### Available local health services

Fast and equal access to health services that are not far away is essential. Too often, seniors need to travel as far north as Wollongong and Sydney for minor appointments.

### Accessible information on services

Understanding what services and support is available to the community as they age is necessary.

*“I don’t feel there is a ‘one-stop shop’ arrangement to match up vacancies with the needs of your client/person. You must call people off a book and find a vacancy for care.”*

### Regional advocacy for seniors

South Coast seniors should be represented and thought of in policy and decision-making.

*“To feel someone is representing you in decision-making.”*

### Senior rights respected

Being respected includes having the right to make up your own mind, e.g. in issues like voluntary euthanasia.

## Top barriers to progress

### Poor public transport

Public transport is a big issue for the South Coast ageing community. One bus a day for some areas means limited access to services, including health services.

*“Living regionally means relying on a car.”*

*“For older people that cannot drive, they can’t always get a bus back from another town or Sydney after an operation.”*

### Lack of access to amenities

Being regional means fewer amenities are available than in metro areas. Not all older people feel comfortable using technology or have access to computers for online shopping, so getting groceries can be difficult. South Coast seniors must travel to other towns to access services.

*“There are no services available on the South Coast, this is worse than in metro areas.”*

### Seniors’ rights not respected

The community feels rights for seniors are not respected. There were calls for better oversight, accountability, and auditing of private service delivery to ensure seniors are not exploited.

*“The Gold Card for pensioners is good but there isn’t enough oversight.”*



## Poor spreading of information

Many South Coast seniors are not aware of schemes and services offered for support. Addressing this includes options such as traditional mail so those without access to computers can access this information. Additionally, it can be hard to know where to look to find information.

*“People don’t know what is available to them or how to find out.”*

## Aged care lacks quality oversight and is not up to standard

A lot of the offerings are understaffed or not managed well, often not meeting quality that is acceptable for dealing with people.

*“Once you find a vacancy somewhere, you then have to do the research and check prices. It is difficult to find this out.”*

*“I have been visiting nursing homes for a decade [for work and to visit relatives]. I would hate to live there.”*

## Achieving progress

### Improve public transport / localise amenities

The South Coast requires better public transport as not having this equates to less access to health services and increased isolation. One bus a day for some areas is not enough, and the cost of taxis to get to medical appointments is way too much.

*“Living regionally means relying on a car.”*

*“For older people that cannot drive, they can’t always get a bus back from another town or Sydney after an operation.”*

### Provide better access to information / increase awareness

Provide a readily available list of South Coast service providers on the council website, e.g. detailing services for Seniors Card holders. The information should be split into information for seniors and for carers/children.

*“We need a ‘one-stop shop’ for aged care homes to find the right accommodation, vacancies and different price points. My Aged Care could be it, but it does not work. I had to call up and ask about vacancies after eventually finding the right place, to find out they did not have any.”*

*“An Advanced Care Directive has been helpful. Mum did everything beforehand and it took out the emotional issues for us and prevented us from having to sort it all out.”*

### Check-ins for regional seniors

It is a community responsibility to check in on other vulnerable community members.

*“Maybe we need an advertising campaign to remind people to do this.”*

*“We need a ‘central intelligence unit’ like the local butcher that knows their regulars and notices if someone stops coming in.”*



## North Coast NSW seniors

### Aspirations for the general community

#### Happy, peaceful, calm

The seniors on the North Coast want a community that is healthy, happy, peaceful, calm, caring and free from an aggressive and negative media, where the community is respected as a whole, and people live with dignity.

*“Meditation helps so would be good for government to promote a healthy lifestyle. Designed to help you cope.”*

#### Empathetic and considerate of inequality

Seniors on the North Coast want to see an emphasis on empathy for people who do not have enough to survive on and do not know what is available.

#### Employment opportunities for seniors

Viable employment for seniors needs to be a priority. People in their late 50s and 60s, and women who are on their own, renting and with no super, need employment options and will never get their heads above water without these opportunities. They have nothing behind them.

*“Unemployable because don’t want to hire older women and others agreed. I doubt even with my qualifications I would get a job now.”*

#### Where regional people are not left behind

A large number of regional people need:

- more sufficient funds to look after their future
- waiting lists for community housing to be short
- social issues such as drug use, youth unemployment and psychotic episodes to be given the right attention so other community members feel safe
- sadness and domestic violence in older couples to be addressed.

### Aspirations for ageing

#### Adequate government support for retirees

The government needs to provide support for seniors struggling with finances. The pension should be a high enough amount to be sustainable as first-time homelessness for people in their 70s can be alarming. Rising health costs and less money means a shortfall for seniors.

*“People should not be poorer at retirement age and forced to give up work.”*

*“[An] elderly person will not be as good but we have more experience so you would think we would be better.”*

#### A healthy community

Gap-free healthcare is an aspiration for seniors on the North Coast.

*“Income inadequate, my husband retired 71 this year, joined medical fund just before retirement – and even though \$600 a month for private health insurance, out of pocket \$3,000 for shoulder.”*



## **A connected community with adequate transport**

Transport should be a priority on the North Coast to enable residents to get around. More than two chances a day to catch a bus should be a given – if you could get on a school bus it would be fantastic!

## **A community that prevents social isolation among seniors**

Social isolation is a reality that needs to be addressed – community centres in town should be utilised better and seniors encouraged to join a club or volunteer.

*“Join tennis, probus, volunteer, feel like you are helping someone and helping yourself at the same time. My experience with retirement homes most dull and depressing places. Need to mix ages, (SES, Wildlife) so you don’t lose all your friends – get stuck in a rut in nursing homes, not enough activity and then they all sit around looking at each other – totally bored.”*

## **Top barriers to progress**

### **Inadequate income support**

Services and basic needs cannot be budgeted for appropriately, with poor aged pension levels also a concern for both pensioners and some self-funded retirees. There is hope that more assistance will be provided, such as an increased pension or systems to help seniors stay in their own communities.

*“Looking at two friends in early 60s does not have enough money left to eat well after paying rent – they have \$30 a week budget for food. They cannot afford protein and they look unwell. Agree – affordability – the price of food in Port has nearly doubled from COVID-19.”*

### **Poor nutrition leading to bad health outcomes**

There is limited health advice on good nutrition. With food that is expensive, food preparation for single seniors is not always viable and existing food services are not financially accessible for many.

*“Meals on wheels is expensive and not cheap. Food preparation places like catholic care for aged run soup kitchen in Port. Not comfortable for ageing people going there as for young people. Funerals to get a feed is something everyone could relate to.”*

*“Many do not like to cook for one – if it is just me why turn on the oven – cannot afford power!”*

### **Loneliness is a key issue**

The loneliness issue needs to be solved – e.g. seniors can get together to cook, they can teach younger people, older people get a buzz, and it is provided by government. If they are charged they cannot afford it so it would need to be free.

## **Achieving progress**

### **Regional prepaid transport card**

The regional prepaid transport card, like a prepaid visa issued by Westpac, to pay for petrol is excellent. Some seniors indicated they have used the regional seniors travel card for the rail pass and might use it when they open the borders!

### **More exercise options**

Providing online lifestyle opportunities – yoga, exercises – to get people interacting across the region through joining groups, will hopefully lead to outdoor exercising.

*“Building a bike path, walking paths around lake – get annoyed about people coming here and then not wanting others to arrive. Ocean pool at Port unlikely to go ahead due to greenies, local pool is full and taking 45-minute bookings.”*



## **Encourage connections with neighbours**

We should encourage connections with neighbours or have seniors meet people at clubs and socialise in the area – encourage them to do things.

*“Probus club nominated three people who live alone who had to be contacted each week and it has cheered people up and helped fix depression. Built stronger connections. Nod and smile when walking and builds community and support. Port Macquarie - people smile, say hello - out of towners frown.”*

## **Western NSW seniors**

### **Aspirations for the general community**

#### **Friendly, caring and inclusive**

Having a multicultural, peaceful and unified community regardless of ethnicity, gender or age is important to this group. Having a friendly and connected community means everyone will help one another when needed and it is believed that through doing this we will build a supportive community for the next generations.

*“All encompassing community – part of community and community is part of you so I know I can knock on neighbour’s door and they will help me solve it and look after me.”*

#### **Safer towns and transport so seniors can move about**

Creating country towns that are safe for seniors to move through is important. Frequent transport services are ideal to minimise wait time and loiterers, and to ensure safety on public transport (no waiting at railway stations, safety on trains and buses).

*“Transient part of Goulburn lives in Housing Commission because angry young people living there, and I don’t feel safe sometimes. Need to respect older people.”*

#### **Equitable access to housing and health**

Everyone in the community should have the ability to access housing, services and other amenities within the community in a safe manner. Access to health services in regional and western NSW locations is also a strong aspiration.

#### **Accessible communities through good public transport**

Public transport is essential within a community, especially for seniors who are unable to drive in further western locations and need to access health services in other locations.

### **Aspirations for ageing**

#### **A public transport hub for seniors to get about within their regional towns**

Enough transport services should be available to allow seniors to access town centres (at more than two points in a day) so driving is one of multiple options and not the sole method of transport. Having more frequent public transport options will also increase the independence of those who are unable to drive and allow them to access services and remain active within the wider community. Safety on public transport is also a key factor.

*“Driving is really the only option because you need to drive. Mudgee has no public transport from one town to another so must give up work as they could not access.”*



*“Cannot even walk on a safe footpath to town – the nature strip is wet grass and I slipped and fell, buses very difficult or do not exist.”*

### **Accessible services**

In regional areas, many spend a lot of time travelling to larger community hubs for care and access to community services. Having the same opportunities as larger hubs is desirable for rural and remote locations. Disability access on buses and trains, and allocated car parking spots were also requested by the community.

*“Regional hospital will always have to transfer you, and this is an issue living in a country town. Two weeks with a broken leg and transferred to three hospitals and it took that long!!”*

### **Affordable services**

Affordable services and basic needs such as housing for pensioners and self-funded retirees were also key aspirations. An adequate pension and support systems to help seniors stay in their own homes/communities were desired.

*“Housing is expensive on retirement and limited pension and it would be good to stay in your community but you might not be able to afford to stay when not working.”*

### **Ways for seniors to connect**

Connecting with the community is extremely important because it allows seniors to contribute and be valuable through sharing experiences and knowledge with the next generations, while also allowing them to feel valued and worthwhile. Many were aware and are a part of the U3A in their local community, and would like heavy promotion for these types of groups.

### **In-home support services**

Living independently is the goal for many within the seniors community. Having support services available to assist them to ‘age in place’, such as cleaning, lawn mowing, community transport and shopping, would be an attractive option for the majority.

## **Top barriers to progress**

### **Lack of accessible, co-ordinated and affordable services**

Lack of available and affordable health or in-home care services is a barrier in remote or regional locations. Home care is in high demand as seniors want to age in place but know they will eventually need to receive assistance. My Aged Care has a long wait list and the pension is limiting.

*“Access to health and transport are the biggest issues in my community – department of health allocates funds and should be equitable across regional areas, they need to bite the bullet and do something about it.”*

### **Poor digital skills / mistrust of technology**

There were concerns that regional Australia does not always have coverage. Many seniors do not trust the intrusiveness of technology or are disadvantaged and cannot have the same access due to their location, abilities or funds.

*“I am good with technology, but my husband would not manage on his own. Copper wire and we drop out all the time in Bundanoon. Some people do not have home phone, mobile or internet due to expense. Phone should be essential service and funded.”*





### **Government support is lacking so expectations are low**

The community feels the government expects too much from seniors and there is an assumption that all seniors can look after themselves as they age. The community feels this has resulted in insufficient support, and they need more support to do the things they need and want to do.

### **Poor societal attitudes towards seniors**

Seniors feel they are being forced out of work, regardless of the skills and expertise they have to offer. They feel they have got a lot more to give and want to have a reason to get out of bed and stimulate their minds. Some seniors have tried to volunteer but were not given the chance, thus denying them the opportunity to feel fulfilled and valued.

## **Achieving progress**

### **Simplify the system with a one contact agency for age-related services**

The process of accessing age-related services would be significantly easier if only one agency needed to be contacted. Many seniors are on their own and need to work it out themselves; simplifying the system will make it a less stressful procedure.

*“Provide ONE CONTACT place for everything – pull up a file and they know what people have and can then work out what is needed and organise it, such as home care assessment, transport, etc. BROKER in the middle is missing and would be a great support! As the system assumes you have someone to advocate and often no one is there as family is too far away.”*

### **Create an ageing helpline for services**

Providing seniors with the ability to call is essential since many of those within the relevant age group are unable to navigate an online system. Many have experienced waiting for hours on hold.

*“Not working for seniors as not all have computers or can get online. Our ability to access online services is reduced with cognitive decline.”*

### **Increase funding support for basics**

Providing affordable health or in-home care services, as well as access to the basic utilities to live without fear of poverty, could be achieved by increasing funding support for basics.

### **Shift community attitudes of seniors**

Seniors feel they have much to offer with their skills and this experience should be utilised.

# 6

## specific cohorts

- LGBTQIA+
- Culturally and Linguistically Diverse (CALD)
- Indigenous



## 6. Specific cohort consultation findings

A combination of Zoom conferencing and online forums on ageing were held with seniors identifying from specific cohorts. This included those from culturally and/or linguistically diverse (CALD) backgrounds, or lesbian, gay, bisexual, transsexual, queer, intersex, or asexual (LGBTQIA+) groups. This was to ensure inclusion and allow contributions on the future of ageing in NSW from all seniors.

The Harwood Guide – discussion guide for all consultation sessions was again employed as the foundation of the discussion (see Appendix).

### LGBTQIA+ seniors from Sydney

#### Aspirations for the general community

##### A government focus on society and people

Politicians need a kinder and gentler focus on people, not just economics or profit. There should be a prioritisation of civil life and focus on long-term and meaningful projects (e.g. infrastructure), rather than themselves. Many LGBTQIA+ seniors aspire to having trusting politicians, free from political perks and egos.

*“Politicians need to pull their heads out of their behinds and look at meaningful long-term infrastructure projects that project to 19–20 years and not only short-term stuff for re-election.”*

##### Quality and affordable housing

There was consistent preference across the group to be able to stay longer in one’s home, where they can age in their own community where they are comfortable. Additionally, affordable and quality housing must be available to the historically marginalised, e.g. women.

*“I want to be able to stay in my community as I age. This means it needs to be walkable, accessible and have services I need within easy reach.”*

##### Social inclusiveness, especially for our First Nations people

Focus on a progressive and inclusive NSW that meets the needs of diverse communities, diverse sexual identities, gender, sex, age, culture and languages. The LGBTQIA+ community aspires to have a community free from discrimination that inhibits progress for historically marginalised groups of people. They would like a focus on recognition and reconciliation with Indigenous Australian peoples.

*“Aboriginal reconciliation has been a shamble – it’s a national embarrassment to us all in that NO real fix has been found to get us as ‘one good mob’ – Get it sorted once and for all.”*

##### Community mobility for seniors and people with disabilities

Advance mobility capability should be provided for seniors, with a strong focus on health improvements. Accessibility of our communities should be sufficient to deal with the health needs of seniors. This ranges from those having less capability to move around, people lacking support from carers, and those with insufficient transport options.

*“There has been tremendous progress in areas such as facilitating older people to move around and participate (including infrastructure for physically disabled people). We’re a country of complainers, but when you look at where things were 20 years ago...”*



## Aspirations for ageing

### Social capability / independence

Opportunities should be made available for seniors to socialise, interact, and connect with their own community so they stay engaged and relevant as they age. This ideally will be focused across intergenerational groups and cater to all sub-groups. Several LGBTQIA+ group members mentioned that enabling independence will allow seniors to continue to enjoy activities that younger people have access to. Some seniors would like to be able to still attend music venues, go on bush walks, meet at bars, etc.

*“We need to maintain a vibrant community that enables all ages to integrate and co-exist. ‘Normal’ communities would include people from all age groups, socio-economic status, cultural backgrounds. We can create a welcoming community if we have all sub-groups represented.”*

### Inclusiveness within their communities

There is a strong desire to have a NSW community that enables LGBTQIA+ seniors to remain in their own community for longer – whether in one’s own home or in a community where they are comfortable. Alternatively, aged care facilities need to be welcoming in terms of openness and inclusiveness for LGBTQIA+ seniors, particularly if a couple were to enter a facility.

*“I want to be able to stay in my community as I age. This means it needs to be walkable, accessible and have services I need within easy reach.”*

*“I’d like to maintain my independence at home for as long as I can, because while I probably do see a nursing home at the end of my run, I’m focused on maintaining the best physical and mental health to reasonably keep that option at bay as long as possible.”*

### Adequate health offering

Access to well-resourced healthcare is essential, with the understanding of the overall benefits this brings. It is crucial to enable people to remain at home longer, to become more independent through an active lifestyle, to connect with their communities, and to remove high causes of stress, anxiety and depression – known outcomes of poorly accessible and costly healthcare.

*“We’ve contributed to life and work all our lives – don’t imprison us with medical delays and excuses.”*

## Top barriers to progress

### Incompetent planning and policy system

Society’s drive for profit and economic growth is incompatible with caring for people (i.e. seniors) and the environment, with many organisations focused only on profiteering from aged care. Our urban (and rural) planning is limited by its reliance on out-of-date paradigms. Planning is so outdated and ineffective, leading to reliance on proving private benefit over public good.

*“We have a society which is driven by profit and economic growth and cares little for people, rivers, trees, animals and air.”*

### Ageism across the community

While there has been some progress, discrimination continues to inhibit progress for seniors. Seniors are treated as one voting bloc but not much care is taken to understand the nuances of what is a large and diverse group of people. For example, one ageing strategy meant to cover all people when many varying needs exist, such as those for LGBTQIA+ people.

*“Older people seem to be treated as a voting block but not much care is taken to understand all of us.”*



### **Failure to focus on inequality**

The widening gap between those who have and those who do not was identified by this group. Financial stress has become more common within the retirement community. Seniors require places, events and opportunities in the community where all seniors participate/gather in a fiscally more neutral environment – not just those that can afford to access services. This inequality is influencing a ‘ghettoised’ environment for many seniors, many of whom are isolated in pre-determined communities.

*“Regardless if people are from minority or mainstream tribes, any government (local, state or fed) struggles to support financially strapped seniors adequately, in the eyes of many.”*

### **The invisibility of LGBTQIA+ couples – influence of faith-based providers**

There is a worry about aged care options when they are needed – particularly with some faith-based groups asserting their right to discriminate. That bias and homophobia will prevent ready access to certain facilities (especially if they are needed last minute). A diminishing hope exists that an older LGBTQIA+ person will eventually blend in more as couples are split up by death and one becomes ‘one-of-many’ in a group of older Australians.

*“I fully expect bias and phobia against my lifestyle by some facility administrators and carers...it's not a big thing for me as I've batted that one away much of my life, and I'm fine with it.”*

*“I think you probably become more invisible as a lesbian couple. I do worry about aged care options when they are needed. I would like to think everyone is more enlightened but with some faith-based groups still arguing about their right to discriminate, obviously not. In some ways I imagine as an older lesbian you will eventually blend in more as women tend to outlive men and you will be just one of many in female groups of older Australians.”*

## **Achieving progress**

### **Promoting social inclusiveness**

Promote greater social interaction so that the wider population fosters skills and inclusiveness, with a focus on mental and physical wellbeing. Government outreach targeting ageing communities should be designed to provide information that continues to educate all Australians on differences, to promote not only tolerance but an understanding that others should not feel threatened.

### **Genuine urban planning and innovative solutions are required**

Design and plan communities with affordable renewable energy, water-wise planning for streetscapes, housing, and industrial buildings. Plan community infrastructure that includes affordable housing, suitable for vulnerable groups, the aged or those with easy-access requirements. The government needs to reward better planning outcomes.

### **Communicate and offer choice**

Continue to communicate choices and opportunities where people can physically and intellectually engage at different levels, through common interests.

### **Address housing**

There is a worry about being able to access aged care options when they are needed – particularly given some faith-based groups assert their right to discriminate – and that bias and homophobia will prevent ready access to certain facilities.



## LGBTQIA+ seniors from regional NSW

### Aspirations for the general community

#### Community diversity

The community aspires for all regional areas to be accepting of diverse cultural groups and sexual orientations – LGBTQIA+, First Nations and multicultural groups – in line with metropolitan regions. Promotion of a diversity of cultures and age groups is a goal. Recognition of their diversity and their ways of life is crucial in feeling a sense of belonging and value.

#### Free from discrimination

Regional towns need to be open to LGBTQIA+ and culturally diverse people. An LGBTQIA+ commissioner would give direct access to all government departments, and deal with policies and complaints.

*“In Victoria there is an LGBTI commissioner – this is a good example for NSW’s improvement – such commissioner would help NSW as an acknowledgement of the LGBTQIA+ community and general diversity. Also this person could focus specifically on LGBTQIA+ community problems.”*

#### A health system that considers minorities

Regional LGBTQIA+ seniors would like a community that is mindful of health and education, with a healthcare system that acknowledges and addresses specific health concerns for LGBTQIA+ people.

#### Accessible regions

The ability to get around without a car is necessary, to access amenities and social activities.

### Aspirations for ageing

#### Respect for seniors

The community aspires to have respect for all seniors, and be supportive of the ageing population.

*“We need to take a page from the book of local Indigenous members and Italian communities.”*

#### Acceptance of LGBTQIA+ couples in aged care

The LGBTQIA+ community aspires to be seen and not forgotten by the mainstream. This means having enough services for every ageing minority group. Acceptance of LGBTQIA+ couples in aged care homes should be encouraged and advocated for, allowing LGBTQIA+ people to express themselves freely, as do heterosexual seniors.

#### Emphasis on age-friendly communities

Age-friendly and dementia-friendly communities should be designed, with mobility and accessibility in mind, special access for people with disabilities around cities/towns. Public transport should be available, with frequent routes and times, especially during holidays and weekends.

### Top barriers to progress

#### Localised health issues for the region are not prioritised

Some older regional LGBTQIA+ community members experience more domestic violence and longer-term alcohol misuse than the general regional NSW community.



*“We need to promote more respect and a healthier community for the ageing population, that they don’t become invisible.”*

### **Public transport is poor**

Public transport was found to be very difficult for members of the regional LGBTQIA+ community, and some people do not have ways to get around.

### **Ageism is rife in regional areas**

The depiction of older people as less mobile is stereotyped in society. Additionally, the community feels they are lacking in rights and treated unequally.

*“We need to start seeing ageing as an asset and a resource, not a deficit.”*

### **Lack of advocacy to get government funding**

The government does not listen to the needs of regional ageing LGBTQIA+ people, and ageing is not a focus for local councils. To get funding to be spent on regional areas, the group felt they needed advocacy. Additionally, they felt funding was being spent on the wrong things and not given to people in need in the community. This shows the government is not listening or is not acting in the best interests of the community. Government accountability would help this.

## **Achieving progress**

### **Improve government advocacy with an LGBTQIA+ commissioner**

A commissioner would provide a voice to make change through direct access to all government departments, with an ‘LGBTQIA+ lens/focus’.

### **Provide easy access to information**

A ‘one-stop shop’ would increase awareness and provide seniors with information on what services exist and are available to them and service providers. It would generally lead to better dissemination of information, e.g. that there is a Ministerial Advisory Council on Ageing and an existing ageing strategy.

### **Create housing strategies for homeless seniors**

Models of housing need to be updated – do not create ghettos. They seem to exist but no one knows what to do about it. There is a housing crisis – unliveable houses, unaffordable houses – that is disproportionately impacting women.

### **Improve media coverage to raise awareness of ageism**

The lack of public awareness needs to change; the media can change the notion that ‘elderly people are invisible’ – a sentiment repeated across participants. Systemic invisibility of seniors starts with changing attitudes towards discussing the value of seniors.

## **CALD seniors from Sydney**

### **Aspirations for the general community**

#### **A community that appreciates the special position Australia has achieved**

This group is the most appreciative of the progress achieved by the NSW community. They believe other members of the community do not grasp the quality of life that Australia has relative to their home



nations. Therefore, they want a community that appreciates, respects, and celebrates the ‘good’ life that NSW has been able to achieve.

*“I want to live in a community that respects and celebrates Australia’s history, laws, and celebrate what we have achieved as a nation that embraces people of many cultures, values and beliefs.”*

### **Inclusive of the real diversity that exists**

There is desire for more tolerance of different ethnicities in Sydney, for true harmony and respect for the multicultural society that has enabled Sydney to be so successful. Being diverse means finding ways to integrate people of diverse nationalities through embracing their cultures. Encourage everyone to keep the unique parts of their traditions alive to help progress NSW society even further.

*“Being diverse is embracing different cultures so that people can be more understanding of each other and not post judgement or stereotype as well as diversity in ages. Back to basics.”*

### **A healthy community**

A focus on good health was another priority. While many seniors are highly capable and motivated to maintain a high level of fitness, there was the notion that many seniors did not, or could not, prioritise their own health, often due to mobility or financial restrictions. The CALD group wants a community that encourages a good and healthy lifestyle for all in a cost-effective way – not a society where fitness is driven by a desire for profit.

*“Without a healthy environment, there is no future, or at least not a comfortable future. Our health is important too for quality of life and for continued independence as we age.”*

### **Focus on the ageing population**

A community that does not neglect its seniors is important – especially in times of crisis like during the current COVID-19 pandemic. There is a view that current aged care service providers and community organisations need to work together to create a happy and contributing community, to understand the challenges (e.g. languages) that CALD communities may face.

*“I envisage a society where the elderly is respected, cared for by both family and/or institutional centres (Aged Care) and where society delivers the necessary social, health, and security services that our ageing population requires.”*

## **Aspirations for ageing**

### **Opportunities for seniors to connect**

Many feel that the level of harmony in NSW towards diversity is not as it could be. Common and permanent spaces should be provided that allow seniors of all backgrounds to meet and interact – whether that be village-type environments or virtual. The spaces need to be permanent to provide independence where seniors can connect at their own time. This group highlighted connecting seniors, across cultural bridges, in common and permanent spaces, as being able to achieve this harmony.

*“Our NSW community should focus on connecting the seniors and promoting their fitness. Ageing to be is more to do with mobility. If your body still fit to move around for everyday activities and looking after self, then ageing is not a problem.”*

*“Village-type environments need to be created for seniors. Even if seniors are living at scattered places, virtual village creation will help them more connected!”*

### **Culturally sensitive activities and services, at a minimum**

Sydney’s CALD group wants to live in a society where culturally appropriate services and activities are provided, rather than only having access to anglicised offerings. For those who emigrated later in life and





are not comfortable with the English language, it is important for services to be provided to meet the needs of different cultural groups. This can aid a more tolerant community that respects the many cultures that live in NSW. Cross-cultural activities can improve that tolerance further.

*“Some will say that you're in this country so you should assimilate, but put yourself in their shoes – could you learn a new language if you were 50 or 60 or 70? It's not easy.”*

### **A fair, affordable, equitable health system for seniors**

People should be able to feel they can afford to see a doctor or dentist when they need to or get glasses or hearing aids for support if they need them. Health is paramount to the quality of life of seniors.

*“I want to see the elderly being looked after by the government and by health services alike. We, the elderly, have contributed a lot in the making of our society. Now we need to be sure that our health needs are covered. We do not want to pay private health insurance anymore since our meagre Pensions won't allow it.”*

### **Support for seniors to be independent**

Independence is viewed as highly desirable by this group – whether it is carrying out necessities like shopping or remaining in home for as long as possible. Having support is a recognised need among this group – again, support that is culturally sensitive – so that seniors can continue to have choice in how they live their lives.

*“If we can do some basic things like shopping, reading, going around without assistance then that will be something I will prefer.”*

### **A focus on the ageing population across policymaking**

Elevate the priority of seniors in the policy process so that the desires of seniors are respected, valued and implemented. Current aged care service providers and community organisations also fall into this category. Ageing and therefore the 'aged' must now be integrated back into the total aspirations of the community. Reflect on how these aspirations of 'giving and contributing' and being useful and productive can fit into the aspirations of the whole society.

## **Top barriers to progress**

### **Government inability to take appropriate action to address the needs and aspirations of seniors**

The CALD seniors felt organisations in seniors networks were all working in silos and had no power to reach out to the political system to ensure a basic standard of living. The group saw the government as having lost political pragmatism in acknowledging the true issues, providing poor financial support. Governments seem to be at a loss as to how to address or invest time and resources in this and other issues affecting older Australians.

*“A good example has been the Job Keeper and JobSeeker allowances paid to workers without any regard to retirees both on aged pensions and self-funded. With the economic downturn, lower interest rates, poor superannuation returns, etc. how do retirees survive? They are often the ones spending on restaurants, travelling, and making significant contributions to the economy yet are completely ignored.”*

### **Discrimination and stereotyping based on age**

The group was highly invested in how discrimination on the basis of ageing is condoned, despite it not being allowed on the basis of race or sex – so why do we compare the young to the old? They perceived an erroneous mindset or negative perception towards the aged.

*“I think the negative attitudes are reflected in how facilities are run. It seems to be assumed that the older you are, the less entitled to an opinion you are. The elderly does not seem to be trusted to make*



*decisions for themselves. Also, because they are often slower there is impatience shown when dealing with them in shops, etc.”*

### **Real diversity is not celebrated**

Participants identified a feeling of intolerance, with ethnic divisions among Sydney’s society. There is not true harmony that respects the multicultural society that has enabled Sydney to be so successful. Being diverse means finding ways to integrate the many cultures through embracing all the different cultures. This encourages them to keep the best of their traditions so that NSW society can progress even further.

### **Seniors themselves**

There was a focus on seniors themselves, to a degree, being a barrier to ageing. Some seniors are reportedly not taking responsibility for their own lives and may expect other people to do things for them or for everything to be fixed by living in an aged care environment.

*“We, the ageing, has to start by example. Think about what we can give, think about how we can influence others wellbeing, think about how we can listen and change.”*

### **Achieving progress**

#### **Proactively connect seniors through permanent common spaces / activities**

Enable permanent social spaces for seniors to connect and interact with one another. Integrating seniors into communities through engagement that encourages social interaction is beneficial to people of all ages. Customising the level of participation is needed to meet the needs of ageing seniors, and will enhance connectedness and foster inclusiveness.

*“I would like the government to create area or activity where mature people can just meet together; not one hour or two but continually on daily basis let them decide when and how long they want to stay there (play card, Just Talk, or other activity that are appropriate at the time or the season that suit them).”*

#### **Improve transport links**

Having buses that travel between small town centres and connect commercial and health centres with aged care facilities can be a short-term improvement (beyond building facilities closer to commercial hubs).

*“Any retirement village with more than some threshold number of residents should be required to provide a community transport facility to and from community centres or like places, on a set basis. Alternatively, the retirement community could agree to share transport since one is unlikely to be using its transport every day.”*

#### **Provide a permanent seniors voice to government**

More focus is needed on integrating ageing needs with wider aspirations of the community. Have a working plan that includes:

- setting realistic goals
- a measurement tool to identify challenges
- a set timeline to identify progress and positive changes
- a review of the strategies implemented, and report on them.

The government needs to be committed to implementing measures by allocating a budget to address issues identified by the seniors themselves.

#### **Create opportunities to teach younger generations that ageing is not a disease**



The community felt that a generational gap currently exists that must be eliminated to stop discrimination against seniors. Education was suggested as a solution, teaching the aged to not succumb to the stereotypes they learned in youth. At the same time, educate the young and wider community that ageing is not a ‘disease’, and that people who are ageing still want to live and enjoy life. They may need help and access to do so. By creating opportunities for interaction with mutual mentoring, you can create mutual respect. Younger people would benefit from some possible interaction and older people could share their knowledge and gain satisfaction.

*“[T]he government, with a media campaign, to highlight the positives of ageing and the elderly, like the old ‘Life. Be in It’ and ‘Slip Slop Slap’ campaigns.”*

## CALD seniors from coastal NSW

### Aspirations for the general community

#### Promoting an inclusive and peaceful society

Having an inclusive community, regardless of cultural background or age, is the main aspiration for this group. A diverse community needs to have cross cultural understanding and communication, enabling people who are from diverse cultures to have more confidence to express themselves.

*“To be a good leader, you need to take people forward with you and at the moment we aren’t.”*

*“Still learning English even years later – sometimes don’t feel comfortable or confident to say what they are thinking or what they want to say.”*

#### Connected and friendly for all residents, including CALD people

The coastal seniors felt NSW should support its culturally diverse members (especially seniors) in the way many other countries do, where there is a greater connection between generations. They aspire to build respect for those who are unable to speak English fluently.

*“Everyone is on the street, everyone is together – we are all so comfortable, but in Australia no one does this.”*

*“Want to see these connections in the community, e.g. volunteering,”*

#### Acknowledgement of Australian culture and history

The community would like to have a connectedness with, and basic knowledge of, the history of the land, its people and how that has influenced the area today.

*“Surprised when I moved here – don’t know their own history, indigenous culture and communities is on the backburner.”*

### Aspirations for ageing

#### Community programs and activities

Community programs are needed that allow seniors to stay active while forming a social connection. Majority of the group believes that if they do not remain active – both physically and mentally – they will lose their ability.

*“Prefer face to face – would rather talk over a cup of coffee.”*

*“Important to preserve your health and it’s important through activity.”*



## **Promote the value of seniors**

CALD seniors on the NSW coast aspire to live in a society where the wider population sees them as valued members of the community, like people in other age groups.

*“I want to be independent and what I am doing I love technology; I want to prepare myself for what comes when I get older to use resources.”*

## **Top barriers to progress**

### **Stereotyping and discrimination against cultural minorities**

Stereotyping and discrimination against those from diverse cultural backgrounds is still prevalent within the community, especially in the workforce. People do not have the tolerance to listen to someone who has an accent, which means their voice is not being heard and causes them to be afraid to speak up.

*“Older people are afraid to speak up – a lot are dependent on their children and they are worried about being treated differently.”*

### **Lack of information**

Information that is relevant and available to the senior CALD community is not known or simplified to their native language. A representative from Multicultural Communities Council of Illawarra (MCCI) expressed that there is a lot of information available in multiple languages but others within these communities may be unaware.

*“We know which clients need services – discuss with their family and when we go to speak with them, they say this is my job. Yes, you can do your job but we can support you.”*

### **No focus on mental health**

The focus on the mental health of seniors in CALD communities is lacking, resulting from limited research on these groups.

*“You don’t want to wake up and have that question: there has to be more to life than this...is this it?”*

*“It is easy to commit suicide when you are older – you just give up (stop eating, stop taking medication and you’re gone!) and it is very common, there is no education in the community.”*

### **Loss of first language**

*“One of my regrets, I have lost my first language, even though I want to express myself with Hindi, English is easier to me now.”*

## **Achieving progress**

### **Enable respect of different cultures, and the difficulties senior CALD have in ‘fitting in’**

Food is an easy way to unite and celebrate diverse cultures through a communal garden or kitchen space within a community.

*“We need a whole generation to realise we are multicultural, and we need to accept everybody.”*

*“In these programs – we offer culturally appropriate meals, wanted to make the clients still feel connected – you’ll be surprised on the people who are ordering the different cultural meals from MCCI.”*

### **Create a sense of community**



There needs to be greater encouragement and more spaces provided for the community to come together and form a connection.

*“We have a community garden and it brings a lot together and growing food in space.”*

*“Council should allocate land for communal use – where not only you can have community garden, have a hall, install communal battery that gets unused energy.”*

### **Promote and simplify relevant information**

Many were unaware of the relevant information that is available to them. Ensure that the information is simplified and suitable to all cultures and promoted using methods they would be likely to access.

## **CALD seniors from western NSW**

### **Aspirations for the general community**

#### **Equality and fairness**

The regional CALD group aspires to live in a community that is equal and fair for all members.

#### **Free from discrimination**

The group would like a community free from discrimination based on cultural background, languages spoken and age.

#### **An inclusive community**

These seniors would like a community that is inclusive and respectful of different opinions. Furthermore, promoting the idea that age can bring knowledge and experience is desired. This ideal includes intergenerational inclusivity.

*“We need to be accepting of ageing but to meet changing requirements ourselves.”*

*“We need more understanding between younger and older, for younger people to know where we are coming from.”*

### **Aspirations for ageing**

#### **An involved community for CALD seniors**

The regional CALD group aspires to be involved and to have a say in what is happening in ageing.

#### **Respect for the elderly**

The community would like acceptance taught to the wider population – that people do age, and some seniors might need some additional assistance – and for people to be helpful, supportive, and patient with this.

*“I don’t want to be able to skip the queue, but for people to recognise I might need a bit of assistance.”*

#### **Being able to grow old gracefully**

This idea ties in with the notion of self-acceptance: that seniors want to be able to age without feeling pressured to feel, look or act young. This requires promoting the notion that getting older is not a negative thing but a part of life for everybody. Find ways to allow people to maintain their independence, their health, and their wellbeing as they get older.



## Top barriers to progress

### Ageism is prevalent

Ageism was experienced in the community, particularly in the workplace. The CALD group wants to be treated equally and fairly in the workplace, based on merit, regardless of their age.

*“When people enter the workforce, they have access to workplace relations. [We don’t.]”*

### Regional CALD seniors struggle with additional physical isolation

Isolation is experienced across regional CALD community members, both men and women, who are further away from cultural connections in the cities. This is particularly felt by people living alone. Those who downsize but do not move into aged care miss the social aspects. Some people were seen to be falling through the cracks, as not being able to organise outings on their own and as needing other people to do it on their behalf.

### Limited access to amenities

There is a need for more amenities, such as readily available hospitals, WiFi and information points.

### High cost of living

The cost of living is high and medical bills can be challenging.

*“There are lots of costs going to specialists when you aren’t working.”*

### Low awareness of information

There is a lack of awareness of information. Some more isolated members of the community, such as recent migrants who do not speak English, do not know what is available to support them. There is a need to be proactive and market this information to those who do not know how to search for it.

*“Service NSW has activities online, we need a hard copy, in the library.”*

## Achieving progress

### Teaching awareness of ageing

The community feels education is needed to increase the general awareness and cognisance of ageing. Education could involve discussing the processes of ageing and barriers older people face, why it is not a bad thing to be older, and shift away from framing discussions around maintaining youth.

*“We can be slower, carrying injuries or illness. It has to be learned.”*

### Emphasising respect for cultures

Seniors would like people to learn from other cultures about respect towards seniors, to attempt to solve the issues faced by the CALD community.

### Creating community groups

There needs to be opportunities for members of the community to meet new people, outside of their own families, peer groups and cultural groups. The CALD group feels this would address mental health issues, and provide the opportunity to feel fulfilled and valued, and get out of the home environment.

*“It needs to be more than just inside for people of the same culture but like-minded people, and to allow immobile people to join. We need the infrastructure to find these networks.”*



## **Sharing knowledge across generations**

Teach younger generations and the wider community how to support seniors and encourage intergenerational communication.

*“Targeting young people that will be old in the future.”*

## **Sydney Indigenous seniors**

### **Aspirations for the general community**

#### **Respect for our Indigenous people**

Focus on respecting Indigenous people and preventing discrimination from inhibiting progress. Teach recognition and enable a genuine reconciliation with our Indigenous people.

*“Preservation and restoration of habitat and conservation of environment including honouring traditional owners and shared and public recognition of Indigenous.”*

*“Let us implement Uluru statement from the heart and provide real self-determination and agency for First peoples.”*

#### **Equality and inclusiveness**

It is essential that everyone within the community is treated equally, especially pensioners and self-funded retirees in all aspects, e.g. charges for care, etc.

#### **Good infrastructure**

The key issue with roads is that they need to be safe and free from frustrated drivers so all people can safely complete essential tasks. This includes visiting doctors, shopping and generally being active members of the community, without fear of physical harm.

*“Where elderly can get out (safely) and stimulate their minds.”*

*“Where elderly can live in their own house and receive assistance as needed.”*

### **Aspirations for ageing**

#### **Affordable living for our most needy**

Cost of living, housing and services relevant to seniors are all important factors to their ageing process. Healthcare packages were recommended, to minimise frustrations of varied costs for pensioners.

*“Government and policies to play a big role in this.”*

#### **Social interactions and community engagement across cultural divides**

Social interaction keeps both the mind and body active and will enable cross cultural respect if it is driven across cultures, including Indigenous. Some suggested activities – such as entertainment, crafts, hobbies, coffee clubs and exercise – would assist seniors who are not located in an aged care facility to form connections and stay active.

*“These are available in aged care homes but the elderly who are still living at home don’t get the interaction needed.”*



## **In-home services**

Receiving in-home services at a reasonable price was aspired to as this will increase the ability of the elderly to remain at home rather than relocate to an aged care facility.

## **Top barriers to progress**

### **Difficult systems not culturally sensitive to Indigenous people**

The health system is a barrier to the Indigenous community, with elders identifying that the system itself as well as the different treatments are not easy to navigate. One elder suggested that the treatments and process should be uniform. Many staff are not aware of cultural sensitivities or programs specific to Indigenous people, like Closing the Gap, and the benefits they can bring.

*“My mother recently went into respite and it was really difficult to get their medical and administrative staff to ensure that Close the Gap was written on her medical prescriptions, they just did not understand.”*

### **There is no specific care facility for Aboriginal and Torres Strait Islander people**

Culturally-specific residential facilities are available for particular communities across the Sydney Metropolitan area, but there is not one care facility for Aboriginal and Torres Strait Islander people.

*“It seems that other nationalities have residential facilities specifically available for them - such as Chinese, Jewish, Italian care facilities across the Sydney Metropolitan area, but there is not one care facility for Aboriginal and Torres Strait Islander people.”*

### **Lack of funds to assist communities most at need**

Aged care facilities and homes are understaffed and struggling, and identified as being a ‘low priority to the government’. The lack of funds was also tied to the fact that advertising in relation to aged care facilities and activities for seniors is poor. Word-of-mouth was the key method of awareness rather than official forms of promotion.

## **Achieving progress**

### **Aged care facilities run by Aboriginal and Torres Strait Islanders**

Establish at least two Aboriginal and Torres Strait Islander residential centres so that seniors in this community needing additional care have an option available to them and their families to receive culturally appropriate and competent care.

*“One of the outsourced/privatised home care providers has now established an Aboriginal entity – it still really is a non-Indigenous organisation providing services to Aboriginal people.”*

### **Culturally aware medical staff**

It would be useful to have all doctors and staff who work at mainstream facilities attend a cultural competence course tailored specifically for the industry. It should take into account specific Aboriginal programs and activities, such as Closing the Gap and why it was introduced.





## Multicultural Disability Advocacy Association (MDAA) seniors group

### Aspirations for the general community

#### An inclusive community

Treat everyone fairly and kindly and be inclusive of people from diverse cultural backgrounds and who speak different languages, people with disabilities, and older people.

#### Respectful and generous

Society should shift away from being selfish and focused on money, towards thinking about others. A society that respects people of all ages – caring, compassionate.

#### Accessibility

Make sure the community is accessible for people with visual impairment, cognitive impairments such as dementia, and physical disability, e.g. wheelchair access, etc.

#### Other ideas and aspirations raised were:

- intergenerational focus – teaching young people to care for seniors, removing ‘cross-cultural conflict’ between children and CALD parents
- transport to services.

### Aspirations for ageing

#### Economic security

It is challenging for people as they age to continue working, and this is particularly hard for people with a disability. Losing an income can cause financial stress.

#### Fair for all ages

Young people should be taught to respect their elders, and family members to look after each other.

#### Accessible communities

For visually impaired people, technology can be especially hard to use but is an important part of daily life. People in wheelchairs and those less able-bodied find it challenging to do everyday things and this gets harder as you age.

*“Since my parents died, I live alone. I lost my legs in an accident and one morning I fell off my wheelchair. I did not have the neighbour’s phone number to call and did not even know if they were home. It was really difficult to get back up.”*

*“My phone is a lifeline. When I drop it, it takes me half an hour to find sometimes as I am blind and in a wheelchair. Now I have all sorts of noises and things to help but you still have to memorise phone numbers for when you need support.”*

### Top barriers to progress

#### Discrimination based on age, disability, and cultural minority

Discrimination is a major issue in addressing problems for the multicultural disability group. Discrimination based on cultural background and/or disability is experienced, and ageism is an additional barrier for this community. There is a sense of invisibility and not being respected in the community.



*“Young social workers do not care about us. They go to uni then graduate but are not sincere. The other day I heard of a social worker who lost the car in the carpark for 45 minutes while caring for someone and taking them out shopping. At the end of the shift when she was scheduled to finish work, on the dot she packed up to leave and would not stay back, even though she wasted 45 minutes of the time they were paying for.”*

*“I feel like I am ‘on trial’ when I go to Centrelink.”*

### **Government inaction**

The multicultural disability group was frustrated over inaction and feels their complaints are not heard. Additionally, the community feels funding cuts make it increasingly hard for not-for-profit organisations to provide care.

*“I have had experience working in ageing, CALD and disability industries like the Multicultural Disability Association Australia, during royal commissions, government department reviews and inquiries. I feel like nothing has come out of it and the community are not being listened to and are not being taken care of. MDAA is providing the services the government should be providing instead.”*

*“The government changes every 4 years; it is hard to get things done.”*

### **Language and cultural barriers**

Additional language and cultural barriers make ageing difficult for the multicultural disability community. It can be difficult to find the right medical specialist who you can also communicate with.

*“There is a pressure to learn English.”*

*“People from some cultures do not want to mention they have a disabled person in their family, and they are too stubborn or proud and cannot admit they need help.”*

### **Lack of support and services**

The multicultural disability group is unaware of any state government services or care packages available to support them. The costs associated with a disability can be substantial, such as wheelchairs, and not everyone qualifies for the National Disability Insurance Scheme.

*“For disability assessments, you are tested once but if you have dementia and you are fine at the time of the test, you don’t get the service.”*

*“There are long wait lists for healthcare. Then the service providers don’t have enough time to speak to people.”*

### **High costs**

The cost of aged care is high and this can cause additional financial pressures to those already faced by people with disability-related costs.

### **No respite for carers**

There is no respite or financial support for carers, and it can be really challenging and tiring to look after people with a disability. Furthermore, not all people choose to be carers. In CALD communities, it often falls on family members to look after their parents or children with disability.

## **Achieving progress**

### **Educate the community on ageing**

The multicultural disability group recommended education to improve ageing for the community. Start teaching young people respect and compassion in primary school, and about social issues affecting the wider community, and diversity. Additionally, teach people of all backgrounds and ages how to care for



people who live with dementia or a disability, to provide skills to support them, and increase awareness in the community.

*“A good carer has communication and listening skills and a person-centred approach. We need to share stories of success.”*

### **Improve access to sensitive services**

Access to services should be provided in languages other than English so all community members understand their options and the support available to them.

### **Teach respect in the wider community**

The community felt it was important to teach different generations to respect each other. Look at cultures where younger people respect their seniors as a basis, e.g. Chinese culture.

### **Provide somewhere to share experiences**

Create a community that shares experiences. A space should be provided for carers and people with disability to share stories of how to support people ageing with disability, and for feedback, validation, and support for these people to reduce isolation.

### **Provide government support**

The community would like to see coordination between all levels of government to agree on what needs to happen and to get things done. The group felt support and funding was needed to help organisations like MDAA to continue to help people ageing with disability. Some support also needs to be provided for carers. To ensure carers are fulfilling their roles satisfactorily, it was suggested that the government provide training, require qualifications, and have a review system for carers. A localised approach is also needed.

*“[Government] working with organisations like MDAA – a collaboration with the Department of Social Services and state government.”*

*“The LGAs should hold regular consultations with state and federal government to address issues specific to those suburb.”*

*“People in the government keep passing the buck. They say, ‘this isn’t my area, it is a state issue’, then ‘this isn’t my area, it’s a council issue.’”*

### **Utilise a person-centred approach when it comes to disability**

The community feels more services need to be available that are based around meeting the needs of the specific person and their disability, not blanket services. Disability funding also needs to be linked to the individual and the right type offered based on their needs. Each person is different, and looking at the needs of individuals rather than what works for others will help people with disabilities feel valued and listened to.

## **Dementia seniors and carers group**

### **Aspirations for the general community**

#### **Inclusive of all people, no matter any dispensations they have**

Those within the dementia community do not want to feel shut out once others believe they are no longer useful. Inclusivity is the main aspiration, regardless of people’s race, beliefs or disability.

*“Inclusive community where everyone is respected.”*



## **Respect the ongoing capabilities of those living with dementia**

Those who live with dementia want to live in a respectful community at all levels. Many want the community to realise they are more than just a dementia patient instead of having many (including health professionals) question their potential, rather than just their abilities.

*“If they have done it to me, they would probably do it to other people who are elderly.”*

*“Sense of discrimination I feel when I go various places, would give the example of a medical centre (been with doctor for many years) but relationship changed, disrespect that came in and started to be shown to me was to the extent that I said enough is enough and I cut ties with the practitioner.”*

## **Dementia-friendly community**

There needs to be an understanding of dementia at all levels so a community can be designed that is dementia-friendly. The built environment needs to be suitable to those who live with dementia – the design of buildings is frightening for some.

*“Someone with physical disability is so obvious, why can’t we look at university level? You say, ‘I’ve got dementia,’ they will say, ‘My grandmother had that, I know what that’s like’. Early onset dementia is completely different.”*

## **Aspirations for ageing**

### **‘Remember our worth’ – a health model that treats dementia patients with value**

The medical model must not discriminate based on dementia and not automatically assume someone living with dementia is unable to work or drive or live their lives. Without having the appropriate medical information, those who have dementia or are ageing are winging it, along with other members of the community – no one is winning. They are still individuals and need to be treated accordingly. Telehealth also needs to be managed appropriately for those who are diagnosed with dementia.

*“Recent 6 monthly appointment, message that it’s going to be over telephone, at the time there’s no video. I have Alzheimer’s, I can forget something in 10 seconds, have difficulty with sequencing and not processing a thing. I was anxious and was in a terrible state after and went away with nothing. This form was not working and won’t work for a lot of people.”*

*“Turn 70 and GP says were now looking at if you can drive or not...told I was going to have to stop going and my life was cut off, one bus that goes out from my place, transport is lacking.”*

*“It has to be individual – there are a lot of drivers out there that should have to be tested, shouldn’t be on a diagnosis, should be based on abilities, I am in the country so if I lose my licence...”*

*“Once you get your diagnosis, you’re not a real person.”*

## **Community awareness of the value of all people, including those living with dementia**

There needs to be a greater focus on health and the fact that once someone is diagnosed with dementia, they still have plenty to offer the community as a human being. The community should not cut off people who are diagnosed with dementia but consider appropriate support that is needed, where they can still be given a sense of value. There needs to be more education to change the attitudes of other community members who do not engage with people who are ageing or living with dementia.

*“Need education campaign on how to deal with people ageing.”*

*“When asked what type of dementia, they respond, ‘Don’t worry you just have dementia.’ There are so many different forms we are wondering around in the dark.”*



## Top barriers to progress

### Discrimination and assumptions of people living with dementia

Once diagnosed, many felt that others believed they were no longer able to communicate or hold a conversation, drive, or work, or that their intelligence no longer existed. Many have had experiences after they were diagnosed, where people become scared of them due to assumptions formed from lack of education or understanding.

*“People are afraid of us; it comes down to lack of knowledge or understanding. If we react, we’re labelled of having behaviours, whereas everyone is entitled to express their emotions. People during COVID has become isolated when we respond to circumstances we’re labelled.”*

*“People with dementia are like this... we know they aren’t true.”*

*“Don’t know how we get past the assumption that they are crazy people.”*

### Lack of community knowledge on dealing with those living with dementia

Discrimination against those who are ageing or diagnosed with dementia has been formed from lack of education. This includes those who are in the community and health or aged care industries. Many people are not educated or trained to know what a person with dementia needs or how to handle them. The concern mentioned earlier regarding the health industry using telehealth in the future is also fuelled by the assumption in the health community that it is easier and will work for everyone, which isn’t the case, especially for seniors.

*“Care workers aren’t educated in the area and there are alternatives like treating us like human beings.”*

*“Concerned that doctors think telephone consultations will be good and easy, can be quite bad for elderly, tend to fall behind in conversations so like deer in headlights → not something I can do, can’t see their body language.”*

*“It is like you are faking it, there is too many discriminations, they think that the diagnosis can’t be right. I have the memory of a fruit fly, most of this I will not remember.”*

### Lack of support and encouragement

Many feel that those who are diagnosed with dementia are not encouraged to go into the community and there is an assumption they require carers to take them, which is not always the case. The group explored many support groups, e.g. local Dementia Alliance Groups, choirs, rotary, etc., that make a difference to those involved. However, many raised the concern of how we reach those who are ‘behind closed doors’.

*“Fear and lack of recognition of what is required to help us cope.”*

*“At an elderly home running a Christian group – one person came in and said why would we bother? They’re all stupid.”*

### Other ideas and aspirations raised were:

- women over 50 who are homeless find it hard to reach people in their homes who are socially isolated – how do we get to the people who are homeless?

*“The longer they are homeless the more likely they are to develop mental health problems and possibly dementia or Alzheimer’s etc.”*

- it is a huge group without any support.



## Achieving progress

### Increase education/training – community, health and aged care

Education is key. Many within the group have spoken at gatherings in universities or hospitals about their first-hand experience of dementia. Allowing dementia advocates to speak from their personal experiences will reduce the discrimination and assumptions around this group of people. Mandatory higher levels of training for health or aged care staff should be an accreditation requirement to ensure the appropriate treatment of those who have dementia. There was also concern that funding for dementia training has been dropped and no facilities will take on the costs.

Adequate resources on dementia are out there. There is a need for increased promotion of the topic so facilities and management utilise what is already available. Co-design for future resources and programs is essential.

*“Only way we can effectively work with different communities unless we use the existing structures that are already there, how does the information get to the people?”*

*“Everyone has to own it, use the tools already provided.”*

*“Why can’t we make a law you can’t work in an aged care facility if they don’t have extensive training in dementia?”*

### Increase community groups and support

The majority indicated that the groups they are a part of have made a big difference to their lives. There needs to be an increase in both facilities and groups that are a safe space for those who are diagnosed with dementia to interact with others in the community. Having an expo specifically for service providers that can assist both the ageing and dementia community would provide essential information.

*“Pushing out into community – felt it is important to do, one group only has not been very accepting.”*

*“Feel like I’m the one who has to keep reaching out to certain groups.”*

*“We have to ask sometimes; we need to keep reaching out. If I kept reaching out, they would come, if I were too busy to make the effort that was the end of it!”*

*“Dementia Alliance groups (DAGs) get together once a month, no professionals but everyone else is welcome and that has been lovely.”*

# 7 appendix



## 7. Appendix

### Is there anything else you would like to raise that we haven't covered so far?

At the conclusion of each session, participants were offered the opportunity to list any key ideas they could not raise during the course of the discussion. Those additional ideas are listed below.

#### Peaks

We don't want an ageing strategy that just looks at footpaths and accessible buildings
It will be important to ensure that the ageing strategy encompasses the broader vision and be bold to tackle the important macro issues we face as an ageing population
Medical support for older people, internet justice - we need affordable internet rates for older people and support to get online; Pension - how to calibrate it so that everyone gets enough to live in dignity; How peak bodies and community groups are essential to wellbeing of older people; POVERTY - how to deal with the poverty which many older people are living in.
Simpler Centrelink processes
Make "myagedcare" easier
Older grandparent carers - need support
Ageism - a call by whole-of-government to invest in a generation-long messaging campaign that communicates the importance of equity and respect for older people
Vision the society we want and work to get there
Better public transport, smaller buses
Limited vision- what if we "solved" the ageism issue? What might this contribute to the whole society? Even the economy?
Housing
Social housing and lots of it
Footpaths, footpaths, footpaths





## Non-government organisations/service providers

More assistance needed for CALD community due to language
More information about the ageing needs of trans and gender diverse people can be found here: <a href="https://www.transhub.org.au/ageing">https://www.transhub.org.au/ageing</a>
Not sure if this was covered when I was offline briefly but the <a href="https://www.service.nsw.gov.au/regionalSeniorstravel">https://www.service.nsw.gov.au/regionalSeniorstravel</a> ;Regional Seniors Travel Card eligibility limitations is a serious issue, with carers being excluded
Potential connection for providers who have participated. I found some peoples input invaluable
Valuable discussion, great opportunity - Medium worked well for me
Financial sustainability of the elderly population
Develop an implementation strategy - that involves older people in oversight
I agree with the previous comment about abuse and would add neglect
Ensure outcomes are shared with residential aged care
Transition of care - older people falling through the gaps when moving from hospital to community, aged care to hospital and hospital to aged care
Could we please link the ageing policy and strategy back to health professional education so we adequately sensitise and prepare future health professionals
Older people and safety, freedom from violence, emotional abuse
Please don't ignore research outcomes and the importance of evidence being included in the deliberations
Funding should be reflective of real costs involved in providing quality services - currently most of the services are underfunded
Government wants services at arms length so they can blame service providers when things go wrong
Need to be a focus in ageing - enable people to maintain their independence for as long as possible, rather than funding for deficits
Council on the Ageing and National Seniors
If on NDIS model then Support Coordination should be block funded
China is doing pretty well with government running things, maybe our goverment could do more in running our services
To address the problem of a deficit
My concern is aged care is going down the path of NDIS model



## Local government

Aboriginal and Torres Strait Islander community needs
Ageing population and Dementia Friendly communities
CALD communities are missing out
Continue supports for carers
Councils tends to focus on the improvements to the physical environment that their community lives in, not necessarily the health and well being of the community
Design and placement of aged care facilities. we are seeing high rise development for aged care - I have some significant concerns re this in a number of areas
Design of residential care facilities
Elder Abuse
Hoarding and squalor needs more consideration in developing approaches
Homelessness
Hording and Squalor support for Compliance teams and community development and collaborative partnerships with CHSP services that specialise in the issues
Intersection / with older Australians and lower socio economic status/poverty
Isolation and loneliness
Mental health
More support for including the voice and funding for people with disability
Other strategies and initiatives happening world wide e.g. age friendly movement
People with disability overlap with older Australians
Prevalence of homeless seniors
Recognising the incredible diversity of our ageing population
Regional and remote vs metropolitan
Social justice, particularly for Aboriginal & Torres Strait Islander people
Support for people living with dementia
Systematic approach to alleviate and end ageism
Transport disadvantage
What Covid-19 means for our older communities over the longer term as they are the group most impacted by the virus



Affordable housing 👍1
ATSI community and ageing
Communities have lost resource centres from NGO space could council take on a volunteer resource
Cost of Home Care and difficulty accessing for multicultural communities
Cross agency governance and coordination to implement strategy and action plans
Current Ageing Strategy - lack of clarity about the impact in regional areas
Dementia friendly communities 👍2
Dementia never gets talked about - stats are shocking 👍2
Different housing models 👍1
Elder abuse 👍2
Experience of ageing is diverse, across cultures, socioeconomic, life experience and upbringing
Health impacts of climate change - and housing stock - expensive to cool and heat especially in rural communities where there are no market incentives to upgrade housing
Hoarding and squalor
Hoarding is not recognised as a mental health issue when you call mental health - need to report as anxiety or depression
Homelessness
Homelessness
Keep making improvements to Myagedcare - still barriers for people accessing 👍1
Lack of translated material
LGBTQI community and ageing
Make having an ageing strategy a requirement for Councils 👍4
Making sure health services are accessible and affordable
Mixed housing options to enable downsizing in place 👍1
More celebration of volunteers at a state and local level
More focus socio-economic disadvantages experiences by some older people or disparities in ageing 👍1
Need to increase advocacy and access to legal assistance 👍1
Need to increase affordable housing



Needs to be increase in aged care beds and regional areas. Beds already allocated to a region/town need to stay there, not leave due to business deal. 👍1
Poverty and ageing 👍1
Safety
Specialist services need to be easily accessible in regional areas 👍2
Support for older who are not citizen or residents , but staying long in Australia, such as visiting grandparents and who are long term tourists visas 👍1
Support for volunteers 👍2
Support local Government to help local regional businesses to become accessible and inclusive 👍1
Women and disadvantage as they age 👍3



## The Harwood Guide – discussion guide for all consultation sessions

### INTRODUCTION AND WARM-UP

- Introduce moderators
- Background to research
- Ground Rules covered
- Participant introduction:
  - Name, where they live, life stage
  - Where lived, and how long in the region?
  - Work in the region? where? role? employer?

### GENERAL ASPIRATIONS FOR THE COMMUNITY

1. What kind of a community do you want in NSW?
  - a. **PROBE:** Why is it important?
  - b. **PROBE:** How is that different from the way things are now?
2. Given what we just said, what are the 2–3 most important issues or concerns when it comes to the NSW community?

### AGEING THEMES AND ASPIRATIONS FOR THE COMMUNITY

3. Given our aspirations for the community, what do we want ageing to be like in our community?
  - a. **PROBE:** Why is it important?
  - b. **PROBE:** What difference will it make?
4. How will what we just said about ageing help us to get the kind of community we want?
5. Overall, how do you think things are going when it comes to ageing in our community?
  - a. **PROBE:** What makes you say that?
  - b. **PROBE:** What's going well?

### PERSONAL EXPERIENCES AND IMPACT OF AGEING

6. How do the issues (on ageing) we're talking about affect you personally?
  - a. **PROBE:** What personal experiences have you had?
  - b. **PROBE:** How about people around you – family, friends, co-workers, neighbours, others – what do you see them experiencing?
  - c. **PROBE:** Are some people affected more than others? Who? In what ways? Why?
7. When you think about these issues, how do you feel about what's going on?
  - a. **PROBE:** Why do you feel this way?
  - b. **PROBE:** How do you think other people (in other parts of the community) feel about this?

### BARRIERS TO PROGRESS

8. What kinds of things are keeping us from having the ageing we want for our seniors?
  - a. **PROBE:** Why do you say that?
  - b. **PROBE:** How do you think things got to be this way?

### THE WAY FORWARD

9. When you think about what we've talked about, what are the kinds of things that could be done that would make a difference?
  - a. **PROBE:** What do you think these things might accomplish?



- b. **PROBE:** How about in terms of individuals? What are the kinds of things that individuals can do to make a difference?
  - c. **PROBE:** What do you make of what other people say should be done?
  - d. **PROBE:** What's important for us to keep in mind when we think about moving ahead?
10. Thinking back over the conversation, who do you trust to take action on the issues you've been talking about?
- a. **PROBE:** Why them and not others?
11. What should the strategy be called, and how long should it be put in place for?
- a. **PROBE:** ageing strategy, strategy for seniors...
  - b. **PROBE:** 2, 5, 10 years?

## FINAL THOUGHTS AND WRAP UP

12. Now that we've talked about this issue a bit, what questions do you have about it?
- a. **PROBE:** What do you feel you'd like to know more about that would help you make better sense of what's going on and what should be done?
13. Any final thoughts on anything we have been discussing this evening?
- a. **PROBE:** What kind of follow-up would you like out of this discussion?
14. Messages to take back to the project team?



## Consultation participants

### Stakeholders

Peak associations involved in consultations:

- Council on the Ageing NSW (COTA NSW)
- Combined Pensioners and Superannuants Association (CPSA)
- Local Government NSW – Ageing and Disability
- Older Women’s Network (OWN NSW)
- Seniors Rights Service

Non-government organisations/service providers involved in consultations:

- ACON
- Age Matters
- Ageing Futures Institute, UNSW
- Assistive Technology Australia
- Australian Human Rights Commission
- Australian Vietnamese Aged Care Service
- Better Hearing Australia
- Blue Sky Community Services
- Carers NSW
- CASS (Chinese Australian Services Society) Care
- CatholicCare Wollongong
- Cerebral Palsy Alliance
- Charles Sturt University
- Community Transport Association
- CWA (Country Women’s Association) of NSW
- Deafness Council NSW
- Dementia Australia
- Ethnic Communities Council of NSW
- Ethnic Community Services Co-operative
- Focus Connect
- Health Consumers NSW
- Homelessness NSW
- Hume Community Housing
- Justice Connect – Health Justice Partnership
- Legacy
- Lifeline Northern Beaches
- Macquarie University
- Multicultural Disability Advocacy Association
- NCOSS (NSW Council of Social Service)
- NSW P&C (Parents and Citizens) Federation
- Positive Life NSW



- Relationships Australia
- Rotary Club of Beecroft
- RSL (Returned and Services League) NSW
- Shelter NSW
- Sydney Multicultural Community Services
- The Salvation Army Aged Care
- Trans Pride Australia
- U3A (University of the Third Age) Network NSW
- Uniting
- University of Sydney, CEPAR (Centre for Excellence in Population Ageing Research)
- University of New South Wales, CEPAR
- University of Wollongong
- Western Sydney University
- Wirringa Baiya Aboriginal Women's Legal Centre

Local government involved in consultations:

- Armidale Regional Council
- Bathurst Regional Council
- Bega Valley Shire Council
- Berrigan Shire Council
- Blacktown City Council
- Byron Shire Council
- Camden Council
- Campbelltown City Council
- Canada Bay Council
- Central Coast Council
- City of Canterbury Bankstown
- City of Newcastle
- City of Sydney
- Coffs Harbour City Council
- Cumberland City Council
- Dubbo Regional Council
- Eurobodalla Shire Council
- Federation Council
- Goulburn Mulwaree Council
- Griffith City Council
- Hornsby Shire Council
- Inner West Council
- Kiama Municipal Council
- Lane Cove Council
- Maitland City Council
- Narrabri Shire Council
- Orange City Council
- Penrith City Council
- Randwick City Council
- Shellharbour City Council
- Sutherland Shire Council
- Snowy Valleys Council (Tumbarumba Multi Service Outlet)
- Tweed Shire Council
- Upper Hunter Shire Council
- Wagga Wagga City Council
- Wollondilly Shire Council
- Woollahra Municipal Council





## Seniors population

### Demographics of participants\*

N	Gender			Age						Diversity		
	Female	Male	Non-binary	< 50	50–59	60–69	70–79	80–90	90+	Indigenous	CALD	LGBTQIA+
<b>Sydney Seniors aged 50+</b>												
n=58	31	27	-	-	2	25	28	3	-	-	-	-
<b>Sydney LGBTQIA+ seniors</b>												
n=8	3	5	-	-	-	6	2	-	-	-	1 (Macedonian)	8
<b>Sydney Indigenous seniors</b>												
n=2	1	1	-	-	-	2	-	-	-	2	-	-
<b>Sydney CALD seniors</b>												
n=22	13	9	-	-	2	9	9	2	-	-	22 (Cantonese, Estonian, French, German, Hindi, Hungarian, Italian, Punjabi, Serbo-Croatian, Slovak, Spanish, Tagalog, Urdu)	-
<b>Regional – South Coast NSW seniors</b>												
n=7	4	3	-	-	1	4	2	-	-	-	-	-
<b>Regional – North Coast NSW seniors</b>												
n=9	3	6	-	-	1	5	2	1	-	-	1	-
<b>Regional – LGBTQIA+</b>												
n=3	2	1	-	-	1	1	1	-	-	-	-	3
<b>Regional – Western NSW seniors</b>												
n=18	9	9	-	1	1	13	2	1	-	-	6 (German, Filipino, Sinhalese, Bangla, Greek)	1
<b>Regional – CALD Western NSW seniors</b>												
n=4	3	1	-	-	-	3	1	-	-	-	4 (Hindi, Indian origin)	-
<b>Regional – CALD Coastal NSW seniors</b>												
n=7	5	2	-	1	2	3	1	-	-	-	7 (Macedonian, Serbo-Croatian, Arabic)	-
<b>Regional – Newcastle / Wollongong seniors</b>												
n=9	6	3	-	-	1	3	3	2	-	-	-	-
<b>TOTAL INDIVIDUALS CONSULTED</b>												
<b>147</b>	<b>80</b>	<b>67</b>	<b>-</b>	<b>2</b>	<b>11</b>	<b>74</b>	<b>51</b>	<b>9</b>	<b>-</b>	<b>2</b>	<b>41</b>	<b>12</b>

\* Does not include the 19 participants in the sessions hosted by MDAA and Dementia Australia