

Council on the Ageing
Queensland

Re-imagining Ageing Regional Forums

July 2024



Council on the Ageing Queensland

Council on the Ageing Queensland is a for-purpose statewide charitable organisation.

We are the state's Seniors Peak and Seniors Social Isolation Prevention Peak and work with and for older adults, advancing the rights, needs, interests, and futures of people as we age. For more than 60 years, we have worked to influence positive social outcomes for older Queenslanders.

We connect directly with older Queenslanders, their families, carers, and organisations, service providers, consumer advocates, special interest groups, and our federal, state and local governments. We engage with all of these groups to understand needs, aspirations, and priorities for older people in Queensland, and partner to achieve the best outcomes for people as we age.

Our work includes policy analysis, community education, representation, evaluation and research, community engagement, and cross sector collaborations to achieve systemic change. We deliver funded programs directly to older people in need, and provide sector support to those organisations who offer aged care and other services to older people.

We seek to eliminate ageism and support healthy ageing and growth of age-friendly communities. There are many areas of policy development needed to achieve this – elder abuse, energy, social isolation and loneliness prevention, climate resilience and disaster preparedness, digital inclusion, health, housing, and transport are just a few.

Our vision is that ageing is a time of possibility, opportunity, and influence.

With the number of older people expected to double by 2050, ensuring their voices are heard has never been more important.

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Acknowledgement

*Council on the Ageing Queensland acknowledges
Australia's First Nations Peoples as the original
custodians of this land.*

Plain Language Summary

Introduction

The Re-Imagining Ageing initiative, led by the Council on the Ageing (COTA) Queensland and supported by the Queensland Government, engaged older adults across the state in discussions about ageing in their communities. These forums explored strengths, challenges, and opportunities to enhance ageing experiences and ensure that older Queenslanders can thrive. The initiative included a Southeast Queensland Seniors Forum in October 2023 attracting over 200 people, followed by regional forums in Brisbane North, Gympie, Rockhampton, Bowen, and Longreach from December 2023 to June 2024. A total of 151 people participated across the five regional forums, discussing key areas such as health, housing, transport, social participation, and economic inclusion.

Key Findings from the Forums

Priorities for Older Queenslanders

At the Southeast Queensland Seniors Forum in October 2023, attendees identified health (17%), cost of living (15%), staying in your own home as you age (12%), independence and mobility (11%), and nutrition and exercise (9%) as their top five concerns. When asked about the most important issue, 35% selected health, followed by cost of living (17%), staying in their home as they age (15%), independence and mobility (12%), and loneliness and social isolation (6%).

At the regional forums, community and health care emerged as the most discussed area (21% of responses), followed by housing (13%), transport (12.5%), communication and information (12%), outdoor spaces and buildings (12%), social participation (11.5%), economic and social inclusion (10%), and employment and retirement (8%).

Regional Trends

Each region reported distinct challenges and opportunities:

- **Brisbane North:** Community and health care (highest priority), communication and information, and social participation. Most enablers related to community and health care, while the biggest challenges were also in this area.
- **Gympie:** Community and health care, communication and information, and housing. Enablers were strongest in community and health care, but this area also had the highest reported challenges.
- **Rockhampton:** Community and health care, transport, and outdoor spaces and buildings. Social participation provided the most enablers, while community and health care was reported as the biggest barrier.
- **Bowen:** Transport, outdoor spaces and buildings, and community and health care. Outdoor spaces and buildings were the biggest enablers, whereas transport posed the most significant challenges.
- **Longreach:** Community and health care, housing, and social participation. Social participation was the most significant enabler, while community and health care posed the greatest barriers.

Key Themes and Challenges

Health and Aged Care - Older adults experience long GP and specialist wait times (often 4-12 weeks), difficulty navigating My Aged Care, and inconsistent in-home care services due to workforce shortages. 43% of attendees reported experiencing negative attitudes due to their age. Concerns about elder abuse, palliative care access, and aged care workforce shortages were raised frequently.

Opportunities: Expand bulk-billing, simplify My Aged Care processes, provide transport subsidies for medical visits, and increase awareness of elder rights and protections.

Housing Stability and Affordability - 71% of attendees rated staying in their own home as very important. Of those, they highlighted the need for home modifications (highest priority), information on care and support options, and downsizing assistance. Rising housing costs limited rental options, and high demand for home modifications were reported.

Opportunities: Increase social housing availability, provide financial support for home modifications, and improve rental protections for older tenants.

Transport and Mobility - Older adults face limited public transport, high taxi costs, and unsafe pedestrian infrastructure, particularly in regional and rural areas. Driving cessation was reported as a major emotional and logistical challenge, increasing isolation. Taxi reliability was a frequent complaint, especially in Bowen, where taxis were reported as difficult to access.

Opportunities: Expand community transport services, improve pedestrian infrastructure, and introduce travel subsidies for non-drivers.

Social Participation and Community Connection - While many older adults engage in community groups, many also reported losing access to social networks post-COVID. Over 50% of survey respondents felt their community “sometimes” valued and respected older people, while 33% felt their community did value older people. Volunteering remains a vital social engagement tool, but many groups struggle with declining membership.

Opportunities: Support local clubs, increase intergenerational programs, and provide transport to community activities.

Digital Literacy and Access to Information - Older adults frequently struggle with digital services, preferring face-to-face interactions and printed information. 114 attendees reported confidence in accessing information online, but many expressed frustration with the complexity of government websites and digital-only services. The loss of printed newspapers was widely noted as an issue in regional areas.

Opportunities: Maintain non-digital service options, expand digital literacy programs, and ensure local community directories remain in print.

Economic and Social Inclusion - Older adults face age discrimination in employment, financial insecurity due to the rising cost of living, and limited employment options. 95 attendees reported having legal documents in place for decision-making, including an Enduring Power of Attorney (73%), Advanced Care Directive (30%), or Statement of Wishes (22%).

Opportunities: Expand flexible employment options, improve financial literacy programs, and provide stronger protections against age discrimination.

Recommendations for an Age-Friendly Queensland

1. Strengthen Health and Aged Care Services

- Improve regional healthcare access and bulk-billing services.
- Simplify My Aged Care navigation and eligibility processes.
- Increase funding for community-based aged care programs.

2. Enhance Housing Security

- Expand affordable rental and social housing options.
- Provide financial support for home modifications.

3. Improve Transport and Mobility

- Develop more accessible and affordable transport options.
- Improve pedestrian safety through better footpaths and crossings.

4. Promote Digital and Financial Inclusion

- Offer ongoing digital literacy programs and in-person support.
- Ensure essential services maintain face-to-face options.
- Expand financial support and literacy resources for older adults.

5. Foster Social Connection and Inclusion

- Revitalise community groups and volunteer networks.
- Support intergenerational mentorship programs.
- Provide funding for community events and initiatives.

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Re-Imagining Ageing – Summary of Insights¹

From October 2023 through to June 2024, older adults across Queensland participated in forums with support from the Queensland Government, to discuss ageing in their communities including strengths and enablers for ageing well.

In October 2023, the **Southeast Queensland Seniors Forum** was held in **Brisbane** and brought together community, government, industry and topic experts. The event attracted more than 200 people – 150 older adults and 105 Livestream viewers.

Attendees indicated via a Mentimeter survey² that their top five issues were health (17%), cost of living (15%), staying in your own home as you age (12%), independence and mobility (11%), and nutrition and exercise (9%).³ With issues of most importance being health (35%), cost of living (17%), staying in your own home as you age (15%), independence and mobility (12%), and loneliness and social isolation (6%).⁴

Attendees⁵ rated staying in their own home as they get older as very important (71%).⁶ Further, they indicated what they required to stay in their home including (in order of highest rated) having their home suit them as they age, needing modifications to remain at home, then having enough information about care options or support services that they might need to remain at home, and lastly, needing to downsize or move to a home that would better suit their needs.

Under half of the attendees (43%)⁷ indicated that they had sometimes experienced negative comments or attitudes because of their age.⁸ Over half of respondents⁹ reported that their community *sometimes values and respects* older people and 33% reported that their community *does value and respect* older people.¹⁰

One hundred and twenty-nine attendees strongly agreed that they felt safe when they were at home, they felt safe when they were out and about in their community, and they somewhat agreed that they felt more vulnerable because they were an older adult.

One hundred and fourteen attendees agreed that they were confident that they had or could get information they needed in online or digital formats, and somewhat agreed that the information sent to them by government is relevant, easy to read and understandable.

¹ This is a high-level summary of insights that were captured quantitatively e.g., structured survey responses, frequency of topics or trends.

² Qualitative responses from Mentimeter survey dataset n = 565 across four open-ended questions, in addition to quantitative responses. COTA Queensland undertook analysis of this dataset during late 2023.

³ These were from 873 responses. Other areas indicated that were not rated in the top five overall included personal safety (8%), transport (8%), respect for older people (6%), future housing choices (5%), employment (2%), loneliness and social isolation (6%), and other (1%).

⁴ These were from 173 responses. Other areas indicated that were not rated in the top five overall included respect for older people (5%), future housing choices (3%), nutrition and exercise (3%), personal safety (1%), employment (1%), and other (1%).

⁵ From 153 respondents.

⁶ In addition, 27% considered this somewhat important, and 2% considered this not at all important.

⁷ From 137 respondents.

⁸ Thirty-four percent indicated they had rarely received negative comments or attitudes because of their age, 15% had never experienced comments or attitudes, and 8% reported they had often experienced negative comments or attitudes because of their age.

⁹ From 136 respondents.

¹⁰ Seven percent indicated that their community does not value and respect older people.

Ninety-five attendees indicated they had a written plan (some indicated more than one plan) to protect their rights if they found themselves being unable to communicate or make a decision and this included Enduring Power of Attorney (73%), Advanced Care Directive (30%), Statement of wishes (22%), and Other (other documents) (22%).¹¹

From December 2023 through to June 2024, the **Re-Imagining Ageing regional forums** were held in Brisbane North, Gympie, Rockhampton, Bowen, and Longreach regions. These forums continued the ageing well discussions across metropolitan, suburban, inner and outer regional and rural areas.

Approximately 151 people participated, focusing on eight topic areas: community and health care, housing, transport, communication and information, outdoor spaces and buildings, social participation, economic and social inclusion, and employment and retirement.¹²

Older Queenslanders indicated that community and health care was top of mind (21% of forum responses),¹³ followed by housing (13%) and transport (12.5%), then communication and information and outdoor spaces and buildings (captured equally at 12% each), followed by social participation (11.5%), economic and social inclusion (10%), and finally employment and retirement (8%).

Key trends varied by region¹⁴:

- **Brisbane North:** Community and health care, communication and information, social participation. The most enablers for ageing well were within community and health care (closely followed by social participation), and the most barriers were also found within community and health care.
- **Gympie:** Community and health care, communication and information, housing. The most enablers for ageing well were within community and health care. The most challenges were also found within community and health care.
- **Rockhampton:** Community and health care, transport, outdoor spaces and buildings. The most enablers were found within social participation, and the most barriers were found in community and health care.
- **Bowen:** Transport, outdoor spaces and buildings, community and health care. The most enablers were found in outdoor spaces and buildings, and the most barriers were found in transport.
- **Longreach:** Community and health care, housing, social participation. The most enablers were in social participation, and the most barriers were found within community and health care.

¹¹ View Appendix A. for the full analysis of the Mentimeter dataset including qualitative responses.

¹² Based on the World Health Organization's (WHO's) Age-Friendly Cities and Communities framework and adapted for an Australian (Queensland) context: <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments/national-programmes-afcc>

¹³ 1744 total responses from 151 people elicited from the forum activities.

¹⁴ Top three themes or trends are listed with highest rated through to third highest rated.

Introduction

Background – Southeast Queensland Seniors Forum

In October 2023, the Southeast Queensland Seniors Forum, supported by the Queensland Government, was held at the Brisbane Convention and Exhibition Centre and brought together community, government, industry and topic experts. The event attracted more than 200 people – 150 older adults and 105 Livestream viewers.

Attendees heard from experts and discussed what mattered to older Queenslanders and they received information regarding services and supports. In addition, the Queensland government collated sector insights about priorities for an Age-Friendly Queensland. The theme for the forum was Connected, Cared For, and Celebrated, aligning with the [Future Directions for an Age-friendly Queensland](#).¹⁵

Older adult attendees in the room and online collectively indicated via a Mentimeter survey¹⁶ that their top five issues were health (17%), cost of living (15%), staying in your own home as you age (12%), independence and mobility (11%), and nutrition and exercise (9%).¹⁷ They also indicated the issues of most importance to them were health (35%), cost of living (17%), staying in your own home as you age (15%), independence and mobility (12%), and loneliness and social isolation (6%).¹⁸ Attendees were asked why they chose a certain topic as the most important to them. Qualitative (open-ended) responses were collated across twelve areas from 131 respondents.

Attendees (n = 153 respondents) rated staying in their own home as they get older as very important (71%).¹⁹ Further, they indicated qualities or actions required to stay in their home as they get older including (in order of highest rated) having their home suit them as they age was key, followed by needing modifications to remain at home, then having enough information about care options or support services that they might need to remain at home, and lastly, needing to downsize or move to a home that would better suit their needs. Attendees (n = 116 respondents) provided further information and thoughts in an open-ended response regarding their future care.

Under half of the attendees (43%) (n = 137 total respondents) indicated that they had sometimes experienced negative comments or attitudes because of their age.²⁰ Over half of the survey respondents (n = 136 total respondents) explained that their community *sometimes values and respects* older people and 33% explained that their community *does value and respect* older people.²¹ Attendees were further prompted to provide their thoughts around how to stop ageist attitudes. Multiple themes were gleaned from 106 respondents.

One hundred and twenty-nine attendees strongly agreed that they felt safe when they were at home, they felt safe when they were out and about in their community, and they somewhat agreed that they felt more vulnerable because they were an older adult. They were also asked to provide their thoughts around how to make communities safer for older people. There were several ideas and suggestions provided by 92 attendees.

¹⁵ As outlined in the 2023 Seniors Forum report.

¹⁶ Qualitative responses from Mentimeter dataset n = 565 across four open-ended questions, in addition to quantitative responses. COTA Queensland undertook analysis of this dataset during late 2023.

¹⁷ These were from 873 responses. Other areas indicated that were not rated in the top five overall included personal safety (8%), transport (8%), respect for older people (6%), future housing choices (5%), employment (2%), loneliness and social isolation (6%), and other (1%).

¹⁸ These were from 173 responses. Other areas indicated that were not rated in the top five overall included respect for older people (5%), future housing choices (3%), nutrition and exercise (3%), personal safety (1%), employment (1%), and other (1%).

¹⁹ In addition, 27% considered this somewhat important, and 2% considered this not at all important.

²⁰ Thirty-four percent indicated they had rarely received negative comments or attitudes because of their age, 15% had never experienced comments or attitudes, and 8% reported they had often experienced negative comments or attitudes because of their age.

²¹ Seven percent indicated that their community does not value and respect older people.

One hundred and fourteen attendees agreed that they were confident that they had or could get information they needed in online or digital formats, and somewhat agreed that the information sent to them by government is relevant, easy to read and understandable.

Ninety-five attendees indicated they had a written plan (some indicated more than one plan) to protect their rights if they found themselves being unable to communicate or make a decision and this included Enduring Power of Attorney (73%), Advanced Care Directive (30%), Statement of wishes (22%), and Other (22%).

View Appendix A. for detailed information regarding the open-ended responses across the Mentimeter survey items. The Southeast Queensland Seniors forum provided the foundation for a deep dive discussion with older Queenslanders about ageing well.

Purpose of the regional Re-Imagining Ageing forums

Council on the Ageing (COTA) Queensland, with support from the Queensland Government, continued the age-friendly discussions through the creation and facilitation of five regional forums in contrastive regions across the state – North Brisbane, Gympie, Rockhampton, Bowen and Longreach. These forums titled ‘Re-Imagining Ageing’ were held between December 2023 and June 2024.

The forums offered a unique opportunity for diverse older adults (aged 50 years and over) living in their regions and surrounding areas to raise concerns, challenges, and talk about the positives and enablers to ageing well in their communities. Through this opportunity older adults could contribute to influencing the future directions of ageing in Queensland.

People were encouraged in a friendly casual yet structured environment to share their views and experiences through group discussions around what was working well currently in their communities and what needed to change to enable people to age well now and into the future.

Forum content and resources

After an initial 15-20 minute PowerPoint presentation on how the Queensland population was ageing (including use of some statistics and insights presented at the Southeast Queensland Seniors Forum), age-friendly concepts, state government’s age-friendly priorities and data, and COTA Queensland’s foci and data, attendees were guided through the interactive discussion where they indicated the barriers and enablers to ageing well according to the eight domain areas based on the World Health Organization’s (WHO’s) Age-Friendly Cities and Communities framework.²²

The domain areas were adapted for a Queensland context and included: outdoor spaces and buildings; transport; housing; social participation; economic and social inclusion; employment and retirement; communication and information; and community and health care. Attendees were provided with sets of A3 visuals in two formats (paper based and laminated) which depicted each of the age-friendly domains. On the back of the visual were key words which acted as prompts for their thoughts and discussion. See *Figure 1.* for an example.

Through a ‘dotmocracy’ exercise,²³ attendees were asked to place a dot on the item they felt strongly about or wished to comment about. Different coloured dots were used for positives (what is working well) and negatives (what is not working well). Attendees were also encouraged to write directly on the paper A3 visuals or add a post-it note with an example or further comment.

²² This framework was updated in 2023 through the publication of the *National programmes for age-friendly cities and communities*: <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments/national-programmes-afcc>

²³ https://dotmocracy.org/what_is/



HOUSING

Affordable	Safe, sense of community, networks
Heating and cooling	Retirement village
Neighbours & neighbourhood	Downsizing, upsizing, share housing
Ageing in place, in home care	Home owner, rental
Secure	Renovations, modifications
Comfort	Convenient, connected
Close to services	Close to transport
Caravans, campervans, camping	Backyard, garden
Ageing in place	Home

Figure 1. Example of A3 prompt for 'Housing'. Image on side A. Text on side B.

Following the interactive activities, the session concluded with attendees providing one key message about ageing in their community – this could be a priority area/s, something that was working very well, something they were passionate about, or something they held concerns about.

View Appendix B. for the resources utilised for the regional forums.

Scope of engagement

Across five regions a total of approximately 118 older adults attended the forums. One hundred and sixty-one people originally registered to attend the forums. However, approximate reach post-forum with resources and information via email was an estimated 139 people.²⁴

With additional engagements in some regions either in person, via phone call or email, COTA Queensland estimates direct engagement with a total of 151 people. People were sometimes prompted via the forum promotion to seek COTA Queensland out to provide their thoughts ahead of the forum (usually because they were unable to attend the forum). View Tables 1. and 2. for a breakdown of the registrations, attendance, and additional engagement numbers.

Table 1. Re-Imagining Ageing Forum registrations and attendee numbers (December 2023 – June 2024)

Region	Email addresses (order numbers)	Registered attendees	Attendance at forum	Approximate reach post-forum with resources/info
Brisbane North	52	60	45	52
Gympie	31	41	20	31
Rockhampton	15	17	18	17
Bowen	19	22	19	20
Longreach	19	21	16	19
Total	n = 136	n = 161	n = 118	n = 139

²⁴ A handful of attendees had to leave slightly earlier to attend appointments. Approximate reach figure is taken from the number of email addresses (registration order numbers) as these email addresses were used to send out resultant information and resources to attendees.

Table 2. Re-Imaging Ageing Forum trip – actual attendee numbers and additional engagement numbers (in person, on the phone, via email) (December 2023 – June 2024)

Region	Forum attendees	Phone*	Email/ online social media*	In person (non-forum engagement)	Approximate reach from forum trip/regional engagement
Brisbane North	45	0	0	0	45
Gympie	20	0	0	0	20
Rockhampton	18	4	1	3	26
Bowen	19	0	1	2**	22
Longreach	16	1	10	11	38
Total	n = 118	n = 5	n = 12	n = 16	n = 151***

*Only those calls or emails have been counted that community members have provided direct insights (does not count logistics or event planning calls or emails). **In Townsville but related to Whitsunday region insights. ***Estimated number of older men n = 46. Estimated total reach approximately 149 <> 153 people (to account for discrepancies).

Map of regional engagement

Locations and sites included Kedron-Wavell Leagues club in Chermside for the Brisbane North forum, Gympie Community Place for the Gympie forum, Gracemere Community Hall for the Rockhampton forum, Bowen Neighbourhood Centre for the Bowen forum, and the Civic and Cultural Centre (Longreach Regional Council) for the Longreach forum. Additional regional engagement was undertaken in Rockhampton (60s and Better program and the Senior Citizens Club), and on the way to Bowen (Townsville Region Committee on the Ageing (TRCOTA), and within and outside the wider region beyond Longreach (Longreach Men's Shed, Longreach Arts and Cultural Association, Winton 60 and Better program – Winton Neighbourhood Centre, and Barcaldine 60 and Better program – Barcaldine Regional Council).

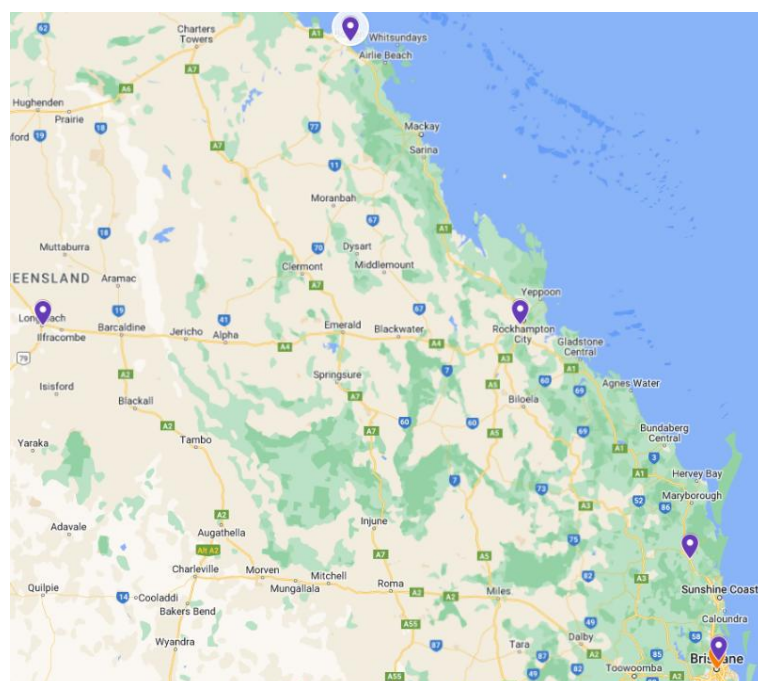
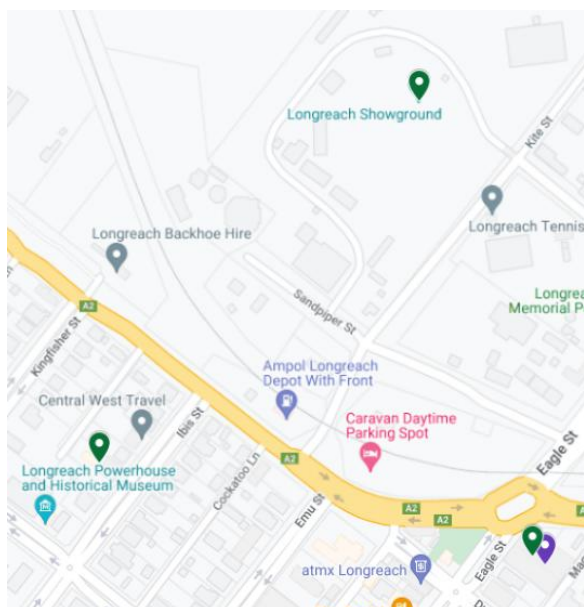
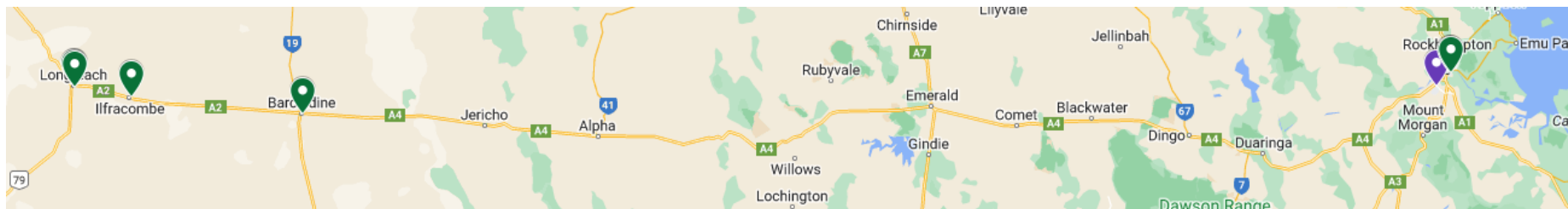


Figure 2. Map of regional engagement – Southeast Queensland Seniors Forum (orange) and Re-Imaging Ageing regional forums (purple).



Figures 3. and 4. Map of regional engagement – Re-Imagining Ageing regional forums (purple) and community engagement (green).²⁵

²⁵ Google Map of SEQ and Regional Forums can be accessed at this URL: <https://www.google.com/maps/d/edit?mid=101epLLAvtz-Eftph2GIPjFsDyJzostk&usp=sharing>

Post-forum resources

Following the sessions, attendees were provided with a follow-up email to thank them for their attendance, a link to a brief feedback survey,²⁶ and a 'virtual show bag' which is a PDF compilation of generic resources including region specific information for attendees across diverse topic areas.²⁷

In addition, for older adults who attended the December 2023 – May 2024 forums, they were sent a link to the pilot of the digital version of the Ageing Well survey. An overview of the numbers and reach for this survey are provided in Table 3.²⁸

Table 3. Ageing Well survey – 22 May email distribution to regional forum attendees – COTA Queensland*

Region	Email addresses	Registered attendees	Attendance at forum	Approximate reach of Ageing Well Survey
Brisbane North	52	60	45	n = 52
Gympie	31	41	20	n = 31
Rockhampton	15	17	18	n = 17
Bowen	19	22	19	n = 20
Total	n = 117	n = 140	n = 102	n = 120

*Longreach forum was held in June after the distribution of the Ageing Well digital survey trial period. Therefore, this survey was not distributed to Longreach forum attendees.

Promotion

COTA Queensland used a standardised communications kit across all regional forums. Forum promotion materials included a blurb with a link to the Eventbrite website where people could register for the forums, a social media tile (e.g., Facebook), and a digital flyer with a QR code and URL to direct people to the Eventbrite site for more information were also included.

In some instances, COTA Queensland engaged with the DCSSDS team to request an email blast to the concession card holders in the relevant regions or to share a Facebook post to promote through state government social media platforms. There was also a Ministerial statement released by state government to promote all regional forums in 2024.

Further promotional materials included e.g. paid advertisements in local newspapers or publications, digital promotions via larger community network groups through their newsletters/social media platforms or via email, direct engagement via email or phone call with select community groups in the region, direct engagement with local council and free digital or printed flyer advertising via local council sites such as public libraries or community directories. The COTA Queensland Chief Executive Officer also engaged with local radio stations where possible to promote the forums and the work of the Queensland government and COTA Queensland around age-friendly priorities.

²⁶ COTA Queensland in consultation with DCSSDS created a survey for attendees to provide feedback after the event. This survey was sent to attendees within a fortnight after the forum along with a tailored 'Virtual Showbag' (in line with the concept used for the Seniors Forum in October 2023). From the 45 attendees at the Brisbane North forum, for example, only six people completed the survey in the December 2023 – January 2024 period.

²⁷ At the time of writing this report, the feedback survey and virtual showbag had yet to be sent to all forum attendees due to the later scheduling of the forums. The remaining outgoing emails are to be sent in July 2024.

²⁸ Some people who registered for the forum with their email were also registering on behalf of others (more than one person). Therefore, in addition to the unique emails, we have added registered attendees at the forum, and the actual number of attendees on the day (the people we informed face to face about upcoming Ageing Well survey opportunity). The average number was calculated for the approximate reach of the survey.

The Chief Executive Officer, where possible and where appropriate permissions were sought, provided updates of the regional forums via LinkedIn. View Appendix C. for examples of promotional materials.

Challenges or barriers to engagement

The COTA Queensland team observed and/or were told indirectly or directly regarding those who had registered and did not attend that this was due to usually one of three barriers: inclement weather impacting their ability to travel, unwellness or caring for someone who was unwell, or distance (including fuel costs) to attend the forum from their home location.²⁹

During the forums, the COTA Queensland team occasionally encountered skepticism from attendees e.g., as they were entering the room before the forum commenced or during the first part of the forum. Their skepticism included e.g., the objective of the forum, the value of collating the insights and the outcomes from the forum – Who will read their insights? How will the insights be utilised? (Are people really listening to them?).

We were informed informally and in some cases were forewarned (usually from those people working in relevant sectors) that some communities had received multiple consultations in the past and might be reluctant to engage, or that some regions historically had a low engagement rate.

There was also constructive feedback provided by attendees regarding the use of a website such as Eventbrite for registration, attendees' digital literacy, and their concerns around their data being collated by an online platform.

In all cases, the concerns or anxieties were addressed and talked about during the forum, with the outcome being that attendees would stay on for the entire session.

What worked well

On the days of the forums, we received very positive feedback verbally regarding the content and structure of the forum. We followed up with information referrals for those attendees who requested further information or approached us post-forum to have a chat or raise queries.

We observed that people in the room enjoyed the activities, there was often laughter, deep reflection, some friendly debates, and challenging topics raised. It often took around five - ten minutes for the room to 'warm up' when we had commenced the interactive activities. We noted that some people used the forum opportunity to connect with their peers (known and unknown), and for people who also worked in the relevant sectors and older adults to connect with each other to network, inform, exchange knowledge and listen. Some older adults even swapped contact details during the forum to continue staying in touch. Some attendees said that it was the best event they had attended in a long time, or that they greatly appreciated the opportunity to speak openly and to hear others' views.

View Appendix D. for example feedback from the Brisbane North post-forum survey.

²⁹ For example, regarding the latter, in Rockhampton, this meant two older men who were interested in attending did not attend as they no longer drove and could not find alternative affordable means of transport to attend the forum. Using the two men as a further example, they originally reached out to COTA Queensland to raise the issue of distance (both in an approximate radius of 20 minutes by car to the forum site), however, the conversations quickly turned to transport barriers, and then health and essential services (including comments around delivery services), and then care systems (anxieties around entering a residential aged care facility, for example), and finally social isolation.

Data analysis

Following each forum, data was collated and entered into a spreadsheet. This included dots tallied, and text responses categorised under the eight age-friendly domains (outdoor spaces and buildings; transport; housing; social participation; economic and social inclusion; employment and retirement; communication and information; and community and health care). Data from emails, phone calls and additional engagement, including observations, were added to the dataset.

Following the final forum in June 2024, an in-depth analysis was conducted *across* regional datasets using thematic analysis, specifically, a form of Interpretive Phenomenological Analysis (IPA) which addresses the themes raised in the qualitative (text) responses through an iterative process of categorising higher-level themes, sub-themes, and so forth. A basic quantitative analysis was also undertaken with the tally of the dots and additional instances of themes were tallied to enable a clear overview of the biggest trends and gaps across the eight domains across all regions.

This same methodology was used to analyse the data *within* each region. Presented below is a summary of the trends. This is followed by an introduction to the regions and a brief breakdown of trends within each region.

Re-Imagining Ageing

Introduction

From December 2023 – June 2024 COTA Queensland engaged with approximately 151 people³⁰ aged from their mid-forties through to their mid-nineties through the Re-Imagining Ageing forums to tell us their thoughts and experiences on ageing well in their community. They discussed the challenges and barriers and the positives and enablers to ageing well. This included discussion around multiple topics across eight age-friendly domains³¹ - outdoor spaces and buildings; transport; housing; social participation; economic and social inclusion; employment and retirement; communication and information; and community and health care.

What matters to older Queenslanders

We visited the Brisbane North, Gympie, Rockhampton, Bowen and Longreach regions. Older Queenslanders who lived in metropolitan, suburban, inner and outer regional and rural areas indicated that community and health care was at the top of their list. Twenty-one percent of forum responses³² indicated top trends as community and health care, followed by housing (13%), and transport (12.5%). Communication and information and outdoor spaces and buildings were captured equally at 12% for each area. Social participation was rated at 11.5% followed by economic and social inclusion at 10%, and then employment and retirement at 8%.

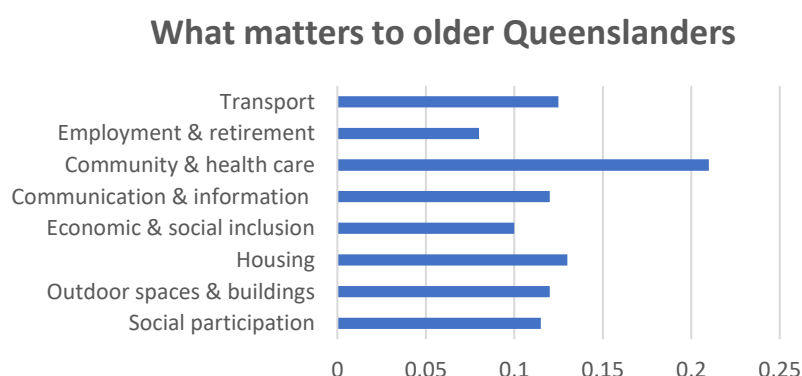


Figure 5. What matters to older Queenslanders

We introduce the five regions and highest-level insights followed by a breakdown of the Re-Imagining Ageing insights by age-friendly domain across all regions. As anticipated, there was overlap between the domains exemplifying the holistic approach required to sustain age-friendly communities and support older adults to age well.

Regional forum 1 – Brisbane North

Total population: 224,598

Wider region: Southeast Queensland

³⁰ We engaged with more females than males, and there were older Queenslanders with diverse backgrounds e.g., culturally and linguistically diverse, Veterans, carers, employees in relevant sectors to ageing, grandparents, grandparent carers, community leaders, and volunteers (to name a few).

³¹ Attendees at the forum were provided with A3 Visuals and text prompts on the back which represented each of the age-friendly domains, which were based on the World Health Organization's (WHO's) Age-Friendly Cities and Communities framework and adapted for an Australian (Queensland) context. Original framework: <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments/national-programmes-afcc>

³² 1744 total responses elicited from 151 people from the forum activities.

Local council: Brisbane City Council

Primary Health Network (PHN): Brisbane North PHN

Top three industries of employment: Hospitals (except psychiatric hospitals), primary education; state government administration

Of the Brisbane North region, 32.9% are aged 50 years and over, 15.9% are aged 65 years and over, and 4.6% are aged 80 years and over.

People living with at least one long term health condition make up 19.5% of the population, and those providing voluntary care including care of children or people living with a disability, comprises 39.1% of the Brisbane North population.

Examples of building age-friendly or healthy ageing communities:

- [Supporting Healthy Ageing - The Role of PHNs - White Paper](#)
- [Better Brisbane Index 2022 – 2023](#)
- [Brisbane Vision](#)

Top insights from Brisbane North forum

The Brisbane North forum was held on 4 December 2023 in Chermside and was attended by 45 older adults.

Key areas for ageing well (negative and positive): *1. community and health care 2. communication and information 3. social participation.*

The most positives, strengths and enablers were found within community and health care (closely followed by social participation). The most negatives, challenges or barriers were found within community and health care.

Regional forum 2 – Gympie

Total population: 49,300

Wider region: Wide Bay Burnett

Local council: Gympie Regional Council

Primary Health Network (PHN): Country to Coast Queensland PHN (Central Queensland, Wide Bay, Sunshine Coast)

Top three industries of employment: Primary education, supermarket and grocery stores, aged care residential services.

Of the Gympie region, 45.3% are aged 50 years and over, 22.1% are aged 65 years and over, and 4.5% are aged 80 years and over.

There was no data available for this region regarding people living with at least one long term health condition, however those providing voluntary care including care of children or people living with a disability, includes 38.3% of the Gympie region population.

Examples of building age-friendly or healthy ageing communities:

- Country to Coast Queensland PHN (Central Queensland, Wide Bay, Sunshine Coast) - [Ageing Well in our Region: A Healthy Ageing Strategy 2022 - 2027](#)
- [Gympie Regional Council - Art and Cultural Strategy 2023 - 2028, RV \(RV tourism\) Strategy, Environmental Strategy, etc.](#)

Top insights from Gympie forum

The Gympie forum was held 25 March 2024 and was attended by 20 older adults.

Key areas for ageing well (negative and positive): 1. *community and health care* 2. *communication and information* 3. *housing*.

The most positives, strengths and enablers were found within community and health care. The most negatives, challenges or barriers were found within community and health care.

Regional forum 3 – Rockhampton

Total population: 53,919

Local council: Rockhampton Regional Council

Wider region: Central Queensland

Primary Health Network (PHN): Country to Coast Queensland PHN (Central Queensland, Wide Bay, Sunshine Coast)

Top three industries of employment: hospitals (except psychiatric hospitals), coal mining, other social assistance services.

Of the Rockhampton region, 34.6% are aged 50 years and over, 16.7% are aged 65 years and over, and 4.5% are aged 80 years and over.

People living with at least one long term health condition make up 20.5% of the population, however those providing voluntary care including care of children or people living with a disability, includes 39.7% of the Rockhampton region population.

Examples of building age-friendly or healthy ageing communities:

- Country to Coast Queensland PHN (Central Queensland, Wide Bay, Sunshine Coast) - [Ageing Well in our Region: A Health Ageing Strategy 2022 - 2027](#)

Top insights from Rockhampton forum

The Rockhampton forum was held 11 April 2024 and was attended by 18 older adults. Additional engagements were undertaken in the community and people provided insights via phone call or email. Total engagement was 26 people.

Key areas for ageing well (negative and positive): 1. *community and health care* 2. *transport* 3. *outdoor spaces and buildings*.

The most positives, strengths and enablers were found within social participation (tally was still low - Rockhampton had some of the lowest number of enablers across domains out of the five regions). The most negatives, challenges or barriers were found within community and health care.

Regional forum 4 – Bowen

Total population: 9,612

Wider region: Whitsunday

Local council: Whitsunday Regional Council

Primary Health Network (PHN): Northern Queensland PHN

Top three industries of employment: vegetable growing (outdoors), coal mining, and aged care residential services.

Of the Bowen region, 41% are aged 50 years and over, 20.4% are aged 65 years and over, and 4.8% are aged 80 years and over. People living with at least one long term health condition make up 18.6% of the population, however those providing voluntary care including care of children or people living with a disability, includes 32.7% of the Bowen region population.

Examples of building age-friendly or healthy ageing communities:

- [Joint Regional Wellbeing Plan for Northern Queensland](#)
- [Whitsunday Regional Council - Community Plan 2022 - 2023](#)

Top insights from Bowen forum

The Bowen forum was held 14 May 2024 and was attended by 19 older adults. Additional engagements were undertaken in the community and people provided insights via email. Total engagement was 22 people.

Key areas for ageing well (negative and positive): 1. *transport* 2. *outdoor spaces and buildings* 3. *community and health care*.

The most positives, strengths and enablers were found within outdoor spaces and buildings. The most negatives, challenges or barriers were found within transport.

Regional forum 5 – Longreach

Total population: 3,647

Wider region: Central Western Queensland

Local council: Longreach Regional Council

Primary Health Network (PHN): Western Queensland PHN

Top three industries of employment: hospitals (except psychiatric hospitals), beef cattle farming, local government administration.

Of the Longreach region, 39.5% are aged 50 years and over, 17.5% are aged 65 years and over, and 5.1% are aged 80 years and over. People living with at least one long term health condition make up 18% of the population, however those providing voluntary care including care of children or people living with a disability, includes 32.5% of the Longreach region population.

Examples of building age-friendly or healthy ageing communities:

- [Healthy Outback Communities \(HOC\)](#)

Top insights from Longreach forum

The Longreach forum was held 18 June 2024 and was attended by 16 older adults. Additional engagements were undertaken in the community and people provided insights via phone and email. Total engagement was 38 people.

Key areas for ageing well (negative and positive): 1. *community and health care* 2. *housing* 3. *social participation*.

The most positives, strengths and enablers were found within social participation. The most negatives, challenges or barriers were found within community and health care.

How Queenslanders are ageing in their communities

Community and health care – top trend across all domains and regions

Community and health care overwhelmingly had more negatives, challenges or barriers (72%) than positives, strengths or enablers (28%).

The biggest trend within this domain was GPs, doctors, specialists.

Community and health care rated as the biggest topic across almost all regions – Brisbane North, Gympie, Rockhampton and Longreach – and was also the highest negative, challenge or barrier for these regions.

It was also the highest positive, strength or enabler for the Brisbane North and Gympie regions.

Community and health care

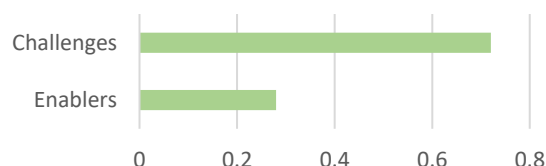


Figure 7. Community and health care overall rating

Top three enablers or strengths: hobbies, interests, activities; followed by GPs, doctors, specialists; and then, pharmacy, chemist.

Across regions, communities valued a comprehensive and tailored approach to health care (where resources permitted), encompassing allied health and primary care services, meaningful personal or social activities, and community support. Attendees provided insights into the current state of community and health care and had suggestions or ideas to shape future directions of care and support in their own communities.

People valued health, safety, and social connections, and recognised the importance of both physical and emotional wellbeing. Community members looked out for one another and provided support through various local services and community run programs. Many people understood the importance of staying active, both physically and socially, as they age. People were feeling positive and expressed gratitude for what was working well in community and health care.

Some regions referenced having good access to or valuing healthcare services such as specialists, CT scans, dialysis, and telehealth. The private health system, and the public health system including Queensland Health, Medicare, and dental services, and the professions within these systems quality of GPs, doctors, specialists, physiotherapists, optometrists, dentists, and podiatrists, were all highly valued.

Some smaller communities were positively characterised by strong social connections, low crime rates, and a community spirit or 'culture' of mutual care and support. In such communities, services such as backyard and garden maintenance, aged and disability accommodation, and community transport were available.

The importance of social connections, staying active in the community, having gratitude, positive attitude, maintaining quality or healthy relationships e.g., strong marriage, grandchildren relationship, employment, and volunteering, were discussed as enablers for cognitive health and to stay mentally active.

Social programs and courses that were often cited as part of maintaining good physical and mental health included University of the Third Age (U3A), Pilates, chair exercises, yoga, and Tai Chi. Personal health and wellbeing was prioritised, with regular exercise, mental activity, and family support being key. Fitness activities include gym, walking, gardening, and specific exercise programs. People valued hobbies, interests and activity groups. Accessing supports through My Aged Care e.g., in home care, Commonwealth Home Support Programme (CHSP) package, domestic assistance around the home, etc., in addition to aforementioned activities demonstrated the emphasis on the importance of illness prevention, health maintenance, and chronic disease management. Ageing well is encapsulated by a 'gotta keep moving' approach.

Specific examples:

- It was mentioned that in Central West Queensland region there were good health hubs that branch out to other towns and using existing infrastructure (sharing infrastructure between services) to leverage resourcing.
- Strong church communities who offered huge support, along with services like Meals on Wheels and community transport.
- Heart Foundation Walking groups and other walking groups at places like Bunnings and shopping centres (centrally located commercial hubs).

The benefits of being employed and volunteering. One volunteering example was the Pyjama Foundation where older adults worked with young people to support literacy rates and build intergenerational relationships.

There were also valued resources such as the health and seniors' concessions, maintenance of existing health (to prevent further damage or loss to capacity e.g., hearing loss was referenced as a factor in impacting increased rate of social isolation and disconnection from community), access to community transport through trusted established local organisations or health services, and the use of mobility aides or equipment through supports received via accessing My Aged Care.

In older Queenslanders' words...

Keep laughing, be positive, insist on good health care and an improved hospital to meet the needs of the community.

I'm quite happy with the dentist, podiatrist being handy.

Good health care [is] the key to living well.

Private health system working well.

Queensland Health, Medicare, Dental services. Thanks - you are terrific. [Gratitude to state government for services available to older adults].

What's keeping me well? Fitness. Mental activity - Part-time work, volunteering. Family relationships.

What helps us to age well? Good physical and mental health. Support in your home. Family support.

Positive. MARRIAGE. My perfect treasure of a Husband.

Top three barriers or challenges: GPs, doctors, specialists; affordable, accessible, convenient; and prevention of illness, maintenance of health and wellbeing, management of chronic disease.

Community and health care had a myriad of diverse barriers and challenges around:

- general support needs and community services
 - lack of or limited community services supporting health and wellbeing. The community faces uncertainty during health crisis or when there are technical issues (online navigation of services)
 - need for support services like hairdressers, personal trainers, and Meals on Wheels
 - need for help navigating aged care systems and services due to misinformation and wrong information
 - community has strong social connections and values face-to-face information and assistance for accessing individual services. There is a need for affordable community meeting places and a consultant to help individuals navigate government and non-government systems and services
 - community faces major challenges from climate change, including fires, heatwaves, floods, damage, storms, and higher insurance charges
 - older individuals face discrimination and elder abuse due to inadequate community services and support
 - physical infrastructure for services
 - maintenance of health through community activities (importance of social supports for health and wellbeing)
 - communities face challenges with travelling to Brisbane for health appointments due to the expense and the burden of being alone during the process.
- health monitoring and falls
 - the importance of health monitoring, with the development of technology to monitor's people's gait as a major predictor of impending illness, suggesting a predictive rather than a reactive approach to healthcare
 - significant issues affecting quality of life and causing early death, such as falls and stroke. The community calls for public discussion on healthy ageing and the prevention of illness.
- nutrition
 - nutrition and diet are important and good fruit and vegetables are available, but meat is considered too expensive. There is a lack of stocking nutritional supplements in regional or rural communities.
- aged care
 - inequitable themes exist for people in regional, rural, and remote areas, leading to increased paperwork and delayed funding. Funding is based on the demographics of large regions, leading to service deserts in some locations. There is a need for more evenly distributed services. There is a shortage of quality services, with well-known or established organisations losing contracts and dwindled local services being unable to cater to all needs, leaving individuals without support during vulnerable periods
 - in home care - there is a need for easy access to services that will enable people to remain in their own homes as they age. If they are unable to do so for physical and mental reasons, there should be spaces available in the Aged Care facility so people can remain in their community.

In older Queenslanders' words...

Provide good health care for everyone. Access to good health care in public hospitals. Access to good roads across state. Respect for all people.

To the government, we hear that you value older adults. Please put your money where your mouth is, and adequately fund services - My Aged Care, residential aged care, care packages, etc.

Knowing one central organisation that can direct me to the proper agencies that I require.

My Aged Care assessments take weeks and months to go through in Longreach, there are inadequate numbers of carers "fit for purpose" to help those in homes but their capacity is diminished; LONGREACH HACC closed the service for 10 x long hot days over Christmas 2023, was it a Cost or staffing issue, there were Longreach Oldies who definitely struggled in that 10 day gap of service, no other community closed over that period. [...] there is no service that gives a "helping hand" to the Oldies in town without having to fill out copious amounts of paperwork, that sits on someone's desk, with no outcomes [...].

The time My Aged Care takes to do assessments. We were told within three weeks in January it is now May and still no sign of assessment.

Home Care Packages reviewed please so that information collected is not personal. Able to opt out of care if feel collection too intimate.

Home care package - needs complete restructuring. Too much misinformation HCP Providers give differing information to what services Australia give. Difficult to navigate Aged Care services available - too many arms overseeing aged care - left hand doesn't know what the right is doing.

- cognitive and mental health
 - community values a positive attitude and insists on good healthcare, however, mental health issues like depression, and social isolation and loneliness are ongoing challenges. Carers were also mentioned as specific cohort that is at risk of social isolation and loneliness and mental health issues
 - conditions such as aphasia from stroke leading to isolation, mental health impacts, and exclusion and the need to increase advocacy in hospitals.

Case study

An older woman spoke at a forum about her role as a carer for her husband who had suffered a stroke and was now living with aphasia. She spoke of the impact of aphasia on her husband leading to isolation, mental health issues, and exclusion. She spoke passionately about her advocacy work around aphasia. She emphasised that despite the longer-term impacts from living through a stroke, people still need to be included and participating in the community.

"I am part of the unit" (the carer's words). She spoke of not having a voice. "Drop through the cracks" [...] "on their own and extremely scary."

- physical and emotional health
 - development of technology to monitor people's gait. Gait is one of the major predictors of impending illness. It is a predictive rather than a reactive approach, and has massive implications for government expenditure
 - gentle activities like Tai Chi and gardening are beneficial but there is a need for gardening assistance (lack of services for yard and garden maintenance in regional and rural communities)

- there are concerns related to poor management of interior air quality, leading to respiratory disease.
- increased funding for allied health services and considerations around frontline care services
 - long waitlists for services like dentists, podiatrists, and allied health services such as physiotherapy
 - high cost of cataracts/eye surgery, even with private health, is a concern
 - call for improvements in oral health as promised by Queensland government.
- mindset and attitudes
 - concern about being over-governed because of ageing, being treated like a child by government and private organisations, and not being treated as an individual
 - ageing not to be treated as a disease but as part of natural life cycle.
- issues with the availability and accessibility of healthcare services, including wait lists for GPs, doctors, and specialists
 - community faces challenges with ambulance ramping
 - high costs of healthcare and medication
 - impact of rotating and visiting specialists and doctors.
- impact of accessible and affordable transport for health appointments and subsequent impact on health status and maintenance of health
 - limited local travel is an issue, with inadequate support from the Patient Travel Subsidy Scheme (PTSS).
 - emergency services including ambulance and more responsive systems for health queries.
- limited availability or limited staff for care and support work and issues
 - when work forces 'age out' in small communities. Workforce being reported as having an average age over 45 years. This is leading to challenges in maintaining services and activities
 - limited housing options not only for older adults but also for the health care workforce in regional and rural areas
 - community urges government to adequately fund services like My Aged Care, residential aged care, and care packages, and to 'repair emergency care system'
 - community faces difficulties accessing government and council services, and challenges with Centrelink and aged care consultants are noted
 - CHSP packages and community transport through e.g., St John's Ambulance, is appreciated but it was felt that the government needed to provide more support for unpaid carers and increase respect for older people
- suitability of workforce
 - concerns about the quality of carers in residential aged care, with a belief that 'the wrong people are being employed' due to lacking required traits e.g., demonstrating a lack of empathy
 - shortage of personal care workers or support workers who are trained and 'fit for purpose'
 - concerns about the nature of careers in residential aged care facilities, and a need for the government to address negligence and abuse within facilities.
- inequities and sustainability of services in regional and rural areas
 - process for aged care assessments is lengthy (weeks or even months to complete)
 - process of lengthy and complex administration
 - shortage of doctors and specialists
 - high cost of healthcare
 - lack of in-between service to cater for those in crisis

- lack of sustainable services with many services 'closing their doors and gone'
- inequitable themes for people in regional, rural, and remote areas, leading to increased paperwork and delayed funding
- wait times for delivery of services
- limited bulk billing services and limited funding for services
- difficulties for those who live in between the better-funded service areas
- funding to build up staffing where there are existing skeletal teams on the ground with e.g., only two full-time equivalent staff members (to service specific cohorts e.g., at risk of homelessness or experiencing housing stress due to lack of suitable accommodation, or vast regions which encompasses very small communities).

Case studies

1. *Lack of GPs in Rockhampton is a large problem as young doctors staying in Brisbane creates a burden to the health system in Rockhampton.*
2. *In the Longreach region, for example, it was reported that there is no service that provides a 'helping hand' to the elderly in town without requiring them to fill out extensive paperwork, which often leads to no outcomes.*
3. *The closure of Gympie private hospital has reportedly had significant impact, and there are gaps in services and access to health services in places like Tiara and Glenwood.*

- family and friend support
 - younger family members often leave town especially in regional and rural areas, leading to a lack of support
 - older adults not asking for help due to pride or shame, which can become a health issue in itself. This was referred to as a 'dignity of risk issue'
 - knowing next best steps in how to support family members.
- information gathering and information sharing regarding health, and coordination of community and care services (one stop shop)
 - more information needs to be available with hardcopy information valued
 - importance of having conversations earlier around ageing with friends and family and ensuring knowledge around available services.
 - use of local libraries and community spaces for information sharing regarding health and supports
 - desire for individual, affordable transport to medical services and local community, support for staying at home with cleaning and gardening, and easily available information about such services that is not just on the phone or computer
 - health information and navigation of online systems
 - importance of face-to-face information and supports in local communities
 - external impacts from disasters and knowing where to get information for immediate or temporary supports during or post-event.

In older Queenslanders' words...

Repair the Emergency Care System in QLD - Stop Ambulance Ramping!!

Please, make sure aged people have easy access to health care. As we age, we on "maintenance" as far as our personal health is concerned. When an issue occurs, we don't need obstacles in [the] path by paperwork, costs, facilities to get our health issues attended to.

Have conversations earlier around ageing with friends and family and ensure you have knowledge around services available (both government and private) - knowledge allows you to make decisions that will impact your future.

To ensure Seniors made well aware of what support services are available in the event of major health setback and making it easy to negotiate the maze.

Poor management of interior air quality (respiratory disease is the second leading cause of death and leads to huge loss of function), viruses and bugs need control, people cough, sneeze, come while they are infectious. Air conditioning recirculates disease. Lack of air purifier. Badly overcrowded lifts and waiting rooms.

I think you need a bone scanner in the hospital. [Wider Longreach region]

Beautiful hospital and they don't use it. [Gympie]

Access to health such as specialist, doctors, surgery in Rockhampton is at times unavailable. The expense of travelling to Brisbane is a burden and not to mention the being alone with this process. The lack of GPs in Rockhampton is a large problem as young doctors staying in Brisbane creates a burden to the health system in Rockhampton. Long time frames in accessing doctors. No Bulk Billing. Feel being rushed during consult. Needs to be researched to numbers of people dying due to lack of access to medical support. Also, long time frames in seeing specialists in Brisbane (large waiting times).

Concerns for the health system specifically - shortage of doctors - GPs, lack of easy access to specialists in Rockhampton, long waiting times to see both GPs and specialists, very limited bulk billing, exorbitant gap payments relating to private health.

Despite grappling with these types of challenges, attendees cited remaining resilient and supportive, emphasising the importance once again of social connections, positivity, and mutual care. Many older adults were advocates for better healthcare services, government support, and community resources to enhance quality of life not just for themselves and their families, but also for other community members or communities. Some older adults who also work in the relevant sectors (in addition to community advocates) actively seek solutions, with a focus on service accessibility, coordination, and/or service expansion.

In older Queenslanders' words...

Climate change is delivering us major challenges: fires (bush fires), heat waves, floods and damage, storms, high insurance charges.

All the funding infrastructure goes to a small number of highly serviced hubs. We need local community meeting infrastructure.

Access to essential services - waiting times prohibitive - expensive if having to travel to Brisbane regularly. Lack of doctors and specialists in local areas - health issues and treatment.

Most services are available; however, affordability is the issue - if you have private health, it's more accessible.

At a time, I need support e.g., health, who will be there to support me and tech issues not easy to resolve.

Specialist could they come to Bowen even once a month?

Waiting for prescription medicines. Lack of stocking nutritional supplements. Lack of information on what is available & where to access concessions.

Because we are under Mackay Region, if you need to be transferred you automatically go to Mackay. Given the history (past and present) of Mackay Base Hospital and the stories loved one tell of lack of treatment who wants to go to Mackay? A majority of families have relatives in Townsville who can support them. Why can't we have the choice? Travelling for over 75s is difficult and to be expected to return home on the same day poses a risk for the driver and the patient.

One personal message to help all of us age well into the future. Coordination of community and care services to provide a one stop shop for community members.

Maintain services and activities to enable independent living for as long as possible.

Have support to stay in my own home with cleaning and gardening. Have information easily available not just on the phone or computer. Keep connections with friends and family.

Social participation – highest rated positive, strength or enabler for ageing well

Taking a closer look at each of the eight domains, we learnt that *social participation had the most positives, strengths or enablers* (62% of responses), than negatives, challenges or barriers (38%) across the five regions.

The biggest trend (most popular topic) within this domain was clubs and community groups.

Social participation trended as the highest enabler for ageing well in the Rockhampton and Longreach regions.

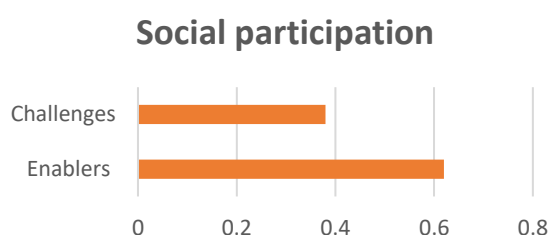


Figure 6. Social participation overall rating

Top three enablers or strengths: community groups (diverse activities for mental and physical health), Men's and Women's Sheds (and similar run groups); arts and craft, music, dance (creative activities).

Enablers for social participation

Overall, enablers included the importance of community strength and support, creation of inclusive spaces, provision of education and mentoring, sustaining clubs and activity groups, maintenance of health and wellbeing, fostering creative and specific interest groups such as arts and crafts, and connections fostered through positive interactions (activities that intentionally brought people together). Acts of kindness while out and about in the community, assisting someone with getting to an activity, carpooling, checking in on someone, etc., foster a sense of community. Community initiatives and local council-led initiatives were appreciated (some felt community led initiatives were best as it comes directly from community members and therefore it was implied better meets needs and interests). There is a need to organise connections within the community to identify and link common problems and solutions.

In older Queenslanders' words...

Connected between different generations.

We keep looking for ways of engaging the very young and teens: this is being addressed and many positive moves are evident.

Keeping fit and mentally stimulated is very important for happy ageing.

Opportunities to connect.

Live for today.

Mindset is key.

Don't care when I die if [as long as] I have that mob around me. [Referring to their close-knit circle of friends and family].

Stay Active (if possible - gym walk work) and cherish friends.

Have things available before the [\$%#] hits the fan? Prepare as much as you can?*

Helping/education for improved self-care. Independence. Diet. Exercise.

Specific examples of what people really appreciated:

- Serendipitous conversations and trying new things are valued.
- Inclusive activities through participation in community groups that offer physical exercise, skill sharing, skill building, or creative activities are beneficial. Despite the challenges that pop up, there are many different clubs/organisations available, and the question posed by some of the forum attendees was how to get people involved. Examples of what is working included:
 - Men's and Women's Sheds were often mentioned, including the diversity of craft, metal, and woodwork, building member numbers for Men's Shed, and the need for more Women's Sheds, and that the Sheds were inclusive spaces for socialising, learning and sharing knowledge, and inclusive for those people living with a disability.
 - Arts, crafts, music, and dance are valued, though in some regions there were comments that there is less music and dance now compared to the past. Local arts/crafts/cultural centres offer amazing programs or ongoing opportunities throughout the week.
 - With the assistance of grants, local groups can offer great programs. Community encouragement and support from grants were mentioned as key to the sustainability of community groups.
 - Positive initiatives like local art exhibitions, art and craft workshops, etc. which novices and local artists through mixed mediums from all age groups, are fostering inclusivity and showcasing local talent.
- Mentoring, but some would like to see more mentoring (including training and education) of younger generations (this was viewed as highly beneficial). There are opportunities for younger generations to interact with older adults, and these need to be leveraged. Examples such as:
 - Integrated living initiatives, such as those involving pre-schoolers, teenagers and older adults are beneficial. The ABC Program: Young People's Home for Old People; Old People's Home for Teenagers, were mentioned in some of the forums.
 - 'Ageism' is being redefined by younger generations (twenties to fifties), leading to a broader integration through creative pursuits. There is potential for more intergenerational opportunities.
 - With a need for more encouragement for specifically teenagers to get involved.
- The important role of smaller scale and larger scale community clubs and groups which provide low-cost activities. Examples mentioned often were University of the Third Age (U3A), Country Women's Association (CWA) was reported as well-attended with regular social visits. Overall, it was felt that there were ample opportunities to connect where there were existing clubs or groups.
- For health and wellbeing:
 - Education for improved self-care, diet, and exercise is available for people to access.
 - Keeping fit and mentally stimulated is important for happy ageing and examples for this included gentle exercise, chair exercises, yoga, gardening and other outdoor hobbies are enjoyed by many.
- Connection happened in a myriad of ways particularly in smaller communities. Encouragement of community is strong with people encouraging others to participate in all activities or connecting with their own home when leaving home was not possible. Above, people value connectedness and looking after each other. Examples included:

- Emotional *and* social connections are recognised as important for social participation.
- Church communities and church activities provide a sense of belonging.
- Connecting with relatives, neighbours, and friends and hearing their stories are valued experiences.
- Great health and wellbeing programs for older people are available either free or at a small fee (e.g., Brisbane City Council's GOLD program, Active and Healthy Moreton program, 60 and Better programs in regional and more rural areas).
- Pets can provide companionship and increase connection (mitigation of social isolation and loneliness), but more subsidies and support are needed for people who want a pet. Pets are important for social connections and emotional wellbeing. However, more support is needed due to high costs and concerns about pet care when owners go into hospital or care. Pets are often considered a luxury.
- More technology courses are available (compared to before) which was considered very beneficial to improving one's ability to stay connected with the community and with what is going on.
- Public infrastructure, provision of safe and friendly indoor and outdoor spaces, green spaces were closely linked to accessible social activities. Some examples included facilities such as:
 - Free or low-cost heated pool, local RSLs
 - Neighbourhood Centres, libraries (libraries are often the site for a myriad of activities, information, sourcing knowledge, etc. from book clubs to craft groups to support groups)
 - Gardening and outdoor hobbies are well-covered by community groups, council, and individual interests.

Case studies

1. A small community in Isisford, where efforts are being made to engage residents who are reluctant or are not to leave their homes. The concern is that isolation could lead to early onset dementia. The community tries to interact with these individuals at least once per fortnight, following Bingo games.
2. U3A Rockhampton has close to 400 members and offers budget activities (\$2.00 - \$3.00) with \$10.00 membership fee. Physical activities include yoga, gym, for example, in addition to games such as Mahjong. They recently had 60 members at one of their regular luncheons. *I joined U3A and it was amazing.*
3. In Longreach, a service has 155 clients, and they offer one to two social visits (of 30 minutes) per week. They people who have indicated interest a call and ask if they would like a visit - sometimes they say 'yes' and sometimes they say 'no'. They feel this service is providing invaluable support to local older adults who are often isolated and living on their own.
4. An example from Barcaldine that is simple and effective and has happened organically in the community – some older men sit on the benches near the Tree of Knowledge to wait for the delivery of the newspapers and have a chat.

Top three barriers or challenges: (all rated equally as first) accessible and affordable; clubs and community groups; and connection and celebration; followed by intergenerational, kids, teenagers; and then (all rated equally as third) mentoring younger generations, mentoring others; arts and crafts, music, dance.

Barriers for social participation

In the area of social participation, communities faced challenges such as difficulties with transport and accessibility, and isolation and disconnection from community due to driving cessation. There was declining membership in some community groups. Within a community group environment, there were issues raised such as social dynamics within a group, and administration as barrier for volunteering. There were concerns around limited opportunities for younger generations and the impact of technology.

Older Queenslanders identified opportunities to create a more inclusive and supportive community e.g., organising regular connections or social supports including face to face check ins, or via the phone, and counselling for isolated older people was raised, and there was discussion around the need for social support to be tailored to the individual.

Examples of specific barriers or challenges:

Younger generations were mentioned frequently due to several issues:

- Spending inordinate amount of time on screens and their capacity and ability to communicate changes and impacts relationships with older adults
- For younger generations and older generations, the role of technology was raised, and it was felt more needed to be done to foster intergenerational relationships.
- Limited opportunities for teens and kids in some regions, leading to a concern about a lack of opportunities in general in the community.
- Loneliness and a lack of connection with younger generations is prevalent, and general disconnection with society due to isolation.
- Transport was continually linked to social participation. For example:
 - In some communities where there was a bus service, it was felt there was a huge reliance on this service, and for longer distance travel between regional areas, some older adults found these services difficult (to access and/or not affordable), so overall they were unable to travel or see family, for example, as much as they would like.
 - Driving cessation and loss of licence was discussed across several domains but within social participation domain there were substantial anxiety and fear around loss of licence and impact on health and wellbeing including social isolation and limitations to visit family and getting to medical appointments.
 - Accessibility issues can make it hard for people with mobility issues or no transport options to participate in activities.
- Understanding and perspectives on loneliness. For example:
 - Solitude as a chosen preferred state (temporary or for a period of time) versus Loneliness as an impactful and unpreferred state.
 - Some communities were concerned about isolated older individuals, some community members rarely leave their homes. People were worried about their cognitive and emotional health e.g., early onset dementia.
- There were several barriers for community participation:
 - In some regions there was a desire for a community centre or an established community hub.
 - Declining membership across community groups and clubs e.g., Men's Sheds in some regions, are losing members, particularly younger ones.

- Challenges in encouragement and getting people to participate even when various clubs and organisations are available due to not knowing how to bring them on board (promote the activity) and need more assistance e.g., more people to assist those who want to participate, and there was a call to action that people needed to assist those who wish to participate.
- Red tape – the amount of administration which can hinder involvement in activities like volunteering or get in the way of making activities or events happen.
- There were a few instances mentioned of social dynamics and one example provide of direct bullying within social groups and this was mentioned generally a deterrent for people to continue attending a group.
- Some people choose not to participate, while others want to but find it difficult due to online processes required.
- Grant funding is seen as a potential solution to support small scale community groups and resourcing therefore making it more attractive/encouraging for older people to participate.
- From a community member and service perspectives, people raised that social supports need to be matched to the individual and community and providers organised with establishing connections, social supports and counselling for isolated older adults, for example.

In older Queenslanders' words...

Fear of losing your licence – can't visit family [or attend] medical appointments.

Loneliness and lack of connection with younger generations.

However! There is a big gap! We need to look at who are the generations that have construed the term 'Ageism' the 20 30 40 50-year-olds. Integration broad spectrum coming together through creative pursuits.

Grant funding. To get older people out of the home to become involved in community activities, improve mental health and wellbeing i.e. still be active, mentally and physically.

How do we organise connections within community to link about common problems and solutions?

How do we organise counselling for aged people who are isolated?

Greater opportunities for the younger generation (preschoolers and teenagers) to interact with the elderly.

Take away RED TAPE when getting involved in community activities e.g., volunteering, fire fighters.

Volunteering - want to but all online [referring not online to administration processes but also which types of roles are available or advertised].

Solitude (positive - as a preferred state/preference) VS loneliness (negative - not by choice).

Have the support to stay in my own home with cleaning and gardening. Have information easily available not just on the phone or computer. Keep connections with friends and family.

Transport - highest rated negative, challenge or barrier for ageing well

Transport had more negatives, challenges or barriers (85%) than positives, strengths or enablers (15%).

It is the domain with the highest rating for negatives, challenges or barriers.

The biggest trend was Taxi, uber, plane (with a large focus on taxis, followed by ubers and then planes).

Transport rated as the biggest trend and the strongest negative, challenge or barrier for the Bowen region.

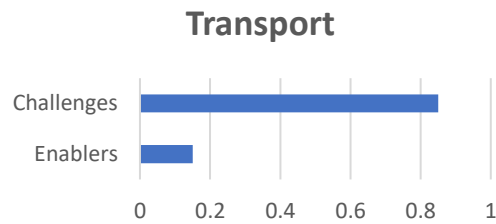


Figure 12. Transport overall rating

Top three enablers or strengths: car parking, transport hubs; followed by (all rated equally) taxi, uber, plane; public transport; and then (all rated equally) pathways, footpaths; bus, train, tram, light rail, ferry; driving, flying, biking, walking; accessible, affordable; community transport.

In regions where public transport existed, people were very appreciative for these services, others had yet to use transport services or were unsure of the services available. It was observed that people's expectations naturally shifted in more rural areas where there was more acceptance regarding limited transport services, but this did not decrease anxieties or concerns around future mobility around the community and the region (with most people conceding they would probably be reliant on friends and family or that they would have to move or move into a facility in later life).

In more regional and rural communities, people appreciated that they had regular services such as options for long distance bus (e.g., Greyhound offered frequent daily bus services from regional areas to Brisbane), rail, or flights (some services with direct connections multiple times per week to regional hubs or Brisbane), for example.

Footpaths and streets trended strongly, and attendees expressed their appreciation for quality built and well-maintained pathways and footpaths for bike commuters and pedestrians, particularly those paths that were easy to navigate and had shade. This was especially appreciated by those who used mobility aides such as motorised scooters. They commented that thanks to this type of infrastructure, they can go places that public transport does not necessarily go or can access in a convenient and cost-effective way.

Community transport was greatly valued, particularly in regional and rural areas, and examples included people who received community transport as part of their home care package, free transport through established local club such as the Lions Club or through the RSL, and community transport options for health appointments or for when higher care is required through ambulance services such as Queensland Ambulance (after hours) or St John's ambulance. In some regional areas there was strong local support for emergency and essential services and a long history through established initiatives such as Flying Doctors, Air Sea Rescue, Meals on Wheel, and Cancer support services (in Bowen, for example, it was reported that Australian Pensioners' and Superannuants' League, Qld Inc. (APSL) supported several initiatives over the years).

Transport was interrelated with other domains in the ageing well forum discussions. This included e.g.:

- health care (to reach necessary health check-ups, hospital appointments, and specialist appointments)
- outdoor spaces and infrastructure (accessibility and mobility considerations in the outdoor and built environments and well-maintained streets and highways for transport to be most effective)
- social participation (to be able to visit family and friends readily, to get to local clubs and community groups for regular activities), and
- economic and social inclusion (car parking and transport hubs to access essential services, shopping centres, markets, etc.).

Attendees commented on ideas for how to make transport options more 'senior-friendly' including citing international examples where public transport has been made more accessible through low-floor buses, priority seating, and accessible transit stops. Programs and partnerships with ride-sharing services were also provided as an example to offer convenient low costs options for those who have difficulty accessing conventional public transport networks.

Case study

Marta* is 93 years old and lives in an outer regional area and has lived there most of her adult life after retiring thirty years ago from a job where she was connected to younger cohorts in the community. In retirement she has been very active in local clubs, her church community, and advocacy organisations that represented the needs and interests of those ageing in the community.

She owns and lives in her own home and now receives a home care package and is very happy with the support she receives. As part of these services, she receives community transport. She commented that she just picks up the phone and lets them know which appointment or task she needs to do, and they are very responsive in providing this transport. She also noted that the local ambulance is also excellent with ensuring she makes it home safely following hospital appointments or visits. The ambulance service ensures she is inside the home with a cuppa.

She commented that she feels very well supported and looked after and is very happy with the support she receives.

**Pseudonym.*

Top three barriers or challenges: taxi, uber, plane (with a strong focus on taxi services); then (all rated equally) community transport; accessible, affordable; and finally, fuel, registration, licence.

Despite the enablers outlined above, transport had substantial challenges spanning from cost-related concerns to accessibility, comfort, and availability of services.

Very generally, it was reported there was a lack of local public transport services, and community transport was very limited. In regional areas, people commented on former services that provided a invaluable community transport service that had stopped due to decreased funding in the region and service providers closing or reducing service offerings, and these were often in regions where there were limited to no taxi or Uber services. Concerns were raised around people's safety, security and dignity in getting around the community and getting to essential services and appointments. Public and community transport was also sought for evenings, and weekends across many suburbs that had limited to no services.

Some of the biggest challenges being reliance on the car as the primary mode of transport, particularly in regional and rural areas. Attendees noted the increasing costs of fuel, maintaining

registrations/s, and licensing. The lack of fixed pricing for fuel was particularly impactful and people felt that retailers were arbitrarily setting prices. In addition, for those people undertaking long distance travel to specialist appointments in other regions or major cities, or to visit family, fuel costs were making it gradually more and more prohibitive.

Attendees also discussed the increase in insurance premiums as they age with a specific example e.g., travel insurance and car hire costs during holidays, and seeking a manual car for its economy but often ending up with an automatic due to lack of availability.

In metropolitan, outer suburban and inner and outer regional areas, availability of car parking and transport hubs, having access to multiple mode of transport including accessible pathways for walking/biking/using motorised scooter, were raised. Some challenges were raised with timetabling or frequency of schedules and connecting services with long distances buses, trains, and flights. Flights in regional and rural areas were reported as very expensive and restrictive with some citing that there was only one flight to Brisbane and only two days per week from regional hubs such as Rockhampton.

Metropolitan and suburban specific was the limited availability of scooters in major commercial precincts or shopping centres this had reportedly changed post-COVID with older adults citing hygiene concerns from COVID led to reduced availability of scooters.

There was a need for dedicated transport for health appointments especially specialists, or to attend health surgeries or procedures especially in regional, rural and remote communities, or for those instances where people were left in emergency or isolation situations (e.g., natural disasters, or living on their own and isolated from community).

In some regional and rural areas, people recommended not having a cap on the amount for transport subsidies when attending specialist health appointments so people could not only attend the appointment, but also return safely to their community in a reasonable time frame (e.g., be reimbursed for the accommodation overnight and for the fuel costs to the appointment when they were eligible for a transport subsidy – this was particularly noted in Gympie and Bowen. For example, Bowen is caught between two health districts - Mackay and Townsville - making access to early medical appointments difficult and costly). In Gympie, Bowen, Longreach, and Rockhampton, transport to out-of-town appointments was often a logistics exercise, had limited transport options, or non-existent transport options and was therefore very costly (with the exceptions of when someone was eligible for a transport subsidy, but this usually did not cover all the costs).

Maintenance and creation of appropriate pathways and footpaths intersected as an issue with transport accessibility. Very specific issues were mentioned e.g., black soil subsidence causing issues with surface and/or erosion of infrastructure, or the impact of heat at local bus stops particularly at those stops that did not have shelter or shade, which caused discomfort and left people even more vulnerable to the elements particularly during summer.

People expressed their wish for better infrastructure, including improved regional and rural roads and highways (e.g., increase in passing lanes on the Bruce Highway, another bridge across the Burken River into the Bowen area), more energy and water security for Queensland, better public and community transport, and increased train services to and from Brisbane.

Attendees expressed a desire for more affordable and available transport options, particularly in outer suburban areas and regional areas where there is limited availability of taxi services, especially for wheelchair users. Improving availability of disability parking bays in general but especially around

health clinics/health service sites, and community hubs, was also raised. It was reported that there were delays in getting motorised wheelchairs serviced, and it was especially difficult to get taxi services that are wheelchair accessible.

Taxis, when they were available, were also considered extremely costly, and not all taxi services accepted taxi card vouchers, or they were unreliable (not showing up last minute or cancelling last minute on clients for another job that attracted a higher fare/more income), with some people being left stranded at shopping centres or left stranded in town for a considerable amount of time. Some regional areas commented on the poor state of taxis or lack of maintenance. In regional areas, taxis and Ubers (if Ubers were available) needed to be booked a week or even a month in advance.

Perhaps one of the most impactful challenges mentioned was driving cessation for older adults' independence and quality of life, decreased social interaction, decreased ability to participate in volunteering, and increased risk of loneliness, particularly in regional and rural communities. Attendees across these regions were asking for improved and accessible transportation options for non-drivers to access health services, essential services, and community activities. It was raised that non-drivers might also have issues getting to public transport services in more outer suburban and regional areas. Some attendees also highlighted the importance of centralising services, activity or event locations to ensure accessibility for all.

Case study

John* lives within a 20-minute radius of a regional hub in his own home. He had lived on a large property for over 60 years after he migrated north for the warmer weather. John was wishing to attend the regional forum but was unable to do so due to living outside of town and not having access to alternative transport. During a call he emphasised several times the difficulty for older adults who no longer drive, and with limited community transport and public transport options to attend events far from their homes. He suggested a more central location for the forum such as a library (which had a branch in the centre of town).

He shared his personal experience of witnessing a friend, who lived alone, who had ceased driving, and then over time was assessed as 'being incapable' and then being moved into a residential aged care facility. This experience highlighted to him the impact of changing capacities and driving cessation. The caller expressed concern about his own future, fearing he might soon face a similar situation. He emphasised that transport was an issue regardless of where someone lived be that 30 – 40kms or 1km outside of town. He spoke of the importance of having a driving license for maintaining independence and the disadvantage faced by those who lose their license. He suggested the availability of a community bus as a potential solution. He highlighted the financial savings from ageing in place at home and his preference to remain in his home. He mentioned that clubs in town, such as the RSL club, send buses to collect residents, providing a valuable service for those like him who sometimes use this bus just to get into town (and not necessarily attend the RSL). He further pointed out the high cost of taxis, especially for those living on the outskirts of town, and the lack of services in outer regions around the cities. He spoke of the increasing instances of elder abuse and the additional considerations and difficulties faced by those living alone.

The caller reflected on the importance of retaining basic core values but acknowledged the increasing complexity of ageing in place. He expressed concern about the quality of care in older people's homes in town, citing his friend's experience with facilities which needed repair (e.g., broken air conditioner units or repairs being left undone), and 'dubious' staff. He ended the conversation expressing his desire for more focus on improving transport services. He contrasted his experiences in Queensland with the more stimulating environment his mother experienced in a facility in New South Wales. Despite the challenges, he appreciated the warmth and sunshine of North Queensland and the updates he received through his local U3A and hardcopy information.

**Pseudonym.*

In older Queenslanders' words...

Being in a country town we need more free help to stay in our own homes. God help us if we don't have a car or drive. Stuck at home. [Bowen]

Issue - Travel to Med Appts. Bowen caught between two health districts Mackay and Townsville.

Difficulty in access to early medical appts. Cost and inconvenience re: \$\$ for overnight stay.

Lack of taxi service. [Bowen]

Bowen really needs reliable transport to the door as taxis here are not reliable. An application was made to Uber, but it was rejected. A community bus might help, especially for people to attend medical appointments locally or in Mackay or Townsville.

Having worked for 14 years in Bowen in Aged Care - I was appalled to hear from the clients, they were sent back home on a bus after an operation. There is an urgent need for transport facility for sick people to Townsville and Mackay specialists. Airlie Beach has got one for Mackay.

Limited Public Transport in our community. [Rockhampton]

High price in our region. [Rockhampton – referencing fuel costs]

More thought re: accessibility for people. [re: motorised wheelchair] [Rockhampton]

[Transport] Expensive for health appointments. [Rockhampton]

Affordable public transport to Gracemere. [Rockhampton]

Better availability of public transport and affordable. Including evenings and weekends and covering all areas. [Rockhampton]

Taxi (wheelchairs) are very difficult to get at short notice. [Rockhampton]

Need better local transport. It's great to have all the facilities but if you don't drive how to get to these health services and activities. [Gympie]

Better health and transport services in Gympie.

Better rural roads (get more votes). [Gympie]

Regional public transport. [Gympie]

No close transport. [Gympie]

Loss of/surrendering my driver's licence as won't be able to access Public Transport/do my volunteer role/loss social life/loneliness/unable to be independent. [Gympie]

My personal message for my future is to know that there will be individual, affordable transport to medical services and local community. Not to be isolated in my community due to inability to drive. [Gympie]

Nothing is working well for rural areas between rural towns; Gunalda, Glenwood, Kilkivan etc. Curra; bad electricity supply. [Gympie]

Main issue: Transport to get anywhere. [Longreach]

Affordable access in community, public transport, e.g., taxi services. [Longreach]

I'd love to come [to the forum] but don't have enough petrol till pay day... I'm 76yrs old and live in Ilfracombe. [Longreach region – female via email]

Need better local transport. It's great to have all the facilities but if you don't drive how to get to these health services and activities. [Brisbane North]

My personal message for my future is to know that there will be individual, affordable transport to medical services and local community. Not to be isolated in my community due to inability to drive. [Gympie]

Cost of fuel. More Brisbane train services. Need Burumba Hydro Water and Power security. Solar power for rental properties and subsidies. [Gympie]

Outdoor spaces and buildings

Outdoor spaces and buildings had more negatives, challenges or barriers (55%) than positives, strengths or enablers (45%).

The biggest trend within this domain was pathways and streets.

This domain was rated as the highest positive, strength or enabler for the Bowen region.

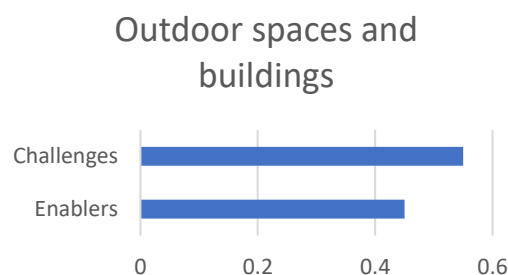


Figure 8. Outdoor spaces and buildings overall rating

Top three enablers or strengths: parks, green spaces, reserves, fields, followed by (all equally rated) fresh air, pleasant view, rest areas; forest, bushland, beach, hills; and finally, council supported activities.

Overall, older adults appreciated the availability and accessibility of outdoor spaces and buildings, and they valued the opportunities these spaces provided for social connection, physical activity, and enjoyment of the natural environment. They highlighted multiple enablers for ageing well such as:

- Access to Green Spaces was greatly valued including parks, reserves, fields (the wide-open spaces). They find these spaces beneficial for maintaining their health, exercising, and staying socially connected through activities held in outdoor or uncover spaces in these areas.
- Activities supported by the council, such as local (and often tailored) community services, was seen as a positive and was linked to appropriate available infrastructure often also provided by local councils.
- Natural features and landmarks such as windmills, bushland, trees, and bodies of water - rivers, creeks, lakes, and oceans - were all appreciated.
- Gardening and community gardens were reported as popular outdoor activities that people usually did individually and in the home environment, but they also mentioned community garden and wider activities related to gardens.
- Having access to well-maintained public amenities and bathrooms was viewed as a strong enabler for people to participate in activities and be out and about in the community, with some attendees stating that facilities were excellent in certain regions, and that public amenities in Australia in general were of a good standard.
- Attendees appreciated having picnics, BBQs, and attending family events in the outdoor spaces (and appropriate infrastructure e.g., shelters, water foundations, park benches, etc.).
- Having access to mobility aides and equipment, such as walkers, and appropriate pathways to support mobility aides (as mentioned under transport) was seen as key to having an overall positive experience in navigating the outdoor spaces and relevant buildings to access for activities and events.

Case study

Older adults living in the Bowen region were proud of their outdoor spaces and infrastructure and felt that this supported the Bowen lifestyle ('relaxed' lifestyle). They mentioned that Bowen was praised for its lifestyle, and this was due to the 'best winters in the world', beautiful beaches, friendly community, beautiful scenery, gardens, attractive playgrounds on the beaches for children and grandchildren, and access to essential services and shops.

Top three barriers or challenges: pathways and streets; public amenities and toilets; and accessible, secure, mobility.

Attendees re-emphasised the importance of social connection and the negative impact of loneliness when living alone and this was linked to limited access to transport, safe to navigate surfaces, and accessible places and spaces, which all continued to trend as a challenge to ageing well. Examples of challenges or barriers reported by attendees around outdoor spaces and buildings were:

- Climate change and environment, there were concerns raised about the impact of climate change on outdoor spaces and limited or lack of sheltered and shaded spaces including local parks.
- There was mixed feedback on the accessibility of public toilets. The need for better amenities, often locked or non-existent where needed, was also highlighted. Some attendees found amenities in their local region were excellent, while others found them difficult to access. There were also concerns about the shortage of toilets, especially on walking trails or highways. Other amenities reported were a need for more drinking foundations in regional towns.
- Accessibility, security, and mobility was a strong trend with issues such as unsafe and uneven footpaths, lack of wheelchair access, and problems with safe pedestrian crossings and paths particularly in regional and rural areas. There were specific concerns about the lack of footpaths around town and the lack of maintenance of footpaths leading to long grass.
- Attendees also expressed a desire for more wheelchair access, better venues for entertainment, and more footpaths for wheelchair access.
- The crime rate (actual or perceived) in some regions was mentioned as a potential barrier for use of outdoor spaces and public infrastructure e.g., not wishing to be outdoors or outside the home after or before certain hours of the day. Safety for single persons in outdoor spaces was also mentioned.
- The lack of outdoor activities was mentioned, with suggestions for more exercise structures. There was also agreement/consensus regarding public seating and need for increased shade in open spaces and along major transit paths.
- They also noted the importance of having pleasant views, rest areas, and the noise considerations in outdoor spaces.

In older Queenslanders' words...

Public facilities - not kept clean and maintained. They now almost at third world standard. [Brisbane North]

Expectation - toilets in all service stations. [Brisbane North]

Safety for single person in outdoor spaces. [Brisbane North]

There is no one to tell what you feel needs changing in your town e.g., proper seating outside Medical Centre Powell St. Parking in street and hospital. [Bowen]

Unsafe - uneven footpaths. Lack of wheelchair access. Outdoor space [underlined]. [Longreach]

Lack of availability [of suitable accessible spaces] may prohibit participation. [Rockhampton]

More footpaths for wheelchair access. [Rockhampton]

Affordability/daytime. Rockhampton needs a better venue for Entertainment e.g., like Mackay, Brisbane.

Lack of safe walking paths. Only have duck ponds. [Gympie]

Rural outside towns little to none exists (e.g., public infrastructure such as sheltered shaded outdoor spaces, park benches, etc.). [Gympie]

Housing

Housing overall had more negatives, challenges or barriers (65%) than positives, strengths or enablers (35%).

The biggest trend within this domain was affordability.

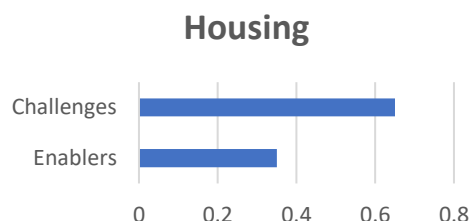


Figure 9. Housing

Top three enablers or strengths: safe, sense of community, networks, followed by (all rated equally) in home care; retirement village; ageing in place; and (all rated equally) renovations, modifications; secure; and close to services.

Attendees valued housing proximity to services and public transport, and when these services were not available, responsive aged care and community services were greatly appreciated.

The strongest positive indicated regarding housing was ageing in place and in home care. Older adults appreciated the availability and accessibility of different housing options, and they valued the services provided by community care and aged care services which enabled people to age in place (age comfortably in their own homes) but expressed the need for more staff to support those ageing in place.

Several specific examples were mentioned of facilities, service providers, or retirement villages which excelled in supporting people to age well. The aged care facilities in Bowen were reported as very good and offering extra services (and having awareness of the needs of older adults in the region). A retirement village in Longreach was mentioned several times in different areas of the region as being an important support for older adults, in addition to a larger service provider who had 59 places for high-level dementia and provided as safe place with a sense of community.

Having domestic, cleaning or yard maintenance services was also appreciated by those who had yet to experience a great change in capacities or who had just started to experience a change in capacities, and who often lived alone and owned their homes. Renovations and home modifications were also mentioned as a key component to living longer at home.

Things working well in regional and rural areas were housing affordability (in comparison to Southeast Queensland housing markets, for example), heating and cooling systems, feeling secure in their own home or security of owning their home. Home ownership was connected to a safe, secure, and age-adapted environment. Home ownership was working well for many forum attendees.

Across a few regions, people appreciated the potential for and actual living in a retirement village and being a rental tenant (in a well-maintained secure property). Some attendees were thinking outside the box and saw the potential in shared housing models despite potential challenges it might present.

In older Queenslanders' words...

Owning our home. Safe, secure, age-adapted.

Own my home - live alone. Have home house cleaning service yard mowing.

Still safe in Longreach.

Top three barriers or challenges: affordability; in home care; and renovations, modifications.

Housing was often mentioned in the context of a Maslow's Hierarchy of Needs Theory³³ – an assurance that older adults will have their basic material needs met through good health and transport systems, financial security, food security, nutrition, *and* appropriate housing.

Attendees commented on a desire for more information and supports on preparing for life transitions, changing circumstances and different stages of ageing, and housing was part of these supports.

Some of biggest challenges cited by attendees were:

- The most significant issue impacting housing was affordability (and availability), and limited options for affordable housing, particularly for those living on a pension. It was reported that some people were resorting to campervans or caravans due to the lack of options for homeowners and renters. However, there were concerns about caravan parks not accepting people with tents only, leading to potential homelessness.
- There were not enough options for retirement-style living, particularly in regional areas. This was also mentioned as difficult if there were financial constraints.
- People reported that older adults in communities had heating and cooling systems installed but were not using them due to ingrained practices from earlier years (implied that this was from a 'frugal' mindset). The cost of heating and cooling is a significant concern, particularly given its necessity for comfortable living conditions particularly in the summer and winter months.
- Concerns were raised about not feeling secure in the home or general safety in the home (due to crime rates, not feeling like they are in a secure physical environment).
- In terms of mitigating loss of independence and capacity, there was recognition of the need to better train people and (better) understand the needs of individual housing needs and support required. There was a need for more staff to deliver care packages, indicating a strain on current resources.
- There were some deeper reflections from attendees, and in some instances, fear or anxiety that their adult children might place them in a residential aged care facility, rather than support them to age in place. They raised the importance of home modifications and timely repairs. Challenges with the physical dwelling was identified as a barrier to ageing in place including:
 - the need for home modifications to accommodate increasing disability and changing capacities
 - high cost to renovate older buildings

³³ <https://www.simplypsychology.org/maslow.html>

- long waits or difficulty in getting tradespeople and materials for repairs and home modifications
- The housing conditions of others was also raised as a concern e.g., renovations were not done over time, and residents kept adapting changing capacities to their older physical environment, creating an unsafe environment (e.g., no modifications made for easier access to key access points around the home, repairs being left undone, surfaces and structures not being updated or renovated).
- Limited Funding with local councils and with Home Assist which was mentioned as impacting the ability of individuals to maintain their homes, in addition electrical repairs were impacted by funding cuts.³⁴
- There was a need for better communications and information regarding assistance for maintaining backyards and gardens, and some attendees mentioned that it was hard work physically to maintain the yard particularly with changing capacities.
- Downsizing, upsizing, or share housing was reported as not occurring in rural and remote areas, presenting a challenge for those needing to change or adapt their living arrangements to financial situations, life changes, and different stages of ageing.
- It was reported by attendees that many women, particularly those who are divorced or widowed in middle age to later life and have no superannuation, face little employment opportunities and are at risk of becoming homeless. The subsequent impact on housing was mentioned, with some individuals having to rent and potentially move out of town due to affordability issues.
- Developers were viewed by some older adults as destroying communities or taking over services and infrastructure and overloading the remaining infrastructure.
- The lack of or limited proximity of housing to public transport impacts access to services particularly in areas just outside regional hubs, and this was particular concern for older adults living with mobility considerations or disability (and limited public transport access being linked to access to suburbs with affordable housing).

Case study

A group of older adults in the Longreach community expressed concern around older adults who are more vulnerable and at risk of homelessness. They highlighted the urgent need for a single person all ability home. They provided two examples of an older male close to 80 years of age who has lived in Longreach his whole life and is living with mobility issues. "Through no fault of his own" has no housing options as those supporting him are unable to find an available home outside the retirement village in town. He reached out for assistance to put up temporarily in a room and has been asking around his networks and friends.

The second example was a single lady with mobility issues was also nearly homeless and was "living in a less than desirable unit for her disability" and was having issues finding alternatives for housing in the region.

³⁴ This was mentioned in a few contexts – one example - Home Assist and electrical repairs which were impacted by funding cuts. This is now being reported as a limited service but used to be \$400 for 12 months (use of the available funds within a twelve-month period).

In older Queenslanders' words...

Women - Many divorced/widowed in middle age - no super. Little employment opportunity. Becoming homeless and entering old age.

Problem --> Affordability on a pension.

Developers destroying/taking over our services and infrastructure and overloading the remaining streets. Ex. the disaster of Ferny Grove station development and destruction of ex. Ferny Grove Market and very poor access to our suburb (crossing over railway, very dangerous), ex. Everton Hills - huge number of townhouses, no infrastructure, roads jammed with cars.

Respect for ageing people - put yourself in their position and provide accordingly. Learn to understand their situation and provide the ability for appropriate care, health care, housing, transport, etc.

1 My message is no broken promises; 2 Regional areas - transport to medical services out of area; 3 Our hospital is run into a broken system. More doctors and nurses; 4 Costs costs and costs - we all aren't rich; 5 More housing for and homes for the elderly

Appropriate housing - accommodate increasing disability. Housing mods needed.

Issue: Access to independent living units - the cost to get in and then you get deemed a homeowner & can't access rent assistance & you still pay a weekly rent maintenance fee. 1. Govt set \$242K a limit to receive rent assist - nothing avail in remote areas. 2. People in 'Lifestyle' village - own their home, rent land & can get rent assistance - they also can gain capital once sold. Independent units: you lose at least 25 - 35% over few years of your initial outlay & not interest earned - unfair.

Not affordable & access to installers/& products.

Electricity!

Keep people in homes longer with services. More money for rural remote communities. Stop giving Aboriginals everything. We are all one people.

I have to lock myself in at night. [Older woman relaying what she does every evening in her Rockhampton suburb due to anxiety around crime and e.g., car and house theft, they also mentioned locking themselves in during the day while watching TV]

Lifestyle Village - None in Gympie region.

Impact of divorce & separation and one has to rent (and lost their house and/or cannot afford to rent and have to leave/move out of town).

Keep providing subsidies on things like electricity. All help is needed.

Ensure security - food security, home security, transport security, financial security.

Irrespective of how much it costs - we (government) - need to ensure that seniors have their basic material needs met i.e. housing, health, transport, food - nutritious.

Info/support on preparing change in circumstance /ageing.

Take away labels. Make secure housing options available in areas people feel comfortable - not sending them away to what's avail or they can afford. [Funding focus in rural/remote areas].

Economic and social inclusion

Economic and social inclusion overall had a few more negatives, challenges or barriers (53%) than positive, strengths or enablers (47%).

The biggest trend within this domain was (all rated equally) ageism, discrimination; library, community hall; markets, shopping centre.

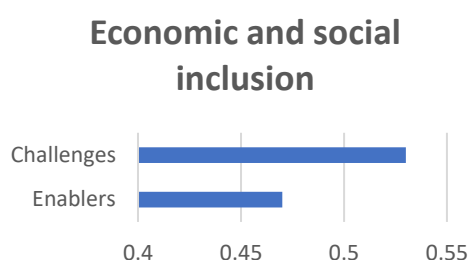


Figure 10. Economic and social inclusion

Top three enablers or strengths: library, community hall; markets, shopping centre; followed by showgrounds, church.

Overall, attendees highlighted the importance of respect, support, understanding, innovation, and intergenerational connections in promoting economic and social inclusion for the older adults. Attendees indicated they were (often) exploring options, and the importance of trying new things (and give it some time), which was also mentioned as ‘experimenting’ with retirement to work out what they liked and this included exercise and serendipitous or random conversations with others which they found to be a wonderful support. Retirement was sometimes considered a new experience in people’s lives. They were making the most of pensions and concessions which in combination with solid financial management skills assisted them in ageing well. They also highlighted it was important to acknowledge others and take an interest in others, share knowledge and showcase all knowledge and skills.

There was a focus on intergenerational understanding, collaboration, connection, cooperation, hobbies, and interests. This includes teaching younger people to respect older people and the importance of intergenerational activities. Long and robust marriages were raised again and viewed as examples to showcase to younger generations of what is achievable for healthy relationships. There was a call to capture this knowledge and teach it to younger generations.

In older Queenslanders’ words...

Teaching the younger generations respect and thoughtfulness will make the ageing process much easier.

Respect and inclusion. More respect from upcoming youth.

More awareness taught to the younger generation that older people are useful and contributing members of society.

Lack of respect from younger generations. Children are no longer taught respect in schools. And with generational separation of families, children often don't have contact with their grandparents.

Respect - is based on understanding of other. Intergenerational activities (e.g., Middle agers, Seniors).

Larger developments in wider regions were mentioned as good for the environment and economic growth of a region e.g., the Barcaldine Renewable Energy Zone (BREZ). Other factors that assisted in social inclusion of older adults included the availability of hobbies and interest groups, the wide availability of libraries, a range of shops and commercial outlets, building financial management skills, and the provision of the pension and concessions.

Self-funded retirees, despite facing financial challenges, were exploring diverse options for bringing in a regular income stream and used strategies such as reverse mortgages, part-time work, or managing property e.g., people in their early nineties managing and maintaining Air B n Bs and multiple properties.

Positive qualities such as having a sense of humour (this was mentioned in different ways across regions), gratitude, and self-acceptance were viewed as key to healthy ageing. Accepting oneself and enjoying life was seen as a strength.

Respect was spoken about in different ways e.g., all governments to respect older people and a call to action for more understanding about older adults' situations to provide appropriate care, health care, housing, transport, etc.

Some people became philosophical and explained that one must use time constructively, with a distinction made between clock time and body clock (ageing process). The idea of never settling, continuing to grow, explore, and look for meaning in life was seen as a strength. Doing something inspirational, fun, learning, feeling good, and sharing every day was viewed as beneficial. There was a desire to have a bigger voice in the seniors' community and to help more, and practical suggestions around the data collation and tracking trends on ageing e.g., National Census frequency needs to be increased to capture the fast growth of the Australian and Queensland ageing populations.

In older Queenslanders' words...

All government to respect older people!

Teach younger people to respect older people.

Old age pension and concessions and great financial management skills.

Exploring options

Listen to the older person.

Respect - is based on understanding of other. Intergenerational activities (e.g., Middle agers, Seniors).

Acknowledging others. Taking an interest in others. Share knowledge, showcase other, showcase all.

Respect for ageing people - put yourself in their position and provide accordingly. Learn to understand their situation and provide the ability for appropriate care, health care, housing, transport, etc.

Never settle!!

To keep growing, exploring...to continue look for meaning... in your life, sense of purpose... be interested, be interesting.... Try not to be defined by your age.

I want to know how can I do more, help more within the senior community with the voice I have? How do I get a bigger voice?

Old people with long good marriages have achieved the greatest treasure of all. Capture their knowledge of how to make strong lifelong marriages and teach it to young people.

Every day, do something inspirational, fun, learning, feel good, sharing.

Accept yourself for how you are and enjoy life.

Top three barriers or challenges: ageism, discrimination; followed by (all rated equally) respect, appreciation, learning; participation, involvement; and intergenerational understanding.

It was gleaned from some attendees around the need for more inclusive policies and practices to ensure the economic and social inclusion of older adults, and to ensure the safety and security of the most vulnerable people. It was also important to value and respect the contribution older adults make to a community through their lived experience, knowledge, and skills.

In terms of social inclusion and economic opportunities, it was identified again that there was a need for more neighbourhood centres, better lighting, paths, and amenities for community events. The closure or non-existence of entertainment venues such as theatres and cinemas and limited access to commercial centres also created barriers. Specific challenges were noted such as fear of loss of independence, cost of legal matters, the gradual impact of becoming more of a cashless (and how this will impact in the future with e.g., paying bills), and the impact of the impending population growth and cultural shifts from this change.

Cost of living and housing stability were raised as growing barriers with the spiralling costs of food, fuel, rent, council rates and electricity all posing challenges. There are limited affordable housing options for seniors, including subsidised housing, limited shared living arrangements and age-in-place designs. Increased insurance premiums as people age and the difficulty in getting e.g., (example was raised again) affordable travel insurance and car hire also impacted participation pose challenges. There was a desire to receive more personal financial assistance (or advice) from services such as Centrelink, and a call for more rural and remote funding. For rural retirees there was a focus on making life fulfilling in rural areas where they have worked hard usually over many years to achieve what they have now. And the increasing costs around transport to medical appointments was raised again, particularly for services outside of town. There was discussion around fixing a 'broken hospital system', provision of more housing and over-governance.

In older Queenslanders' words...

Government recognise people in a positive way.

Listen to the older person --> more forums for older people; opportunities for older people who are housebound/have limited ability to get around --> to have their voices heard = increasing value for/of the older person.

Ageing Better into the Future. Continue the good practices from younger years and continue to grow and develop and meet the challenges.

In terms of respect, several challenges were raised including older adults often face disrespect and are talked down to, particularly by health administration staff. There was a need identified for more patience and respect towards older people. There were some comments made around the potential for elder abuse situations, particularly financial abuse (in the context of banking, scams, mortgage repayments, etc.). There was a need to teach respect and thoughtfulness to younger generations. There was a need for more intergenerational connections and mutual respect between older and younger people. It was described as almost different languages were being spoken between generations (despite both cohort speaking English), leading to growing gaps. The issue was raised about the generational separation of families often results in children having limited contact with their grandparents.

The concept of invisibility and feeling patronised was raised multiple times e.g., older men often feel invisible in retail/customer service environments. Ageism and assumptions were noted as often leading to patronising attitudes towards older adults. It was noted by attendees that 'the elderly' fear dramatic cultural changes due to population growth via immigration. They feel their culture/beliefs/values suffer constant abuse and marginalisation. Attendees also extrapolated on the ageism and explained that by not wishing to talk about ageing that this was part of the negative discussion or experience (framing of ageing) and there was a need to change the narrative and increase conversations around ageing as part of everyday life in order to challenge the stereotypes.

In older Queenslanders' words...

Cost of living - affordable housing initiatives - cities are developing affordable housing options for seniors, including subsidised housing, shared living arrangements, and age-in-place designs. Age in place designs are simply modifications to the existing structure to assist the elderly - grab bars, etc.

Means test assistance. People with a lot of money seem to get things for free while others have to pay.

Respect for ageing - do unto others etc. Understand individuals' needs.

Dear I am a rural voter who wants to live my life in my block. Currently, you pander to the regional/urban voters, but you complain retirees are costing too much. Make our life fulfilling in our rural areas and you'll have saved money on hospitals and have happier voter[s]. Remember we vote.

Stop penalising retirees. We have worked hard for what we have. We also vote.

Being over governed because of ageing. Being treated and spoke[n] to as a child by government and private organisations. Not being treated as an individual. Ageing not to be treated as a disease. It's part of the natural life cycle.

Value and respect the contribution Elderly People make to a community through their lived experience, knowledge, skills and contribution.

Rural & Remote Funding. Provision of funding to local community/regional councils to support the development of infrastructure that supports the elderly in their community. Each community is unique, and their needs are diverse; therefore, the provision of funding to allow each community to create their own needs-based projects/space for elderly would allow the communities to stay 'alive'. Employment opportunities grow from diverse projects and equity for rural & remote townships is paramount. Too often funds are diverted to East Coast region and development. Country people are out-of-sight, out-of-mind. Ignorance of need feeds limited opportunities.

Please lower the cost of living e.g., Rego, fuel, food, council rates? Bowen needs more GPs.

Personal help from Centrelink for Finance. We have to travel from Bowen to either Mackay or Townsville.

We have to listen to Yuppies who live in Brisbane telling us how to live out here where the only water in rainwater tanks that we should save water. [Gympie]

Don't want cashless society, too old.

Loss of independence. My fear.

Legal matters (costs).

Huge population growth via immigration (over 600,000 this year!!!) and dramatic cultural change. Our (my aged group) culture/beliefs/values suffer constant [underlined] abuse and marginalisation. My age group are the old age group now and we are being forced to live by the values of the 'woke' generation who won't be old for decades.

Safety and security for vulnerable Seniors.

Communication and information

Communication and information had substantially more negatives, challenges or barriers (65%) than positives, strengths or enablers (35%).

The biggest trend within this domain was online, internet, websites.

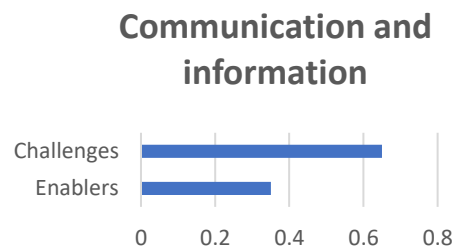


Figure 11. Communication and information overall rating

Top three enablers or strengths: libraries; emergencies, essential services (this included essential retail services such as grocery shopping; being able to access day to day services, etc.); and (all rated equally) smartphone, mobile, telephone; computer, tablet, iPad; community participation and events.

Ultimately, having access to information meant self-reliance, inquiry, thinking and seeking out information independently in instances of uncertainty, when feeling unsure, needing to plan, or need to know basis. Having access to a computer, tablet or iPad, and access to smartphone, mobiles and telephones were strong enablers for communication and information. Attendees spoke about e.g., the importance of education and assistance with technology particularly as things were changing quickly and it was a challenge to keep up with the pace of the change. This appeared to be an ongoing positive and tension with technology and around digital literacy and digital inclusion.

Older adults reported that they greatly appreciated access to libraries for communication and information, being able to go online and navigate information on the internet via platforms and websites. For example, attendees spoke very highly of local libraries being open six days per week and providing excellent services, especially for older adults.

Being able to maintain one's hobbies and interests, connect, network and stay informed around community activities, events, and news, and opportunities to participate were considered very important. Locally produced free publications which encompass wider regions/s around e.g., living well, staying healthy, what is happening in the region, provision of community directories and local services, were also valued. Information about local events like markets, shows, and fairs (e.g., around holidays such as Christmas) was readily available in some regions. Community newsletters and a monthly newsletter from the council were in circulation in some regions. Hardcopy books and newspapers were valued; however, there was a need for more regular hardcopy community updates and local newspapers (either that had stopped being printed during COVID, or that were no longer running) in certain regions.

In terms of health information and updates, people greatly appreciated information around local services that were positively regarded in communities e.g., attendees mentioned again local ambulance services that provided transportation (in addition to compassionate care) which was especially important in smaller communities where older adults might be more isolated. Health information about specific topics, advice, and service availability was greatly appreciated, as were information sessions on aged care services held at community hubs such as the local community centre.

In emergency situations, having access to essential services was greatly important and this was enabled by having good systems in place with up-to-date technology and platforms which disseminated critical information and updates.

In older Queenslanders' words...

Think things through for yourself and ask when you don't know.

Need to be more regular in paper.

Council prints a monthly newsletter to each household.

Library services for Senior Citizens = Excellent in Bowen and Whitsunday Council generally.

Community magazine. Health adverts; expert write ups and info; and find out about check-ups and general health knowledge and service availability.

Really good monthly 'Gympie Living'. [publication]

Ageing Information sessions. My Aged Care held at Community Centre.

Things are changing faster than ever and struggling to keep up.

Tech - education, assistance.

Top three barriers or challenges: online, internet, websites; followed by connect, network, inform, and community newsletters.³⁵

Older adults indicated that they required more inclusive and accessible communication methods, and in general, ongoing education was required to improve understanding of technology and online security. Attendees reported some of the biggest challenges around computer, tablet or iPad, followed by online, internet and website. Other areas where substantial challenges or barriers were felt were in connecting, networking and informing followed by legal matters, health information, community newsletters, and emergencies and essential services.

Social media was mentioned and often with a mixed response (those 'for' and those 'against' or those frustrated by social media platforms). For example, there was no overall communications source to cover the whole community, leading to disjointed communications. People noted that there was a lot of reliance on Facebook to communicate.

In terms of digital literacy and digital inclusion, it was noted that there was a reliance on everyone having smartphones. Online information was considered by some as unreliable (in an age of misinformation and disinformation, and scams). There was a need for more face-to-face services and assistance in seeking information about home assistance or in home services such as shopping, cleaning, and cooking. Digital literacy challenges included potential or actual financial abuse related to not feeling savvy enough online, being duped by scams, feeling anxious or concerned around how data was being collated online and who had access to it, and when digital literacy was lower or limited, feeling reliant on others to assist with online navigation and processes. Scams were often mentioned in the context of management of finances, BAU banking processes, and sifting through

³⁵ We also note that health information, despite not being rated in the top three, trended very strongly.

scam in emails and text messages to work out which messages are genuine, and which are fake or malicious.

People still wished for hardcopy information e.g., delivered to their mailboxes such as community newsletters. There was a need for more community noticeboards to supply information on what's happening, or current noticeboards needed to be more regularly updated. The loss or closure of local media and newspapers in some communities had been impactful, leaving no other way (other than electronically) to pass information about events, services, etc., to older adults in the community and this was a big challenge for older older adults did not engage with technology and were more isolated.

In older Queenslanders' words...

Local paper - only notices we get are through Facebook local community site.

Community newspaper huge loss.

Communication. Our 1 newspaper closed! Currently we have no other way (other than electronically) to pass information about events, services, etc. to the ageing community. Possibly government funded to keep a newspaper!

Don't halt [the] Gympie Times.

Finding out where and what and if not online [this is even more important].

Lack of information on community activities and groups.

NOT online - difficult to find info; hardcopy info required re: transport subsidies and discounts available and info regarding concessions.

Local newspaper not available - online difficult for some to access to find out what [is] happening in area.

More easier access to the Seniors Free Papers.

Examples of specific areas where information was sought were around technology changes and when requiring assistance needing talk to telecommunication providers e.g., Telstra, and the language barriers with some customer service representatives on the phone. In terms of legal matters, it was felt due to the complexity of often dense information, this needed to be simplified, and on top of this, having to navigate the multiple systems to seek out the most up to date or correct answer through Centrelink, Public Trustee, etc. and through understanding better key documentation such as Enduring Powers of Attorney, Advanced Health Directives, and Wills.

In older Queenslanders' words...

Help during Cyclone to put items away.

Like to talk to people face to face for everything! (Becoming more difficult to do this).

Need to be able to receive paper bills - not just online.

In Australia/QLD Govt Departments – Dedicated Seniors Line into government departments (phone) as many people like to speak to an actual person and do not want to do business online. This is particularly important for first contact with issues/concerns. Ensure that all Australia Post services are maintained. Many older Aussies use small suburban post offices for banking and bill paying - particularly important for rural communities and letters for communication and bills.*

Need more face-to-face services.

Need to have no bank closing...

IT due to scams.

Legalism. Centrelink (hard to approach, problems at time of going into care), Public Trustee (very very very bad), Enduring Powers of Attorney, Advanced Health Directives, Wills (can't write a Will that will withstand challenges), especially for remarriage with children.

Difficult to access facilities online! Need face to face to answer questions relating to my health and wellbeing.

Support groups for people who have had a stroke or their carers. Could be any sickness.

Some people were struggling with technology know-how and technology literacy, and this was linked to a greater risk of isolation, being more susceptible to online scams, considerations around online security, the impact of AI, and the pace of technology, accessing information and resources online for specific topics, and navigating complex information online regarding government supports, and often continual preference and need for face-to-face services/support/information.

In older Queenslanders' words...

Aged struggle with technology becomes isolated and miss information due to inability to use technology.

Assumption that everyone understands technology and online security, scams and AI development and pace is scary.

Digital awareness - it is hard to keep up with change in technology - Digital Safety!

Not to force technology on to us - give us some leeway to opt out; organisations not to be so pedantic about us using it; train their staff to be more empathetic.

Tech. Being able to use technology is central to most of the other issues. Knowledge of what is available and when; access to banking; knowledge of where things are in the community; communication with family; planning to access the community; knowledge about supports in the community and access.

Free education for computer use for older people (Public Library could do this).

Finally, attendees spoke about the challenge of connecting with younger generations when they are less responsive or unresponsive. They wished to better understand younger generations communications and wished for strategies to connect with children and grandchildren.

In older Queenslanders' words...

Children and grandchildren - how to connect when they don't respond to texts and calls?

With the "new" technological age, people are losing connection to others. Even today's youth is less connected. Mental health would benefit from ways to encourage all ages to connect. Government should prioritise their otherwise they will need to prioritise depression down the track.

Employment and retirement

Employment and retirement had more negatives, challenges or barriers (55%) than positives, strengths or enablers (45%).

The biggest trend within this domain was volunteering.

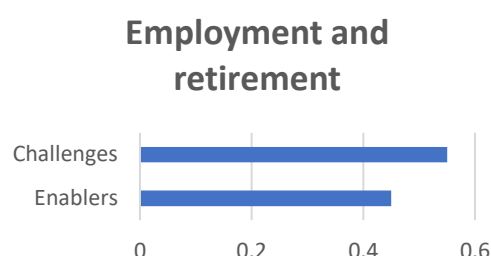


Figure 13. Employment and retirement overall rating³⁶

Top three enablers or strengths: volunteering; grandparenting; and meaning, purpose, creativity, joy.

Older adults spoke about the positive aspects of employment and retirement, emphasising flexibility, opportunity, and personal fulfillment, sharing expertise and mentoring, re-purposing one's life, participating in society, and getting involved with community. Through volunteering or employment, they were using skills and sharing knowledge, keeping routine, having stability and security, and ultimately finding meaning, purpose, creativity and joy.

Examples of areas where these qualities were explored further included grandparenting, which was seen as a positive aspect of retirement or transitioning to retirement years, providing not only a meaningful role but also intergenerational connections.

In older Queenslanders' words...

Have six treasures! [Grandparenting]

[Employment] readily available in Longreach if desired.

Up to you to make the effort. [Employment]

Time - choice "not to rush."

Attendees mentioned incidental or direct exercise and social connection in relation to maintaining employment. There were a few comments around lack of unemployment, suggesting a healthy job market; for example, attendees mentioned that a variety of work opportunities were readily available in the Longreach region. There were comments made that people just needed to show initiative and make the effort to seek appropriate employment.

People mentioned being in or transitioning to retirement and talked about freedom and flexibility and being able to e.g., take trips and travel, and have time to engage and participate how they wished. They had the choice to take everything in their own time, at the own pace, and have control over how they managed their time.

Volunteering was often cited as beneficial with mental, physical and emotional health benefits but also that more volunteers and more volunteering opportunities were required. Volunteering was

³⁶ Employment and retirement had the lowest response rate out of the eight domains.

sometimes an organised formal role and other times was an informal role in assisting and taking care of others in the community across diverse aged cohorts.

Case studies

1. *An older woman at the Brisbane North forum spoke very positively of her experience with long term volunteering for an organisation called the Pyjama Foundation which makes a difference to young people's lives and assists in increasing their literacy rate. She spoke of the ability to connect intergenerationally and cherished this opportunity demonstrating the mutual benefits of volunteering.*
2. *An older woman at the Rockhampton forum implied she undertook substantial hours in caring for grandchildren and wider family, but also caring for other families in the community who were experiencing food insecurity or financial stress. The woman was very grateful for the leftover food from the forum and said she would use it immediately for an afternoon tea she regularly hosted where she provided a meal for a mother and her children. The mother had limited access to transport and would ride her bike to the woman's house. The mother was gradually regaining her health following a period of substance abuse and had developed chronic health issues.*

In general attendees discussed that casual employment opportunities were available, and this provided flexible work options, which can be particularly beneficial for retirees wanting to stay active in the workforce. Older adults explained that it was important to find meaning in retirement, which is different for everyone, and therefore, some were experimenting with retirement to work out what they enjoyed, the lifestyle they wished to lead, or what they required financially, and casual and flexible employment was part of strategies or approach to life that made this possible.

Top three barriers or challenges: volunteering, re-purposing one's life; and (all rated equally) participation in society, routine, stability, security; and learning new skills and knowledge.

Employment and retirement for attendees was about finding meaning, purpose, creativity and joy, and re-purposing one's life. Other areas identified included importance of maintaining routine, stability, and security, and using skills and sharing knowledge through volunteering, casual, part-time and full-time work. Further, barriers were encountered with community involvement, grandparenting, expertise and mentoring, learning new skills and knowledge, and participation in society.

Preparation and planning for retirement was considered crucial but it was acknowledged by attendees that not everyone was in a sound financial position to be able to do so.

Attendees talked about examples of financial challenges including rates of taxation. They felt sometimes people were penalised for working casual or part-time jobs e.g., a \$2000 tax bill to pay while only working two days per week. Some older adults felt like they were being penalised and they wished for reconsideration of tax limits and thresholds for older employees. The tax system and Centrelink were mentioned as discouraging people from working.

A general comment was also made regarding 'thin market' for employment and limited opportunities (this was contrastive across regions). It was felt in some communities that they needed a program or initiative to enable older adult to pass on their knowledge, and that community sites needed to be made available for education, training and knowledge exchange such as community centres.

There were several qualities discussed which were considered key for employment and/or transitioning into retirement e.g., self-care, having or building confidence, acceptance including

acceptance of life circumstances and self-acceptance, and building and maintaining independence. It was noted by people that there was sometimes a fine line between victimising and helping oneself or others.

Attendees indicated that caring and care giving were potential barriers to employment and retirement. Volunteering continued to trend strongly and challenges such as volunteer fatigue were raised.

Case study

An older woman in the Rockhampton region had been volunteering in a residential aged care facility, following a period where her sister had moved there after chronic health issues had worsened due to an acute health event. She used to enjoy the volunteering but had experienced burn out with juggling volunteer work and ongoing care for multiple family members.

Very general comments were made around needing to change service provision (implying community care and aged care context) and listening to needs (from employment perspective but also to better support those in need of the services). For example, a need for better training of home care workforce staff. It was felt this could be improved if it was managed and ran similarly to apprenticeships. Very specific areas were also identified including more people to be trained in understanding how to work with older adult and adult living with disability, and their use of mobility aides, wheelchairs, and motorised scooters (understanding use of these and maintenance and transportation of these), and the limited or lack of allied health workforce in regional and rural communities.

Finally, practical implications around reliance on capacity to drive, and ability to travel for rural and outer regional employment opportunities – if older adults do not have access to affordable or sustainable transport, this can hinder their employment opportunities.

In older Queenslanders' words...

Not everyone has the financial option to retire.

Planning for retirement needs to be addressed early in life and a parallel pathway realised in the pre-retirement years at the latest.

Preparation for retirement is important - don't retire and then think about what you are going to do - Don't make work your LIFE. PLAN AHEAD - take responsibility. (There are opportunities in our community).

Many retire from work only to take on the care of elderly relatives.

No wages Tax for over 67's.

Rural employment needs transport but lack of transport limits/curtails this.

Stop penalising older people who are working part-time. The tax system and Centrelink discourages people from working. Continuing working if you want to help people's wellbeing and mental health and also cuts down on social isolation and exclusion.

APPENDICES

Appendices

Appendix A. Forum data (detailed) - Southeast Queensland Forum (October 2023)

Age-Friendly Community - Top Five Issues³⁷

Older adult attendees in the room and online indicated their top five issues collectively were health (17%), cost of living (15%), staying in your own home as you age (12%), independence and mobility (11%), and nutrition and exercise (9%).³⁸ Further, they indicated the issue of most importance as health (35%), cost of living (17%), staying in your own home as you age (15%), independence and mobility (12%), and loneliness and social isolation (6%).³⁹

Attendees were asked why they chose a certain topic as the most important to them. Qualitative (open-ended) responses are presented below across the twelve areas from 131 respondents.

Transport

Attendees reported a greater need for more transport in Southeast Queensland. Public transport was highlighted as an essential service to be able to access other services.

There were specific examples shared by attendees who e.g., used motorised scooters and the train network. However, there was a need for more consistent and reliable transport alternatives when the train network was unavailable such as taxis, particularly for those people with mobility considerations.

One individual indicated that they were happy with their existing transport options and were also within walking distance of services, and that they were generally happy with their community and lifestyle (other enablers).

I live close to transport. Able to walk to all services. Great community. Own my home.

Health

Health (and wellbeing) was deemed the number one priority and the foundation for every other area of life – for having capability to pursue interests, maintaining preferred lifestyle, opportunities for participation and growth, connections, maintain physical/emotional/mental health needs across all domains of life and achieve overall quality of life - nothing else mattered without good health.

I come from a health care background and know that without a reasonable level of health, be it physical or mental, life is hard.

Health means so much to everyone! I, as a Senior, like to be independent and healthy [for] as long as possible.

Some people felt health 'defined' their lives, particularly mental and physical health, and this became more important as one became older.

³⁷ This will include overview of findings from Mentimeter dataset (questions 1 - 3). Qualitative responses from Mentimeter dataset n = 565 across four open-ended questions, in addition to quantitative responses.

³⁸ These were from 873 responses. Other areas indicated that were not rated in the top five overall included personal safety (8%), transport (8%), respect for older people (6%), future housing choices (5%), employment (2%), loneliness, and social isolation (6%), and other (1%).

³⁹ These were from 173 responses. Other areas indicated that were not rated in the top five overall included respect for older people (5%), future housing choices (3%), nutrition and exercise (3%), personal safety (1%), employment (1%), and other (1%).

Good health in my old age is very important to me. Unfortunately, sometimes illness happens, and it would be nice to know that the health care service is there when I need it.

Specific health concerns raised were the possibility of cancer, living with current or existing conditions such as chronic pain, muscular skeletal conditions, and heart conditions.

Some people mentioned the impact on health when entering a new stage of life after a very active lifestyle previously due to work and/or living in rural or remote areas. Older adults stipulated that health must be maintained through a good quality health system and made accessible for everyone, otherwise life becomes harder or less enjoyable.

We have to be healthy to enjoy life during our older ages.

Good health pre-supposes other problems associated with ageing [and] will be easier to manage.

It's just so important to look after our health and proactively prevent decline.

Because without good health you can't enjoy anything that includes social and emotional wellbeing.

I have health issues and the public health system is very difficult to navigate.

Cost of health care was mentioned several times including specialist care and necessary treatments, procedures, medications, or equipment.

Health was considered on par with security, access and inclusivity, and ensured longevity, better lifestyle, more options for preferred lifestyle, quality relationships, and enjoyment of life.

Without good health I believe you don't have the ability to confidently plan the rest of your life.

Having support for maintaining the best possible level of good health that you can empower you to handle all the other issues that ageing throws at you. Poor health is an immediate disadvantage.

Cost of living

Older adults commented that everyday living costs were increasing at a rate that was 'out of control'.

Some attendees identified as self-funded retirees and that despite having the financial independence, they mentioned that without a pension or health supports in place that everyday living had become harder.

Don't get any benefits from government as being self-funded retiree.

Others indicated that they were on limited incomes, or their wages were not increasing, despite rising costs associated with food, fuel, goods and services. Other rising costs mentioned included car registration, rates, and electricity.

On fixed income in retirement there are limited options available to offset any cost of living increases i.e., recent petrol price increases.

Cost of living increasing but income from superannuation does not change.

Many commented that without financial security and meeting one's basic needs, the other domains of life were not accessible or achievable.

Cost of living was reported to impact older adults existing savings and ability to save money, and at times they were not sure where to seek assistance from.

Because my super is starting to dwindle, and I have no idea who to contact to help to update my investment without it costing a fortune.

Older Queenslanders were also cognisant of the impact to younger generations and the benefits of financial literacy and financial security earlier in life.

The increased cost of living impacts younger Australians' ability to prosper in this nation. This results in increased financial stress and less utilisation of health services (preventative health).

Attendees also highlighted that the ongoing pressure of having to keep track of finances and budget increased general anxiety about daily living, which was linked to health issues and subsequently more pressure on the health system.

Inflation and price rise is eating into my savings. Also, what used to be life earned benefits are now gradually being diminished and taken away, like Medicare benefits and fee-pay doctors' visits and tolls.

Loneliness and social isolation

Attendees explained their concerns around loneliness or social isolation e.g., they saw family members experience this and did not wish to go through the same experience, they linked living a lonely life to less security and poorer health outcomes (overall poorer quality of life), and the need for increased access to services and supports.

I believe that left on one's own brings depression, insecurity and loneliness in your life. This brings on many more ill health [episodes] and death. Everyone deserves to have care and love.

Loneliness and isolation in regional and rural QLD and [the] ongoing supports and services [need to be] provided.

Isolation and loneliness are so common in older people and affect quality of life more than anything else.

Some individuals emphasised that social isolation and loneliness impacts mental health as well and sits at the interface of cost of living and transport concerns or issues.

Social isolation and loneliness feeds into everything else you do or don't do in life regardless of age. This impacts health in general and specifically mental health. Transport and cost of living impacts.

Others indicated that they lived alone and had no visitors and/or did not feel like they lived in a friendly neighbourhood.

Staying in your own home as you age

Older adults mentioned several components which they felt would ensure they could stay in their own home for longer including living in a familiar environment and having friendly and helpful neighbours or community around them. Further, being able to stay in one's home was directly linked to qualities of feeling safe and being able to stay independent.

I want to retain my independence - I feel safe and happy when I am in my home.

People mentioned external enablers in their living environment which they viewed as assisting in them being able to age in place such as lift access in multi-storied apartment or unit buildings.

Others indicated that they had taken steps to prevent being dependent on others in later life and as part of their future planning to avoid entering an aged care facility and remain in their home.

I intend to be independent and have already taken steps to this end. I can imagine, in light of the disastrous experiences of aged care, no one in their right mind would enter one.

Who wants to live in a care home?

Like many, I don't want to be institutionalised.

Nutrition and exercise

Health was also seen as something that one could have a reasonable amount of control over and that it was a case of cause and effect with nutrition and exercise e.g., putting the effort in to keep in good shape would mean more independence for longer.

This is the one factor purely within my control – if I exercise, that is, I prevent ill health, [then I] stay independent.

It was felt by several older adults that mental and physical health determined quality of life.

Fitness makes everything else possible.

Personal safety

Personal safety for older adults meant they wished to be out in their community and feel safe to move around their neighbourhood and wider community.

Personal safety can cover a sense of control and support to meet all basic needs.

Personal safety was also linked to security (one's sense of physical security and their immediate surrounds).

Future housing choices

Some older adults felt uncomfortable or did not like the idea of moving into a retirement village. Others reported that the rent was continually increasing in over 50 living environments.

Those who were living in manufactured housing or residential park type environments reported the need to put in place more consumer protections, and specific issues named included unethical practices by park owners within land lease villages under the Manufactured Homes (Residential Parks) Act 2003.

Some people mentioned the impact of the housing crisis and financial stress.

I'm renting [and] my pension is \$746 fortnightly [and] my rent [of] \$725 is weekly.

Some older adults felt their options were dwindling due to costs involved particularly when transitioning to retirement or when they were impacted by life changes such as divorce (and had to become creative in seeking housing alternatives).

Current retirement options are not acceptable i.e., exit fees, loss of capital growth, leasehold. Paying developers the above is unacceptable.

I currently housesit interstate to avoid living in my car. I educated myself and my children following divorce and was let down when an opportunity to join an ecovillage community was squashed.

When options were few, older adults highlighted that family was still important (and staying connected).

Because I'm currently homeless, feeling somewhat older, and would like to be involved with my family more.

Older adults spoke about their love for their own home. Qualities for what was deemed appropriate housing were mentioned and included safe and sustainable and that this will be modified as one ages.

Safe, suitable and sustainable housing is essential at all ages. What it looks like changes as we age. Our physical and financial situation may impact this, but also our social needs and aspirations.

Employment

Obtaining and retaining employment was linked to a sense of purpose, staying connected and maintaining financial security and independence (including these qualities being important as one moves into retirement).

I feel I can still contribute to society even though I have retired from the workforce. Working is more for my mental and social engagement rather than for money earning. I am fit, healthy, and keen.

I am female over 60 living with disability and have had difficulty obtaining employment to enable me to service my mortgage. I want to live independently and with dignity.

Some indicated that they felt they were penalised unnecessarily with the current tax system and there was a mismatch between one's employed status and retired status when taxed as a couple.

Affecting income. Taxed individually when employed. Classed as a 'couple' when retired... greatly reduced partner's pension. What's the point?

Respect for older people

Interestingly, attendees spoke about respect for older adults with a wider community lens, in the context of all age cohorts, suggesting that a lack of respect for older adults was indicative of a wider societal or community issue.

Respect underpins wellbeing for every community.

As a retired paramedic, I have a lot of knowledge and life experience that appears to be lost on [the] young. Ongoing violence by younger Australians is indicative of [a] lack of respect for older Australians.

Elder abuse was raised as larger issue in the context of respect and the need to raise awareness in the wider community about elder abuse.

The concept of respect was also raised in the context of religion and activism (that is, feeling like Australia's constitutional and religious beliefs were 'being attacked' by activists).

Independence and mobility

Some older adults indicated they were very independent, greatly cherished their independence, and wished to live life on their own terms.

Being able to support yourself during ageing and maintain an independent lifestyle.

It means everything to have choices, freedom and participate in society on my terms, right to the end of my life.

My wife and I value our independence. Having lived for part of my life where all aspects of it (the armed forces) were supervised, I value my independence and being able to live my life as I see fit.

Baby Boomers like to feel independent.

Some attendees cited viewing family members' experiences of gradual or sudden loss of independence through the onset of e.g., dementia. A common theme was not wishing to be a 'burden' on family members or others and to maintain capacity and capability for as long as possible.

I do not want to be a burden on others if I am capable of caring for myself.

Other qualities which were valued and were viewed as going hand in hand with independence was autonomy, dignity, and being able to engage in self-care.

Others mentioned external factors which could impact their plans of maintaining an independent or suitable lifestyle including the increasing costs of health care, utilities and transport. Other factors that impacted independence was physical health and maintaining one's physical body in an okay shape to continue moving e.g., knee replacements. Mobility was sometimes cited as a key component for living the life you want to lead.

I chose independence and mobility – this enables me to be an active participant of society wherever I choose to live – be it in a rural or urban environment.

Mobility maintains independence which supports your lifestyle.

Other

Some attendees indicated general qualities or needs they required to be able to continue to age well and the importance of remaining in their community. For example, maintaining interests and hobbies, having their own personal space, having the ability to participate in community and society in different ways, happiness was identified as the key to everything else, not to be under someone else's control, and ensure quality of life until later years. Some individuals indicated that it was important to 'care for' and prevent the impact of ageing as much as possible.

I'm a 'youthful thinking' 70 year old. I'm independent, active in the community and have creative hobbies and interests. I need personal space to function well.

Being Cared For⁴⁰

The majority of attendees in the room and online who completed the current survey item (n = 153 respondents) rated staying in their own home as they get older as very important (71%).⁴¹

Further, attendees indicated qualities or actions required to stay in their home as they get older including (in order of highest rated) having their home suit them as they age was key, followed by needing modifications to remain at home, then having enough information about care options or

⁴⁰ These items included Mentimeter questions 4 – 5.

⁴¹ In addition, 27% considered this somewhat important, and 2% considered this not at all important.

support services that they might need to remain at home, and lastly, needing to downsize or move to a home that would suit their needs better.

Attendees (n = 116 respondents) provided further information and thoughts in an open-ended response regarding their future care. These are presented below according to general themes.

Some attendees indicated they were not thinking about their future care, aged care arrangements or care options at present. Other attendees indicated they were not sure, did not know, or were 'not there yet' (possibly not ready yet) to think about the future. However, it is interesting to note that some people indicated that they would not think about this until they were at the stage of requiring care (rather than future planning), while others anticipated needing care in e.g., a decade's time.

As before, we are currently very healthy and mobile and are going through the care issue with our parents.

Not [at] this moment. I have to think about [it] when I have reached that stage.

I haven't thought that far ahead as yet.

Unknown. Try not to think about it.

No need.

I don't know but I want to stay at home.

No idea if anyone will care for me.

Too early to tell yet.

Haven't really thought about it at 70.

Some older adults indicated specific supports in their future care including support by e.g., government, local council, public health system, NDIS, Aboriginal health supports, LGBTIAQ+ service, community care, social services, and new or existing health care teams (including medical or allied health and community health services).

I have a neurodegenerative condition and will likely need care in [the] future. I have a good medical and allied health team to help and guide me. I hope to remain in my own home.

Hopefully a LGBTI care service in my home.

I believe it will be the public health system.

For others, they anticipated an external service provider (community and/or aged care) through an agency or organisation for care in the home by care/support workers or staff, meals, domestic tasks, and specific services were named such as the Blue Nurses. Some attendees mentioned that they would seek a care package through My Aged Care.

Not sure I will need full time care. It depends on who survives who. My husband and I care for each other. Otherwise, I would organise a package through My Aged Care.

Ideally, I'd like to stay in my own home; however, I accept that may not happen. Having access to good help and assistance around my home will be important.

I hope my children will assist in general care. Intensive care will require dedicated assistants.

Many attendees indicated that they would likely be cared for at home (as homeowner, longer-term rental tenant, independent living arrangement in an over 55 community, etc.). For example, taking care of themselves at home until they were no longer able to do so. Also, being cared for or receiving support from family included adult children (receiving care by them or assistance with living, or moving in with them, or having a space on the property e.g., tiny home), grandchildren, from a spouse or partner. Some mentioned neighbours caring or looking out for each other, or some 'help' (external services) when they could no longer undertake daily tasks.

Should I require care and assistance with ADLs⁴² [into] the future, my daughter will care for me in her home.

Live with my children nearby in my own home. Die when I can't look after myself and my wife.

Stay in my own home. Live with [my] husband who hopefully stays at his level of health, looking after each other. [I] have a single daughter who will and does help and will and does live nearby.

My family would be pro-active with assistance. I'm thinking in my own home for as long as possible.

Perhaps look at downsizing.

However, some felt they could potentially become a burden on their family in later life, and others did not wish to assume or expect that family, particularly adult children, will care for them (so they assume they will engage 'paid' services).

I can probably rely on one of my children though I don't want to be a burden.

For other families, there was an innate cultural understanding that younger generations care for older generations.

My adult single-mum daughter will care for me. She frequently reminds me of her desire to do so. I am of NZ Māori heritage, and culturally we care for our elderly in the home.

When it was indicated that family would not be able to care for them, or check in on them, and they could no longer care for themselves (if capacity and health statuses changed and it was required), they would go into an aged care facility.

In the first instance, our kids, but if needs be we will go into full-time care. Not sure where and when that will be.

Hope is family [but] as lives are getting busy, most likely, in [a] nursing home.

I'm living in a retirement village. My next stage is aged care if I can't take care of myself.

My husband has offered if able. In the home if suitable. Have not asked family to commit, but know if local, they would. Open to nursing home environment.

Navigation of aged care was raised by several attendees. Some indicated they would require assistance to navigate the complexity of the aged care system.

Age care is complex – so much so that we will have to engage a consultant to navigate us through all the best options.

⁴² Activities of Daily Living (ADLs).

Aged care and the best options are extremely complex. My wife has paid a consultant to help find the best solution for her parents.

Other attendees mentioned the suitability of an aged care facility depending on the individual's preferences and capacities e.g., physical, cognitive, etc.

If a person is in cognitive decline, aged care becomes the only option. But if the mind is sharp, then aged care doesn't have any intellectually stimulating activities – just sing-a-long and bingo!

One individual referred to 'mid-term' plans and that their current living arrangements in an apartment would suit them moving into the future (implying current living arrangements were okay for future care but would need to be reassessed at a later stage). Other attendees indicated they had intentionally modified/designed/built their home to be suitable as they age. Another attendee, who explained that they have no dependents or partner, had realised that future planning and research was important, as were steps such as downsizing, informing executive of will, etc. of their wishes.

Information supports were viewed as critical to finding the right type of care, particularly if not wishing to put pressure on adult children (or not having adult children to ask). Further, attendees indicated a sense of community or likeminded people was key for care, and if higher care needs, they hoped that in the near future shared living and care arrangements would become the norm.

Some older adults had already thought about potential challenges to future care and being cared for in the home environment, which included access and mobility considerations, when they do not have an 'in-built' support network with family (or family nearby), complex family dynamics or estranged family members (with expectation they would be involved/would not be involved), and geographically dispersed family members (in the state, interstate, overseas). In addition, a lack of sustainable income or financial insecurity, and complex financial components to future planning were additional potential challenges. A lack of viable care options, availability of services in rural and regional areas, and barriers of age discrimination in sustaining employment were also considered potentially impactful.

I live in a unit block with no disability access.

A significant problem – I don't have a spouse or children and family all live in different places. Preferably [I would like to be cared for] at home.

Unsure. I have no partner or children but only three nephews. Fingers crossed they'll look after me.

I need to think about NOW. I will have no future if I can't generate an income stream very soon but [I] need help.

Current house would not be suitable if I develop mobility issues etc. so [I] expect to have to move at some stage.

No one to care [so would] have to go to a home.

Not sure, haven't thought about it. I planned to work until I drop dead but that is being taken away from me due to being older and [the] world not accepting my experience and skills.

I have no children and my closest family live in Sydney, so this issue is a bit [of a] concern. I have cared and am caring right now for my own elderly relatives, but who will be there for me?

Accessing care regionally needs to be more widely promoted – facilities/agencies/availability.

Some attendees became more philosophical yet practical, and it was clear they had been thinking about the important things in life. One attendee mentioned the importance of having people around as you aged as this was key for maintaining good mental health and providing examples such as retirement village communities as an appropriate living environment for this reason. Religion, faith, and a sense of protection and being cared for was mentioned, in addition to the acceptance of death. One attendee had decided they would utilise Voluntary Assisted Dying when they were ready to do so.

At this point, I will into the loving care of my saviour, friend and living God who found me at 21. He never failed me – I am 72 as I write. One thing is without [needing] a graph, we will all die. [...] It is my Heavenly Father who has cared for me here and it will be the same loving God in Heaven. Now that will be true lifestyle.

I play to stay healthy, to ensure I am not a burden to family. They better come good at the last-ditch stand. I will happily have all mechanical devices turned off. Let me go.

Having younger or healthy or healthier spouses or partners was seen as an advantage in future planning, with some attendees mentioning that their partner would care for them (if partner remained in good health).

Experiences of ageism⁴³

Under half of the attendees (43%) in the room and online who completed the current survey item (n = 137 total respondents) indicated that they had sometimes experienced negative comments or attitudes because of their age.⁴⁴ Over half of the survey respondents (n = 136 total respondents) explained that their community *sometimes values and respects* older people and 33% explained that their community *does value and respect* older people.⁴⁵

Attendees were further prompted to provide their thoughts around how to stop ageist attitudes. General themes are presented below from 106 respondents.

There was an overwhelming theme from respondents that education and raising awareness was key to tackling ageism. Suggestions for education included community education (for all including younger generations, general communities, carers, and businesses), formalised education within schools (from early childhood through to secondary education), awareness raising via TV advertising, campaigns (not just as one-off campaigns but also awareness all year round), via social media platforms such as TikTok, 'call it out' when any form of ageism occurred (also described as 'taking ownership of a movement towards creating positives and calling out negatives'), eliminating stereotypes of ageing through showcasing the reality of older people's experiences, abilities, knowledge, skills and achievements.

In addition, truer representation of older adults in TV shows and media (people who are 'interesting and creative'), and mainstream news being more accountable for reporting ageist or potentially ageist stories and/or use of dated or ageist language and concepts. It was important to convey to younger generations what it is like to age and experience ageing myths and highlight the challenges

⁴³ These included Mentimeter questions 6 – 8.

⁴⁴ Thirty-four percent indicated they had rarely received negative comments or attitudes because of their age, 15% had never experienced comments or attitudes, and 8% reported they had often experienced negative comments or attitudes because of their age.

⁴⁵ Seven percent indicated that their community does not value and respect older people.

or concerns such as home and personal safety, digital literacy, and cognitive capacity. Finally, education around elder abuse and the concept of respect, viewing people as individuals rather than viewing them as numbers, accepting people as they are, and raising the visibility of older people.

Try to change the perception that old age is a disease, which means [when] our use by date has passed.

Featuring the skills of ageing people on various media including YouTube, Instagram, TV, etc.

Greater visibility and acknowledgement of what we have to offer.

We need younger community reps showing awareness of the wisdom of older people and we need to debunk theories that life and younger people who look different (tats,⁴⁶ etc.) are to be feared by older people.

Educate younger people that because we are over 65 does not mean we have lost the ability to make decisions or understand technology.

Forum[s] like today are targeted at older people - it's important to find ways to advocate to young generations [that are] having [a] huge impact on the way people interact with older people.

There was a suggestion that attitudes 'start at the top' (implying leaders in society need to guide the way in tackling ageism). Attendees also spoke about an intergenerational approach to tackling ageism and that we needed more interaction with younger generations, to eliminate the hate and the attitudes from younger people, and to teach children and grandchildren about respect, value and 'worth' for/of older generations through leaders in the community, community actions, and through showcasing the evidence.

This was also considered in the reverse – that older generations also needed to respect younger generations (mutual respect and recognition that ageism worked both ways). There were also specific suggestions to assist and make space for younger people to connect with older people, and educating younger people that they too will grow older. Interestingly, internalised ageist language was noted in a handful of the attendee's responses.

A hard question. There has always been intergenerational angst. I guess public role models and recognition of intergenerational heroes? Find ways to truly communicate? Demographic data?

Value their contribution to community. Our model club is being closed down by EDQ. Not trying to value ageing activities.

Unspoken but thought – we are in charge now by 30- to 45-year-olds and no honour or respect.

Consider it from all perspectives. Ageism relates to older people and younger people.

Provide structured programs and opportunities for older Australians to work with young people, university students and young families – supporting and mentoring them, highlighting the worth of older people.

You have to answer that as I am old. It's not me that's ageist.

Other suggestions or approaches mentioned was highlighting the volunteerism role that many older adults undertake, more inclusion through different opportunities in the community including

⁴⁶ Tattoos.

education, recognition of ongoing skills and purpose in employment and more opportunities for employment (which included mentions of state government employment and data, and accountability from state agencies).

Further, consultations around basic life needs, housing options, etc., community liaison, community communication, and through modelling and a call to action for being leaders for change and proactively fight ageism (to ensure connection, involvement and participation for as long as possible).

More volunteers as I am President of U3A [Name of region] and over 300 members over 50 [aged] 70 – 80. Volunteers is my biggest challenge. WE rely on reception, class learners and tutors, fundraising, etc.

By including older people in all facets of community life.

Emphasise our volunteering and caring for relatives including grandchildren, rather than how we are costing young people.

By being good role models. Communicate by smiling, when possible, not being cynical, supporting the efforts of younger people, showing you care.

Look for opportunities to answer questions about ageing, needs, wants. Be a role model and advocate. Remain connected.

Mandatory employment quota or ability to be utilised specifically if you have skills and knowledge and experience – not to be pushed aside like a dirty rag.

Employ and consult older Australians in public discourse e.g., as on ABC, The Drum.

By not purposely depicting yourselves as an aged person but live like you are very much still part of the function universe.

Start with the Qld Public Service – does it offer part-time work for Seniors? No (unless you are a Nurse or a Teacher). Many Seniors would do part-time work to stimulate them and earn some dollars.

The public service claims NOT to track the age of people at employment and then uses this as an excuse for being unable to provide data on employment of Seniors. You can't fix what you don't measure.

Communication of real-life ageing was also considered key to breaking stereotypes and barriers down such as targeted communication campaigns on social media platforms and communications channels as mentioned above, and through learning better communication skills to connect with all age cohorts (and thus assist in de-mystifying ageing and fostering intergenerational friendships and relationships).

Continue to communicate, make yourself a real person to those who stereotype you, care about others no matter what.

Some attendees explained that cultural attributes ('across the spectrum') and cultural upbringing played a part in how people understood and demonstrated respect. For one individual, respect for older adults was deemed as an ethnocultural construct. There was a responsibility to create a culture of better acknowledgement of older people, and some believed that this needed to be instilled in the Media or mandated and enforced. Others believed that a change in attitude would occur gradually as each generation came along and experienced ageing.

As a child of the 60s, I was brought up to respect my elders. This needs to come back into trend. Some cultures have it, others don't.

Difficult question but cultural change in attitudes to age needed as youth(fulness) is worshipped. Other cultures revere age and wisdom.

Baby Boomers don't have as many ageist attitudes as our parents did, so hopefully this attitude will slowly change.

Don't know whether we can. From my experience of it, it comes most often from non-Australian born people.

Specific positive qualities were mentioned as key to tackling ageism, in addition to respect, including tolerance, compassion, pride, understanding, patience, courage, kindness, empathy, and fortitude. Actions mentioned included taking accountability in one's own actions and behaviours, ensuring transparency, cherishing wisdom, and being able to truly listen. Celebration across the lifespan and celebration of longevity, and cultivation of a community mindset was also important. One attendee described it as treating others with 'age blindness'.

We need to somehow change generational attitudes away from 'what's in it for me' to 'what can we all do to make life better/safer for all?'

Be transparent about everyone who experiences ageism in different aspects of their lives.

Need respect from younger age groups. They blame Baby Boomers for all their problems. They need to understand our situation. They will be old too. Education from Society re: compassion for others.

By treating older people with respect and as a source and wealth of valuable information and insights.

It starts with us. Negative thoughts about being old, lacking fortitude to stick up for ourselves, talking negatively about our age and our friends' age.

Some specific areas of ageism, often perpetuated by the Media, were highlighted including fitness to drive, stopping the use of ageist language, and refraining from making assumptions about older adults' lifestyle (that older adults do not work, for example). Others implied activism impacted, and things were filtered through political agendas (implying that this set a 'norm' for others to follow e.g., adhere to constitutional reform, engage in activism, etc.).

Stop reporting implying a person's age was [the] cause of accidents and stop blanket regulations based on age in fitness to drive.

Take this Seniors Forum event – it was organised on the assumption that we [are] all free all day on a Thursday. What about the Seniors who work or volunteer or care for others? Repeat it or record it!

A smaller number of respondents were not sure or did not know how to stop ageist attitudes (implying they had yet to think about it or were still thinking about it), or could not answer with limited time or space, while others felt it was an impossible feat to stop age discrimination.

You will never stop this because people are afraid of what they don't know or experience.

Being safe in your community⁴⁷

One hundred and twenty-nine attendees online and in person responded to the survey item regarding feeling safe in one's community. They strongly agreed that they felt safe when they were at home, they agreed that they felt safe when they were out and about in their community, and they somewhat agreed that they felt more vulnerable because they were an older adult.

They were also asked to provide their thoughts around how to make communities safer for older people. There were several ideas and suggestions (provided by 92 attendees) which are presented according to general themes below.

One of the strongest themes was police presence. Attendees suggested that there be an increased Queensland Police Services (QPS) presence on the streets and out and about in communities and more availability of police services (e.g., keeping suburban police stations open on the weekend and more police on foot and on the ground). At times, this suggestion was given alongside strengthening of the legal system, more law enforcement e.g., stronger penalties for those breaking the law (more consequences), including around youth crime, more positive outcomes from the courts, improve disincentives to commit crime in the first place, and the role of Neighbourhood Watch. At other times, it was to do with road safety and monitoring of speeds and behaviours on highways and roads.

More police to be visible in the community as some of the younger people are out of control.

More police and faster response times. Crack down on youth crime.

Real consequences for breaking laws. People go to court, tell a sob story about their sad childhood and get set loose to continue to offend. Many of us had tough childhoods but YOU choose your path!

Zero tolerance and penalties that deter.

Practical suggestions included more regular transport options including community transport, promotion of walking (as option or form of getting about communities) and physical activity, neighbourhood integration and connectedness and knowing your neighbour. Home security (including making security measures more affordable), public security measures, surveillance and monitoring in high transit spaces were also suggested. Appropriate outdoor infrastructure and inclusive spaces ensuring e.g., accessibility and safety measures around lighting, speed limits, and making it safer to be outdoors and on pathways and roads, were all considered as part of an age-friendly design for facilities and infrastructure of public spaces. Finally, fostering social responsibility (over individual rights) was also mentioned.

More community transport so people can get out and about and get home safely.

Checking on older family members and neighbours.

Subsidised home security and wellbeing technology, and wide distribution of information to all Seniors about what is available e.g., technology, community services, etc.

Better green space for people to meet in, get out of home and be in nature which is healing... pathways for accessibility.

Lights, seating, money for age-friendly community infrastructure.

⁴⁷ This included Mentimeter question 9.

More CCTVs installed in public places. Safer pathways. Longer times for traffic lights crosswalks.

We naturally don't go out during school hours to make room for families in the roads and in shops. No one taught us this – it comes naturally.

Well-lit public spaces and emergency response beacons/buttons. I do not catch trains [or] buses to pm events as I am concerned re: walking to my car or residence.

Get rid of e-scooters, e-bikes from footpaths OR mandate and enforce very low speed limits. Lots more disability parking bays.

Bus drivers WAIT for Seniors to be seated before driving. Have plenty of priority seating for Seniors. Free off-peak services are nice, but volunteering isn't always off-peak!

Lots more physical activity for Seniors. We are all at different physical abilities so it is changing but the more inclusive governments are, the less we feel the ageism that can come from governments.

Other suggestions were made again around an intergenerational approach through cultivating more respect and empathy in younger generations. Other suggestions included tackling social isolation and loneliness, use of work and employment for cultivating discipline and self-respect, and general cultivation in community of dignity and respect for others (and for all including for and from younger generations), more community activities and cultivating a sense of community and that is reflected in the infrastructure and environment.

In addition, more education (including dialoguing and public discourse, and sessions on home security, general safe behaviours in community, etc.), communication around cultivation of respect for older people, and awareness raising around protecting vulnerable and disadvantaged cohorts. Ongoing government supports and government intervention of mitigation of 'bad behaviour', community visitor programs for those who live alone (e.g., 'on call helpers at night'), and an increase in community network opportunities were mentioned. Further, more provision and acceptance of pets for companionship and care was also suggested.

Encourage sense of community. Provide transportations so that older people can move around safely and without fear they will be taken advantage of.

Greater neighbourhood interactions. Our neighbours are our community. Community events or activities supported by council.

Develop "real" communities.

Engender an understanding by all sections of the community that older people are just as human as all younger members of society and have needs just as they do although somewhat different.

More support for people who make others feel unsafe e.g., people committing crimes, violence, etc. We need to be more compassionate and supportive to build a more empathetic community.

Further qualities to be cultivated included compassion, acceptance, awareness, empathy and recognition of older people's skills, knowledge, their own qualities and abilities, but also what was termed "inabilities" so there is understanding and nurturing of a protective (rather than resentful) attitude.

In addition, attendees talked about feeling safe at the interface of other big issues such as housing, rising rate of crime, elder abuse, financial literacy and financial security. Provision of quality support

services including practical home care services and community assistance, and awareness raising around what potential dangers are and strategies to address them, and increasing the sense of protection (e.g., safety in groups through shared transport, group activities, etc.) or banding together were mentioned. Specific dangers included online scams including internet security and banking scams. Some attendees felt one had to always keep monitoring, being aware of surroundings, and not place yourself in unsafe situations.

Street lighting. Fix child crime situation. Internet security. Banks must take responsibility for online scamming losses.

As for answer to previous question re: attitudes to, and behaviour towards older people. Measures to tackle elder abuse, especially re: financial matters.

Crime rate in my suburb is increasing.

[...] employ younger people as drivers/companions who will connect with others their age about the elderly.

Band together... support each other... share our fears... know that FEAR is simply False Evidence About Reality...

A small number of attendees were not sure or did not have any ideas regarding how to make communities safer. Others commented that it was a community wide issue, while others said that it was a matter of perception and that communities are safe, and it was perspectives portrayed in the Media that impacted one's own perspectives of safe communities. Perspectives were also raised from the lens of geographic diversity – there is a need to listen to the unique needs and wants of metropolitan, regional, rural and remote communities. Other attendees felt it came back to the bigger picture and regardless of cost that it is imperative to ensure that everyone has accessible transport and health systems.

Governments say it will cost too much but I say not doing it costs too much. Bus services, hospital, medical and dental - all save money in the long run.

Knowing your rights⁴⁸

One hundred and fourteen attendees responded to the knowing your rights and supports and services survey item and agreed that they were confident that they had or could get information they needed in online or digital formats, and somewhat agreed that the information sent to them by government is relevant, easy to read and understandable.

Ninety-five attendees indicated they had a written plan (some indicated more than one plan) to protect their rights if they found themselves being unable to communicate or make a decision and this included Enduring Power of Attorney (73%), Advanced Care Directive (30%), Statement of wishes (22%), and Other (22%).

⁴⁸ This included Mentimeter question 10.

Appendix B. Example resources - Re-Imagining Ageing regional forums

PowerPoint resource

Gympie Regional Forum

Re-Imagining Ageing

Facilitated by COTA Queensland

Darren Young
Steph Power



Acknowledgment

Council on the Ageing Queensland acknowledges Australia's First Nations Peoples as the original custodians of this land.

We recognise their cultures, histories and ongoing relationship and obligations to the land, sky, and waterways.

We pay our respect to Elders past, present and emerging.



Purpose of today

- Changing Queensland demographics
- Healthy Ageing
- Future Policy Directions
- What are the challenges in your community?
- What are the strengths?
- Re-Imagining the future – what needs to change as a priority?



3

Expectations

- Everyone is deserving of respect. That means we all need to treat each other with kindness and respect.
- This is a public discussion, not a debate
- Everyone is encouraged to participate but no one person should dominate
- Listen to and respect other points of view
- Seek first to understand, not to be understood



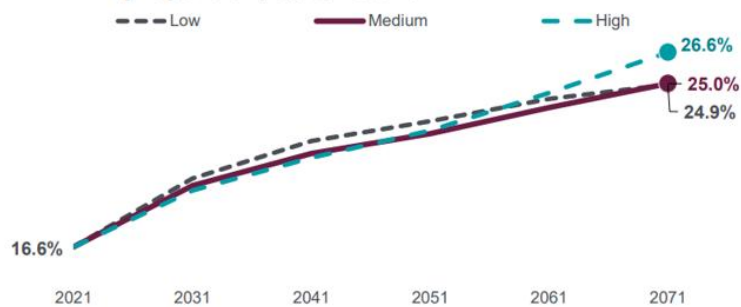
4

We are ageing!



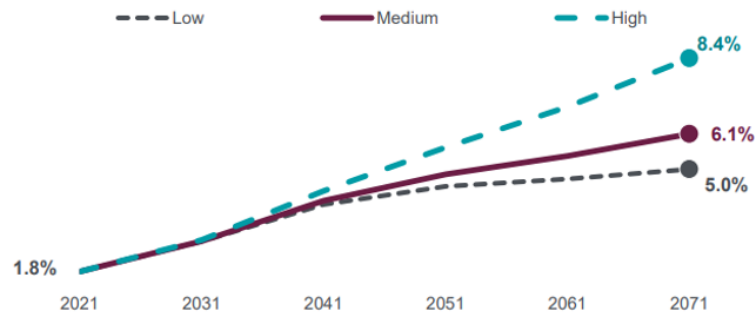
We are ageing!

Figure 5 Population aged 65 years and over, by proportion, Queensland



We are ageing!

Figure 7 Population aged 85 years and over, by proportion, Queensland



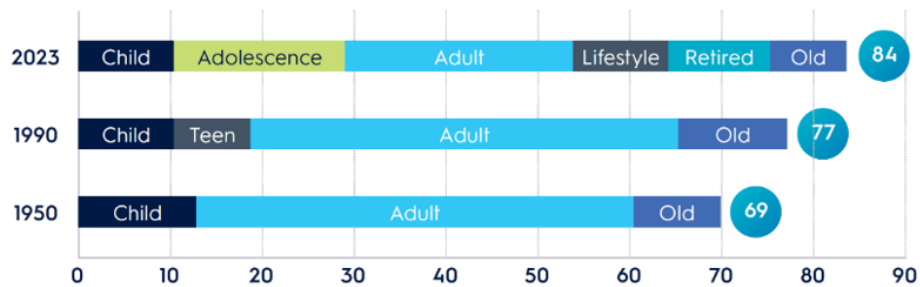
Queensland
Statisticians
Office 2023



7

We are ageing!

Graphic 1. Lifecycle shift: Change in the Australian life stages, 1950-2023



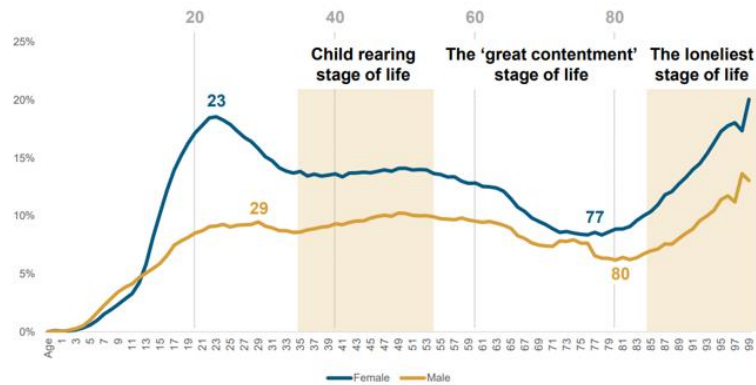
ABS The
Demographics
Group



8

We are ageing!

Community anxiety at its lowest point across “the great contentment”



Proportion population reporting a mental health condition by age, Australia, 2021; Source: ABS 2021 Census data

ABS The Demographics Group



9

Listening Post



10

What did we hear?

1. Affordable, accessible, available **health & aged care**
2. Affordable & accessible **transport**
3. Affordable, secure, appropriate **housing**
4. To be **heard**, & receive **accessible information**
5. To voice challenges such as **ageism, loneliness and abuse**, & receive **confidential support**



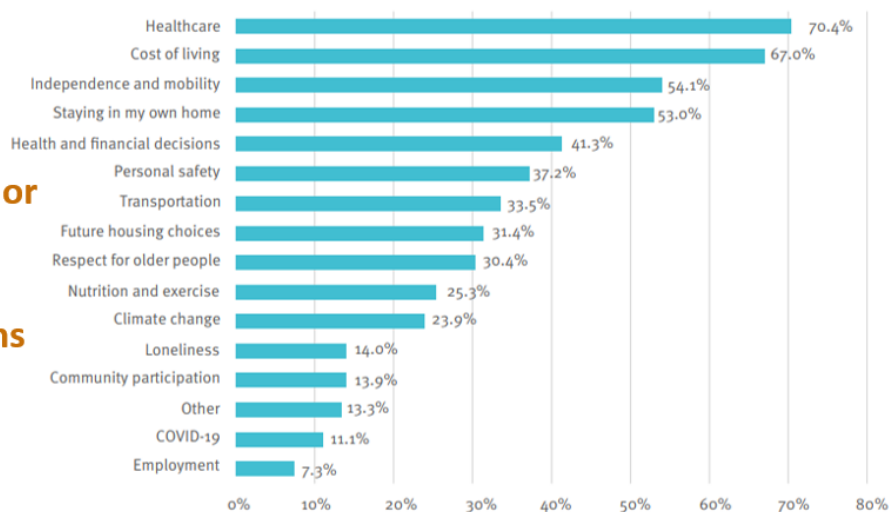
11

Queensland's Age-Friendly Future



12

Main issues or concerns reported by older persons



Queensland Government Future Directions

1. The Queensland Government is committed to creating age-friendly communities, where seniors can lead healthy and productive lives. Our ambition is that our seniors feel as though they are:
 - **connected to their communities** and the important people in their lives
 - **cared for and well supported** (if they require it)
 - **contributing** (in their preferred way) to their communities.
2. Our commitment is to deliver a contemporary seniors strategy that will provide meaningful, measurable outcomes that contribute to achieving an age-friendly Queensland.
3. Older Queenslanders need to have a voice in what an age-friendly Queensland looks like. We will listen to and amplify their voices, as well as engage with the organisations that represent them and the service providers that work with older people.

Age-Friendly Communities

Queensland Government Goals



Outdoor spaces and buildings	Seniors live in an environment that includes open spaces, buildings, shaded areas and walkways that are safe and easy to navigate.
Transport	Seniors can get out and about, using a range of affordable, user-friendly transport services.
Housing	Seniors' housing options are affordable, accessible and close to transport and community services.
Social participation	Seniors are supported to be active in their community, doing the things they enjoy.
Respect and social inclusion	Seniors from all backgrounds are valued and appreciated, and no one is excluded based on race, geography, culture, language, gender, sexuality, ability or socioeconomic status.
Civic participation and employment	Seniors participate in employment, training, lifelong learning and volunteering opportunities and inform government policies.
Communication and information	Seniors access information they need in a variety of formats to stay informed and connected with their communities, families and friends.
Community support and health services	Seniors are helped to stay healthy, active and independent through community support, including services responding to elder abuse, fraud or exploitation, and health services.



Activity 1
What is your **greatest concern** for ageing well into the future?



17

Activity 2
What is **working well** to help you age well into the future?



18

Activity 3

What is your
**one personal
message**

to help all of us
age well
into the future?



Thank you.
We **appreciate** you
sharing your views with us

A3 visual prompts



HOUSING

Affordable	Safe, sense of community, networks
Heating and cooling	Retirement village
Neighbours & neighbourhood	Downsizing, upsizing, share housing
In home care	Home owner, rental
Secure	Renovations, modifications
Comfort	Convenient, connected
Close to services	Close to transport
Caravans, campervans, camping	Backyard, garden
Ageing in place	Home

COMMUNICATION & INFORMATION

Computer, tablet, iPad	Health information
Smartphone, mobile, telephone	Legal matters
Digital photography	Community participation & events
GPS and travel information	Online, internet, websites
Factsheets, leaflets, brochures	Community newsletters
Community noticeboards	Share, collaborate
Libraries	Books, newspapers
Hobbies and interests	Emergencies, essential services
Deliveries, community services	Connect, network, inform

OUTDOOR SPACES & BUILDINGS

Parks, green spaces, reserves, fields	Forests, bushland, beach, hills
Water fountains	Mountains, trees
Pathways and streets	Rivers, creeks, lakes, ocean
Safe pedestrian crossings	Accessible, secure, mobility
Council supported activities	Outdoor activities
Noise considerations	Public amenities, toilets
Climate change, environment	Picnics, BBQs, family events
Sheltered shaded outdoor spaces	Celebrations
Park benches	Health, exercise, social connection
Fresh air, pleasant view, rest areas	Festivals, concerts

SOCIAL PARTICIPATION

Accessible, affordable	Gardening, outdoor hobbies
Intergenerational, kids, teenagers	Family
Sport, games	Friendship, neighbours, peers
Returned Services League (RSL)	Children, grandchildren
Men's Shed	Country Women's Association
Training, education	Recreation, hobby, interests
Arts & crafts, music, dance	Clubs, community groups
Mentoring younger generations, mentoring others	Connection, celebration



TRANSPORT

Accessible, affordable	Signs, announcements, updates
Safety, security, dignity	Fuel, registration, licence
Public transport	Driving, flying, biking, walking
Community transport	Car parking, transport hubs
Train station, bus station	Pathways, footpaths
Taxi, uber, plane	Highways, railways
Bus, train, tram, light rail, ferry	Track work, traffic, construction
Motorcycle, bike, scooter	Timetables, schedules, connections
Motorised wheelchair	Convenience
Walking frame, walking cane	

COMMUNITY & HEALTH CARE

GPs, doctors, specialists	Pharmacy, chemist
Physiotherapists, optometrists	Medications, supplements
Dentists, podiatrists	Nutrition, diet, food, weight
Happy, comfortable, positive	Affordable, accessible, convenient
Mental health, learning	Cigarettes, vaping
Hobbies, interests, activities	Alcohol, recreational drugs
Physical health, dance, movement	Social programs, courses
Exercise, swim, mobility, flexibility	Health & Seniors' concessions
Emotional health	Alternative health care
Social connections	Family & friend supports
Prevention of illness, maintenance of health & wellbeing, management of chronic disease	Services supporting health & wellbeing e.g., hairdresser, personal trainer

ECONOMIC & SOCIAL INCLUSION

Ageism, discrimination	Intergenerational understanding
Perceptions, perspectives	Collaboration
Respect, appreciation, learning	Connection, cooperation
Neighbourhood Centres	Hobbies, interests
Library, community hall	Showgrounds, church
Decision making - individual & community	Participation, involvement
Theatre, cinema	Neighbours, peers, friends
Economic opportunities, small business	Knowledge & skill sharing
Markets, shopping centre	New ideas, existing opportunities

EMPLOYMENT & RETIREMENT

Work participation	Retirement
Using skills, sharing knowledge	Re-purposing one's life
Casual, part-time, full-time	Expertise, mentoring
Volunteering	Learning new skills & knowledge
Caring, care giving	Participation in society
Economic, social contributions	Meaning, purpose, creativity, joy
Community involvement	Routine, stability, security
Grandparenting	

Appendix C. Example promotional resources - Re-Imagining Ageing regional forums

Digital/printable flyer

COTA
QUEENSLAND

Funded by
Queensland
Government

RE-IMAGINING AGEING

WHAT'S IMPORTANT TO YOU TO AGE WELL?

A community discussion with older people to share views on what works well and what needs to change to age well in your local region.

This forum is hosted by **Council on the Ageing (COTA) Queensland** - the Peak Body representing Seniors.

Learn about government priorities

Share what helps you to age well

Have your say

Connect with others

TUESDAY

14 MAY 2024

10AM - MIDDAY

BOWEN COMMUNITY CENTRE

38 GREGORY STREET BOWEN

SCAN THE QR CODE TO REGISTER NOW

This is a **free** community forum.
Tea/coffee & light morning tea provided.
Registrations close *Monday 13 May*.
Places are limited.

For more information contact
 policy@cotaqld.org.au

www.cotaqld.org.au

Social media tile

COTA
QUEENSLAND

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Government

RE-IMAGINING AGEING

WHAT'S IMPORTANT TO YOU TO AGE WELL?

BOWEN FORUM
TUESDAY 14 MAY 2024
10AM TO MIDDAY

Learn about government priorities

Share what helps you to age well

Have your say



Connect with others

Excerpts of text from Eventbrite page

Date and time

 Tue, 14 May 2024 10:00 AM - 12:00 PM AEST

Location

 Bowen Community Center
38 Gregory Street #34 Bowen, QLD 4805
[Show map](#) 

About this event

Join Council on the Ageing (COTA) Queensland in a morning discussion on ageing well.

Our demographics are changing. Over the next 50 years, we will see a steady rise in the numbers of people aged 65 years and over. Will our services, neighbourhoods, shops and community hubs meet the needs of older people? What helps you to age well, and what makes it difficult?

COTA Queensland will kickstart an informal discussion with a brief overview of current government directions. This will include showing the changing demographics, explaining age-friendly concepts, and sharing what others have been saying are priorities for ageing well in Queensland. We will explore how we are ageing now and how it might be different into the future.

Through interactive activities, we will explore topics including e.g., health, transport, cost of living, loneliness, personal safety, caring for others and employment. There will be small group discussion on what is working well now in your community, and what needs to change to enable people to age well, both now and into the future. You will be encouraged to share your views and experiences.

COTA Queensland will listen, prioritise what is important, and share summarised information to inform government priorities and community planning processes.

This is a unique opportunity to influence future directions of ageing in Queensland.

Frequently asked questions

Will the event be catered?



Tea, coffee and light refreshment will be made available during the break.

Is there good disability access?



We have chosen a local venue with good access in mind, however to ensure your specific access needs relating to the building facility only, please contact info@bowennc.org.au

I am younger than 55 years, can I attend?



The purpose of this forum is to gain the views of older people on ageing and future priorities. There is no 'age limit' on attending this forum.

Is this a Queensland government run event?



No - this event is being hosted by Council on the Ageing Queensland, a well known local charity established in 1957 and has been the voice of older people in Queensland for many years. The Queensland Government however has contributed funding to enable face to face engagement in the community.

Example of LinkedIn Post



Darren Young
Chief Executive Officer
1mo

After visiting Townsville, the COTA Queensland team headed to Bowen to facilitate the fourth "Re-Imagining Ageing" Forum where we were welcomed by the Bowen Community Centre staff.

The Community Centre is a terrific new facility and staff provide a variety of supports and information to the local community, including supports through the Bowen Neighbourhood Centre such as housing needs, legal assistance, domestic violence, health and community related matters, emergency relief, and supports to ease cost of living pressures (including food insecurity).

We had great discussion with older adults of all ages (fifties through to their nineties) from local communities, and we learnt what were some of the biggest challenges to ageing well in the Bowen region.

These challenges included cost of living (and utilities and fuel, car maintenance, and reliance on the car in a regional area). There are some public transport options in the Bowen area, but these were limited, and there were limited alternative options for transport with no taxi or uber services available. The limited transport options were particularly impactful when it came to attending health or specialist

appointments in other towns or regions (e.g., Townsville, Proserpine, Mackay and Brisbane). Some attendees did mention that as part of their aged care package they were able to access reliable community transport which they appreciated in getting to health appointments, shopping, and social events.

There was also rich discussion around digital inclusion including digital literacy and navigating information online, the increasing rate of scams, and digital banking or online banking concerns. People also felt like their communication and information needs were not always met through online information, and they wished to access e.g., hardcopy local news, face to face information, and personable informational supports. Some attendees who worked or had worked in the community or aged care sector felt that some community members were not aware of the supports available due to this information usually being online. If people could not access this information readily, they didn't know that these services or supports were available to them (or that they were eligible for supports).

We took a lovely pic with a few people who stayed on after the forum to have a longer chat.

COTA Queensland looks forward to continuing the Re-Imagining Ageing conversations at the last regional forum in Longreach in June...



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Appendix D. Example feedback – Forum 1. Brisbane North

Older adults who attended the forum at Chermside and provided feedback (six people out of 45 people) came from the following regions (indicated by their postcode): two attendees from Chermside, two attendees from outer Brisbane North region (near or within Moreton Bay region), one attendee from Brisbane Central/Brisbane East region, and one attendee from Brisbane South region.

Ages of respondents ranged from 45 years of age through to 75 years of age with a median age of 66 years. Three attendees identified as male, and three attendees identified as female. Two attendees identified as coming from culturally and linguistically diverse backgrounds, one attendee identified as 'White Australian', and one attendee identified as 'just an old white guy'.

All attendees reported that the venue suited their accessibility needs. Two attendees left comments that the venue was very good or excellent. One attendee highlighted the roadworks in the area and that this delayed their arrival to the venue.

Four attendees agreed that the information presented was informative, useful or interesting while two attendees somewhat agreed that this was the case. Five attendees agreed that they enjoyed talking to and connecting with others on the day, and one attendee somewhat agreed that this was the case. Five attendees agreed that they had opportunities to contribute during the activities, and one attendee somewhat agreed that they had opportunities to contribute. Four attendees agreed that the forum made them think more or reflect upon key topics for older adults and ageism, one attendee somewhat agreed, and one attendee was neutral.

Four attendees agreed that the forum met or exceeded their expectations, one attendee somewhat agreed, and one attendee was neutral. Four attendees spoke of highlights from the forum and this included meeting interesting people, valid points that were made that they had not considered, the table discussions, and the forum being a great opportunity to get insights from what older people were feeling and experiencing on the ground – not just their concerns but also how social infrastructure could be improved upon for better liveability in communities.

Attendees mentioned that they would like to see more emphasis on movement and exercise as people age, and (general comment) that the information was great and very engaging. Two attendees indicated topics that were not raised or discussed at the forum that they would like to hear more about which included subsidised exercise classes on a regular basis and sensing from the room that many took on or had a sense of personal responsibility for the issues raised (rather than it being a structural or systemic issue or challenge).

In listening to many of the people speak, I did get a sense there is a sense of personal responsibility for many of the issues that were raised, rather than a structural/systemic one. This can sometimes let governments policy makers off the hook.

Feedback received on the day⁴⁹ included that it was difficult to place only three dots on (the back of the picture) as the top three priorities as they felt it was all interrelated as priorities naturally shift. For example, suddenly finding yourself without access to transport, then your priority is to find out about public transport, or other affordable transport options, so you must reprioritise what is important and then potentially impacts your access to social connections/health or fitness activities/GPs and hospital visits, which in turn has an impact on your health and wellbeing.

[...] I could put three dots on my top three priorities today, but that could change tomorrow if one thing changes. So, it's all interrelated and interconnected. It's not static.

⁴⁹ Captured outside the delivery of the feedback survey.

Council on the Ageing Queensland

Reimagining Ageing
Regional Forums was made
possible through
funding provided by the
Queensland Government

Funded by



Queensland
Government