AGEING IN OUR COMMUNITIES
The views of older Australians living in regional, rural and remote locations

2026

NSA

Contents

Introduction

NSA (National Seniors Australia) is a not-for-profit research and advocacy organisation representing Australians aged 50 and over.

This report is based on a series of eight place-based consultations with older Australians living in regional, rural and remote locations across the nation.

Each consultation asked the participants for their perspectives on ageing in their communities.

Around 150 individuals had the opportunity to speak about their experiences and opinions in depth in these consultations, in conversation with the gathered group of their peers.

It is well established in Australia that there are disparities in health and wellbeing between people who live in cities and people who live in regional, rural, and remote (RRR) locations.

For example, in 2025 the National Rural Health Alliance (NRHA) calculated that urban Australians received $1090 per capita more health expenditure than non-urban Australians.

The Australian Institute of Health and Welfare (AIHW) documents several measures of disadvantage for older people living in RRR areas compared to their metro counterparts. RRR seniors:

- have a higher prevalence of disability
- have a higher burden of disease
- are more likely to die at a younger age
- face more barriers to accessing aged care, especially higher level, mainstream home care services and residential care.

These measures worsen with increasing remoteness.

At the same time, greater proportions of RRR older people make formal labour contributions to the community via volunteer work or paid employment. These also increase with increasing remoteness.

As the NRHA has pointed out, RRR communities provide food and wealth for Australia, despite not receiving the same access to health services.

Because of these disparities, the Department of Health, Disability and Ageing (DHDA) recognises older people who live in rural and remote locations as diversity groups under the Aged Care Diversity Framework.

This means they are among the groups of older people who warrant special attention to ensure they have equity of access to aged care and other services.

For these reasons, NSA undertook the project described in this report to better understand what older RRR people need, to age well in Australia.

METHODS

Methods and participants

Consultations

The project involved consultations with eight groups of older Australians from RRR locations across the country and identified key shortcomings and also advantages of ageing in these communities. Six of the consultations were conducted face-to-face and two were online.

Locations were selected according to three criteria:

- to capitalise on existing relationships with regional and rural NSA branches
- to ensure representation of different states and the Northern Territory
- to attempt a broad range of classifications under the Modified Monash Model of remoteness and population size (MMM).

Because NSA did not have any highly active RRR branches in South Australia or Western Australia at the time of the project, it was decided to hold an online consultation for members in each of these states who were living in RRR areas.

The consultation details are listed in Table 1.

Table 1. Key characteristics of the eight consultations

Date	Town	State/Territory	MMM level	Attendees
13 March	Albury	NSW	2 (regional centre)	27
17 March	Alice Springs	NT	6 (remote community)	30
26 March	Armidale	NSW	3 (large rural town)	30
31 March	Bendigo	VIC	2 (regional centre)	13
16 April	Ulverstone	TAS	3 (large rural town)	19
23 April	(online)	SA	-	4
29 April	(online)	WA	-	8
7 May	Childers	QLD	5 (small rural town)	18

The six face-to-face consultations were held as part of a half-day forum event organised by NSA in each location, in association with a local NSA branch.

NSA staff worked with branch representatives to organise the forum, selecting a date and location suitable for members to maximise participation.

In the first part of the day, attendees were introduced to the work of the NSA. Centrelink staff and DHDA staff were also invited to speak about access to the aged care system, and financial and aged pension considerations as you age. If relevant, the local branch was also invited to say a few words about their activities.

During this session, a morning tea break allowed for further discussion amongst participants and speakers. This session concluded with 'questions and answers' followed by a 'leg stretch' break, during which some participants left, while others remained for the facilitated consultation session which followed soon afterwards.

The consultations were facilitated and documented by a social gerontologist with prior experience in RRR areas, who was recruited specifically for this job.

Each face-to-face consultation ran for 1.5 hours and followed a similar format. The facilitator introduced the session – sometimes standing at a lectern at the front of the room, sometimes sitting mong participants, depending on numbers present.

Following the introduction, the facilitator used the topic areas raised in the consultation registration survey (see below) to guide conversation, probing for further discussion and input from participants.

As an experienced workshop and forum professional, the facilitator kept conversations flowing and coherent, sometimes interjecting to retain 'one conversation in the room' to give everyone the opportunity to speak, but not to 'take over'. A microphone was available for participants with quiet voices, to ensure everyone could participate.

Discussions were recorded in writing, using a notated shorthand, which allowed for speed and accuracy of transcription including the direct quotes reproduced in the following pages.

The two online forums followed a similar format but were condensed into a shorter time frame with less lead time prior to the consultation element.

Recruitment and registration survey

To recruit participants for the consultations, members living in the relevant locations were approached via individual email and through NSA branch communication channels.

People aged 50 years or older living in the communities who were not NSA members were also welcome.

Those interested in attending were encouraged to register online and also to complete a short online survey.

The survey was designed to inform the consultation topics and to understand the participant pool characteristics.

Note however that to protect participants' confidentiality, there was no way of knowing how closely the survey participant pool corresponded to the consultation participant pool.

The survey asked prospective participants a range of set-response demographics questions and a single open comment opportunity, with the prompt: *Drawing on your experience and knowledge of your community, what challenges and advantages do you believe older people face living here?*

The survey responses were provided to the consultation facilitator prior to each consultation, to assist with conversation prompts and questions on the day.

Participants were not offered any reward or inducement to participate in the consultations. However, people attending the Childers forum were offered a fuel voucher if they had a long distance to travel, as the Middle East conflict had erupted prior to it and petrol prices had increased.

Analysis of consultation conversations

The content of the consultation discussions was analysed using thematic analysis, broadly based on Braun and Clarke (2006). Themes were identified via inductive analysis guided by a critical realist approach that aimed for accuracy and objectivity in interpreting respondents' views.

Direct quotes from consultation participants are reproduced in this report to illustrate the themes expressed. When possible, we reproduced people's words verbatim, occasionally omitting or altering parts for clarity or anonymity (indicated with square brackets []). Other idiosyncrasies were retained.

Participants

The number of participants who attended each location is documented above in Table 1.

Participant numbers were noticeably higher in the towns of Albury, Alice Springs and Armidale. There are two possible reasons for this. Firstly, all of those locations have active NSA branches, and therefore promotion of the events via word of mouth was increased. Secondly, all of those forums were advertised and sought registrations before the Middle East conflict that caused fuel process to rise.

For subsequent forums, there may have been reluctance for participants to travel – often some distance – to attend the forum. As noted above, for the final forum in Childers, a fuel voucher was offered to registering participants to encourage attendance. Five participants took up the offer.

Participant numbers for the online forums were markedly lower than the face-to-face forums. This is not surprising as while many older people regularly engage in an online capacity, both for social and administrative reasons, the literature has consistently found that older adults prefer in-person communication over more mediated methods such as phone or video calls.

Across all of the face-to-face consultations, the majority of participants were in the 65-84-year age group. Albury had the highest number of people aged 85 years and over, at eight people.

There were very few participants under the age of 65 years, perhaps reflecting working age people in those locations, or people who are not yet at an age where they are 'thinking about getting old'.

Overwhelmingly, there were more women than men, at every consultation.

FINDINGS

Consultation findings overview

Broadly, the main 'headline' issues discussed during the face-to-face consultations fell into six areas:

- Access to health and aged care
- Transport
- Housing
- Cost of living and financial issues
- Service access, system coordination and social infrastructure
- Safety, crime and security.

Many of the issues are cross-cutting and impact each other, for example the need to travel long distances for medical appointments is related to health care system, the ability to drive or access other transport, and costs associated with travel and possibly overnight accommodation.

Each of the headline issues is discussed in greater detail below, with specific examples provided from some of the consultations.

The issues discussed at the online consultations were similar but are summarised in a separate section after these thematic sections.

Access to health and aged care

Participants reported that they can face significant barriers accessing health and aged care services in RRR areas, especially certain health care specialists and dementia/memory care units.

Health System

The main issue raised across the consultations was access to medical specialists, and treatment delays. While participants at some locations reported problems accessing general practitioners (GP) this was more about delays in getting an appointment, rather than a lack of GPs in the town. Participants in all locations apart from Childers and Bendigo reported long wait times for a GP appointment, with one participant in Ulverstone advising "if you have an appointment and are told you need another in X weeks or months, book it on your way out".

The availability of bulk billing GPs practices was also raised. Participants from Bendigo and Childers reported the best availability of bulk billing GP surgeries, while those from Armidale reported the least. Furthermore, the Armidale participants advised that even "within practices, it seems to be up to the individual doctor and the actual appointment" as to whether you will be charged or bulk billed.

More of an issue – for all locations – was accessing medical specialists such as cardiologists, neurologists and rheumatologists. Participants reported a reliance on either 'fly in, fly out' specialists, who only visited the local hospital on monthly or 6-weekly basis, or a requirement to travel to the nearest capital city, such as to Hobart or Launceston from Ulverstone, or to Sydney or Melbourne from Albury.

While these arrangements could work for monitoring of existing conditions, they are less suited to acute cases or sudden changes in condition. In any event, having to travel for specialist appointments requires forward planning in terms of appropriate travel arrangements (possibly requiring someone else to drive) and in some cases overnight accommodation.

While there were issues reported with having to travel to major cities for specialists, the availability of locally based imaging services, such as MRIs, was better, even if the wait for an appointment was still sometimes long. An added complication in Ulverstone was healthcare services relying on being able to fly in the necessary equipment/materials from the mainland. One participant recalled a time when his scheduled scan was cancelled because the necessary equipment had not arrived from Melbourne.

One location that seemed to be immune from some of the above issues was Bendigo. The participants who attended the Bendigo consultation reported fewer problems getting GP appointments, a number of bulk billing practices, a greater availability of specialists, and even a relatively short time to wait for certain specialist care such as oncology. This could be for two reasons. Firstly, by comparison to some of the other regional forum locations, Bendigo is close to a metropolitan area (Melbourne), and therefore both patients and specialists (even if only visiting) have shorter distances to travel. Secondly, participants advised that Bendigo is expanding which has attracted more health professionals as there is "good education for children… [and] …reasonably affordable housing", however service access is harder outside of central Bendigo. Note Bendigo also has the largest population of the sites in this project.

Telehealth and video appointments (e.g. via Zoom) were raised at some of the consultations. Participants in Albury, for example, reported that there was a general assumption that everyone has the ability and desire to do Telehealth/Zoom, when in reality that is not always the case; getting a Telehealth/Zoom appointment is not a 'quick fix' as there can even be lengthy waits for appointments; and you still have to pay. One participant advised how she had been required by a specialist to Zoom with them via the GP clinic's telehealth equipment, and then being charged $500 by the surgery for the privilege.

Availability of dental care, and the cost, was also a concern. Some locations, for example Bendigo, did have a good choice of public and private system dentists, however the wait lists for public dentists was very long. Participants in Alice Springs and Ulverstone, particularly, reported the high cost, with one Alice Springs participant telling us that "Dental costs are HUGE, even with private health".

> "Dental costs are HUGE, even with private health"

More broadly, participants were concerned about the lack of holistic understanding, among medical staff supporting older people, of "what getting older means". In Childers, for example, one participant said, "Given how complex health can become in later life, there needs to be more focus on holistic healthcare…not simply dealing with your heart, or your kidneys, or…". It was suggested that health professionals such as pharmacists and nurse practitioners should be allowed to work within their full scope of practice, and also that the general public be educated and informed about what that full scope can be, rather than assuming they have to see a doctor.

Aged Care System

The challenges raised regarding the aged care system can be divided into three main areas –system complexity and access, workforce, and hospital-to-care transitions.

System complexity and access

At least since the inception of My Aged Care (MAC), there has been acknowledgment that the aged care system is complex – to access, to deal with, and to transition through. As the Office of the Inspector General of Aged Care stated in 2025, in a report entitled 'My Aged Care Review - Summary', 'a key concern for many stakeholders was the persistent and well known issues with My Aged Care which were seen to be delaying, complicating and ultimately inhibiting access to the aged care system for many older people in Australia'.

Participants at many consultations, including Bendigo, Albury, Armidale and Alice Springs, advised that there were long waiting lists for both in-home care and residential aged care. Participants advised that the application process is lengthy and cumbersome, assumes technology (both access to, and ability to use), and is a heavy administrative burden. One Albury participant said that MAC "is STILL confusing, despite many iterations and 'improvements'. Have older people actually been engaged in co-design for the website?"

> "Have older people actually been engaged in co-design for the [My Aged Care] website?"

Specific concern was raised about the Commonwealth Home Support Program (CHSP), and what will happen post-2027. An Albury participant wondered whether

Support at Home will really be able to offer a coordinated provision of all services, "For example, I currently get three things through my CHSP, all through different providers, and it works fabulously…will that happen under Support at Home?"

"I currently get three things through my CHSP, all through different providers, and it works fabulously…will that happen under Support at Home?"

Workforce

A range of workforce issues were raised, with insufficient staff being the main one – even in locations where there were plenty of providers. This was relevant across both home and residential care, and across several roles, for example gardening and cleaning, as well as personal care. Several participants wondered whether the NDIS was "stealing the aged care staff", in the words of an Albury participant.

There was also concern about the level of training aged care workers had, and this was relevant to care staff and domestic assistance staff. An Armidale participant felt that "The training for staff isn't sufficient – Cert III is not enough and/or it's been dumbed down", while an Albury participant stated, "they may have the basics, but not everyone is trained to deal with all the types of dementia". This was echoed by an Ulverstone participant who advised "nursing homes can't cope with dementia residents". An Alice Springs participant advised how she had a worker who did not even know how to operate a vacuum cleaner.

In Bendigo, specific concern was raised about the ability of in-home care to genuinely deal with escalating care needs, with one participant saying, "There's a point at which home care isn't enough, especially when the home care assistants/ workers aren't highly qualified…Home care…that's good until it's not…it works until it doesn't…[and]…a package is not 24 hours". This is of particular concern given the additional levels of home care under the Support at Home program, and the consistent preference of older people to remain in their homes as long as they can.

Finally, there was concern that for many regional centres, the workforce planning and scheduling is carried out centrally in a major capital city – sometimes even interstate. This centralised coordination of staff reduces local responsiveness, and often the centrally located scheduling staff do not understand the geography of the regional areas, nor the related cost such as fuel.

Hospital-to-care transition issues

An issue that has been in the media, nationally, in the last year or so was also raised at the consultations: that of delayed hospital discharge due to lack of residential aged care places. Participants in Albury, Alice Springs, Childers, and Bendigo discussed that not only is this generally not acceptable, it also has knock-on effects in terms of the deterioration of the person in hospital, and the extra support needed from staff, especially for patients with dementia.

In Albury, for example, a participant stated that there are "problems with discharge to aged care – long waits, when the health system could use the bed, and the older person (especially if they have dementia) deteriorates in hospital". An Ulverstone participant advised how she sometimes works in security at a hospital, and on occasion (when a ward is short-staffed) she has had to sit with dementia patients who

may be at risk of behavioural issues/wandering – "that's not good for the [dementia] patient or the other patients or staff".

This issue is of particular concern in the regions due to fewer services generally, but also the potential for people to have to move quite some distance when they are discharged because that is the only available residential care home bed. In Childers, for example, participants talked about how many older people "end up in hospital, get assessed as not being able to live independently, but then have to move miles away for residential care".

"[Older people] end up in hospital, get assessed as not being able to live independently, but then have to move miles away for residential care"

General aged care issues

In addition to the above, there were a number of issues with the aged care sector that were raised. These may have only been raised by one of two participants, but they are worthy of noting here in brief:

- Lack of coordination for post-discharge placements and transport – on finding a bed for someone leaving hospital, there was often no transport arranged
- Nutrition and food services – poor quality food, low nutritional value, portions provided are often too large (leading to food waste)
- Home care staff having to use their own vehicles, and sometimes even paying their own fuel
- Restrictions placed on home care staff, for example not being allowed to step on a stool or kneel down.

Transport

Unsurprisingly, transport was a hot topic at all consultations, in relation to the adequacy (or otherwise) of services, pedestrian transport and footpaths, cost pressures, and fears for the future.

Inadequate and uncoordinated services

Before discussing the inadequate services, it must be noted that the Bendigo participants were very complimentary about the train services between Bendigo and Melbourne. There are several services a day and they are very affordable. One negative aspect, however, was the lack of carriages on each service, which made for very crowded trains.

Virtually all participants agreed that their principal form of transport was driving their own cars. Their locations were seen as 'car towns', with generally poor public transport options. The reasons that the public transport services were seen as poor were myriad. Firstly, many participants advised that there were limited public transport routes, with the focus of services being in the main business district – i.e. if you live further outside of, for example, Armidale, there is very little service.

Connections between services are poor. In Childers, for example, the bus that ostensibly goes to the train station does not actually stop outside the station – you have to cross a major road from the bus stop to the station. Even Bendigo (the largest and most connected location visited) participants also talked about the lack of connected services to – and between – suburbs; bus services go in and out of Bendigo, but not across the city or between suburbs. In Albury, there are two bus transport companies operating, that operate different ticketing systems which is a nuisance and makes cross city transport more expensive.

As well as a lack of connected regional services, participants reported that reliability of services was lacking, and there was a lack of evening and night bus services. Feedback from the Ulverstone consultation included that "public transport is shocking" – and that only main access routes were serviced, routes get cut at short notice, and getting an early morning or late-night bus is hard. An Albury participant stated that "they assume that because you're old, you don't want to go out at night, or that you'll use taxis".

> "they assume that because you're old, you don't want to go out at night, or that you'll use taxis"

Whilst Alice Springs participants reported positively that public transport was free for older people, it is still largely a car town. Fortunately, parking is free and generally there is availability of parking spaces. However, safety of driving – and parking – at night was a distinct concern in Alice Springs. If your drive into the town to go to a restaurant or other activity, participants advised that you want to park as close to the venue as you can, for safety reasons when walking back to your car. Taxis in Alice Springs are unreliable and even they do not go out at night – "if they haven't arrived within 30 mins, you know you have to re-book as they're not coming".

Limited, or non-existent, return transport after hospital discharge was raised at the Childers consultation. If you are taken to

Bundaberg Hospital in an ambulance from Childers or surrounds, and then get discharged at 2am, there is no transport option to get you home. In some of the locations visited there were services (state and volunteer run) to help for medical transport, but there is often no central registration process linking with the hospital or medical specialist – nor to link in with accommodation, if required – and certainly not available at short notice out-of-hours as needed post discharge.

Footpaths

The parlous state of – or, indeed, complete lack of – footpaths was discussed at every consultation. There was a deal of concern about the lack of safety for people seeking to walk on the footpaths, notably older people who may be unstable, including those with walking aids, but also for people using strollers or motorised scooters. In the absence of footpaths, everyone ends up walking in the road, which is unsafe for both pedestrians and drivers.

In Albury, for example, the footpaths are "useless"; they are either missing completely or are "uneven and dangerous". In Armidale, participants reported the footpaths, if they existed at all, were "terrible" and were only on one side of the road. Bendigo participants said that footpaths were "non-existent", even close to the city centre. Childers participants were particularly vocal about the state of the footpaths, advising that they were "terrible" and "often non-existent". When present, they were "disconnected" and simply stop, then maybe start again a few metres along the street, often on the other side of the road, and were poor quality – uneven, potholed, overhung by trees and too narrow.

Footpaths are "useless", "terrible" or "non-existent"

In addition to the poor condition and lack of footpaths, many participants, especially in Childers, were anxious about users other than pedestrians, notably those riding mobility scooters, bicycles and e-scooters. While motorised mobility scooter riders can be legally allowed to ride on the pavement, as can cyclists and e-scooter users in some locations, there was concern that (a) footpaths are not safe for them due to the above mentioned issues; and (b) they travel too fast and with little care for those on foot on the footpath.

Several participants – in Childers, in Ulverstone and also in Armidale – felt that infrastructure associated with footpaths was also poor, for example street lighting, seating and crossing areas. Childers participants were particularly concerned about the lack of crossings in the main street – there is only one, and there is no crossing outside the school, despite the main street of Childers being the busy Bruce Highway. In Ulverstone one participant mentioned success using the 'Snap, Send, Solve' app – she had noticed street lighting was faulty, took photographs and sent them via the app to the council, and the street lighting was repaired. Armidale participants were upset at the lack of public seating, and the poor design of the minimal public seating – benches are too low, they have no backs or arms, and they are hard to get in and out of.

Cost pressures

Participants in all locations mentioned rising costs related to transport. While public transport was free and/or reduced for older people in most locations, for which participants were grateful, necessary reliance on personal cars (for reasons outlined above), and also flights, means that transport costs are becoming harder to budget for.

In terms of cars, cost of living has risen in terms of fuel (even before the current

Middle East geopolitical issues) and also rising costs of car insurance. This is compounded in Alice Springs, where safety and security of property (cars, houses, bicycles etc) is more tenuous due to higher levels (perceived or otherwise) of crime, and the fact that there are not many insurance providers, so the opportunity to 'shop around' for the best policy is limited.

Flights have also become more expensive, and this was believed to have started to happen during or immediately after the Covid-19 pandemic. Many overseas flights are now cheaper than domestic ones. In Alice Springs, prior to the current fuel crisis, residents would often drive to Uluru airport (400 kms away) as it was better served with domestic and overseas flights.

Not only have flight costs increased, but availability of flights has decreased. Alice Springs participants, in particular mentioned that some flights that were cancelled during the pandemic have never been reinstated, which affects general access to Alice Springs, but is also affecting tourism operators in the town. Getting last minute flights from Alice Springs is "impossible", which is a concern in the case of an emergency need to travel.

A final cost concern related to transport was the cost of parking. Many regional towns and cities have free parking – but not all. Within the same region, there can be differences, for example time-limited parking in the centre of Ulverstone is free, but there is no free parking in the nearby town of Burnie. In Bendigo, the hospital car parking is very expensive. While the costs of parking may not specifically be prohibitive, and people may be willing to pay for parking to do their shopping or attend medical appointments, it could be a hindrance (and off-putting factor) in terms of social activities, and therefore social connection.

Loss of independence

Predictably, the majority of participants who drove were anxious about the day when they would, perhaps, have to give up their licence. Even with free or subsidised public transport in some areas, the lack of service outside of main town areas and the rigidity of timetables (especially evenings) and routes, did not in any way make up for the anticipated loss of independence.

Although not about loss of independence and driving, one Ulverstone participant advised that giving up a licence also had implications in terms of formal identification. Having been advised to give up driving by her GP, the participant did not renew her licence when it came up for renewal. Instead, she got an ID card. However, she strongly advised people (even when they give up driving) to not give up their actual licence as she has had lots of problems with the ID card not being accepted in the same way a licence is – despite the fact that it actually includes more information and also includes a photograph.

Housing

There were several issues related to housing – some which were cross-cutting for all consultation locations, and others that were more location- or group-specific. In general terms, the key issues were limited housing diversity, affordability and mobility challenges, and structural barriers.

Limited housing diversity

For those participants who were keen to move into a smaller, more manageable home, the lack of housing diversity was a hurdle. For most of the regional locations visited, there were very few (if any) smaller two-bedroom units, for example. Most homes, having been built at approximately the same time, and often by either the same developer or a home developer/builder, were what would be described as moderate to large family homes – three to four bedrooms on a "decent sized plot".

In Childers, there was a lot of discussion about the lack of diversity of housing within the townships, and that the only growth was in outer areas, in new developments, but they have no public transport, infrastructure, services etc, so are "useless for older people who might lose their licence". Participants were also frustrated at the assumption that 'downsizing' means moving into an apartment/unit. For example, one Armidale participant advised that it is "hard to find suitable properties [on the open market] – ones that are accessible, with no steps etc, if you want to move out of your family house. There are some apartments, but no houses". In Bendigo, the frustration at the lack of diversity was accompanied with incredulity that "people move TO Bendigo to retire, so there should be better options".

"hard to find suitable properties … that are accessible, with no steps etc"

There were mixed feelings across the consultations – and between participants – about retirement villages. The mixed feelings related to their presence or absence in the region, the contracting and fees/charges, the assumption that downsizing meant moving to a retirement village, and in some cases the design and construction of the properties within the villages.

In Bendigo, some participants felt that retirement villages were "popping up like mushrooms", whereas in northern Tasmania, Ulverstone consultation participants reported that there were no retirement villages in the area. Devonport does have a caravan park with some long-term cabins, but that is not age segregated, nor does it operate on a standard retirement village model. Consultation participants in Alice Springs advised that they have "been fighting for a Seniors Lifestyle Village for 25 years" as existing houses are high maintenance, and there are no other downsizing options in the town. Land was identified years ago, but developers do not want (what they perceive to be) small developments plots, as the head works are so costly.

The fees and contract arrangements of retirement villages was also of concern – and a source of confusion – to many of the participants. In Childers, for example, one participant saw retirement villages as nothing but "giving money to the big corporations", even if there were few other alternatives in the region in terms of smaller accessible homes. One Armidale participant

thought they had read the contract fully and said, "I knew about them taking 36% of the funds on exit [before I signed up] but it wasn't until I was about to sign that I realised they also take your capital gains. I withdrew".

"I knew about them taking 36% of the funds on exit but it wasn't until I was about to sign that I realised they also take your capital gains. I withdrew."

Participants felt that retirement village developers and providers were not necessarily moving with the times, in terms of climate adaptations. In Bendigo, participants complained that retirement villages do not allow personal solar – if there was solar at all, it was only on the communal buildings within the village. In Armidale, participants felt that many retirement villages are not built for the prevailing climate of cold winters. For example, they lack double glazing and suitable insulation, or have "cardboard walls". One participant was particularly frustrated that developers "can build S.H.I.T. boxes and get away with it, but individual builders have to build exactly to code".

Affordability and mobility challenges

Affordability and mobility challenges were discussed on several levels. Firstly, participants discussed the affordability of homes that are accessible in terms of being single level, with wide doorways, safe showers and so forth; and/or the affordability of making accessibility adaptations to existing homes. Secondly, there is the affordability of selling up to move to an area that is better serviced in terms of transport, health and social activities, i.e. the financial disadvantage when selling in regional markets and being locked out if you need to move into metropolitan areas to be closer to services. Even within the same region, if you are moving off a property outside of town, and want to move into the centre of town, "the sums don't add up", according to one participant in Alice Springs.

The main discussions about affordability, in terms of moving, were the ability to buy something more suitable (either in terms of design or location) for the same price as the property being sold. Stamp duty, removal costs, conveyancing etc were not specifically raised as major hurdles, although potential broader financial ramifications of downsizing were, with one Childers participant saying, "National Seniors should advocate…to ensure that people understand the ramifications of downsizing [on pensions]". Another tangential issue raised about affordability ties in with the ageism discussion later in this report. Again in Childers, a participant felt that "National Seniors should advocate to tackle inter-generational housing issues", against the media rhetoric about older people "living in family homes", and older people "making loads of money from their housing when they had a free education".

Most of the consultation participants – in all locations – were homeowners, but there were a few renting in the private sector. Those participants advised that renting is tenuous, and a constant concern. An Albury participant, for example, stated that "if you rent, you're buggered" due to the high cost of rent and the lack of security being "at the whim of the landlord". Armidale participants advised that there are not enough good quality – or even poor quality – private rentals and they are expensive. Ulverstone participants also advised that there were not enough private rental properties. Also mentioned by many

participants across the consultations, especially Albury and Armidale, was the lack of rental options should you wish to move into a retirement village as most operate only on a buy-in nature.

Structural barriers

Interlinked with both housing diversity and affordability, a range of structural barriers were raised by participants across the locations. Planning restrictions and impediments were raised in Armidale, as mentioned above – notably in relation to the perceived additional obligations placed upon private home builders compared to, for example, retirement village operators, in terms of solar panels, insulation, and other sustainable living requirements. One participant had investigated building a second dwelling on her own property, and "even that was fraught with issues".

High development costs were a challenge in Alice Springs, especially in terms of the much-wanted retirement village that has not yet been built. As the land identified is relatively small, by commercial standards, potential retirement village operators have not been willing to invest in the significant head works (for example water and pipeline infrastructure) associated with the project.

Many of the participants talked of problems engaging tradespeople to do modifications and general maintenance of their properties. The reasons for the difficulty included distance from a major centre and a lack of tradespeople in the local area – and their subsequent busyness. One Childers participant who lived 25 kilometres from the centre of town advised, "I've been trying to get a plumber for 5 years"; while a participant who attended the Armidale consultation advised she had even paid for local accommodation for tradespeople, to secure a contract with them. In Ulverstone, one participant mentioned that to get maintenance works and modifications done "takes time and money", and that given you have to wait so long for the tradesperson to be available, the costs simply go up and up because by then time your job finally starts, everything is more expensive.

> "I've been trying to get a plumber for five years"

Across the consultations participants felt that tradespeople pick the easy and more convenient jobs – in terms of location (i.e. closer to central town areas) and also any pre-work, such as planning approvals. If you have a complicated job, or live more remotely, therefore, you will struggle. Many of the participants felt that, notwithstanding a change in recent times, TAFE and apprentice education had been "belittled" by government and the education sector for many years, in preference to a university education, and this had led to a reduction in qualified tradespeople.

A final structural barrier raised was that of accessing financing in later life, and the fact that banks are very conservative in their lending processes. An Albury participant, for example, said that she had "no hope of getting a mortgage, raising money to move into a retirement village, or 'clubbing together with friends and trying to raise funds for some kind of co-living". This was also raised in Childers, where participants thought this was short sighted of financial institutions, because even now "people aren't buying houses until their 30s, getting 30-year mortgages, so will still be paying off in their 60s", and also many people are choosing to work later in life, with many still happily (and yes, some unfortunately by necessity) working into their 70s and beyond.

Specific concerns

Two specific groups of people were raised by participants, as being particularly under-

served in terms of housing access and affordability. Firstly, single older women. In Albury, a participant advised that there is not enough "appropriate and affordable housing for single women between 55 and 75 and older"; and similarly in Bendigo, participants advised that "there are not many suitable options for single women". In Armidale, participants advised that some residential aged care facilities used to have smaller units that were rented to older single women, but that seems to have stopped, "so many older single women are now socially isolated in outer properties and potentially financially struggling".

"so many older single women are now socially isolated in outer properties and potentially financially struggling"

This leads onto the other specific group that was mentioned – those living outside of town centres in more remote locations. As mentioned above, the financial aspect of moving from a more regional home to one that is closer to the town centre is not viable, with it being an expensive move that is often out of reach. By staying regionally, there is the potential for people to become isolated, and also to miss out on some community and/or aged care services, as the distance (and therefore real or perceived cost) is seen as too great by service providers.

Cost of living and financial issues

At every one of the consultations, financial issues and cost of living were raised, specifically in terms of rising costs and service provision, banking and payments, and equity issues and barriers.

Rising costs and service provision

There really was a feeling that everything has gone up in price – across fuel, groceries, utilities, healthcare and insurances – even factoring in the frustrating, but accepted, fact that regional living is often more expensive because everything has to be transported in.

One Armidale participant advised that, generally, "I'm shopping around a lot more", while an Alice Springs participant said that "insurance is ridiculously expensive" for both the house and the car. The cost of power and water were particularly reported in Bendigo, and also mentioned in Childers, compounded by a relative lack of providers in the regions, so 'shopping around' is harder. Another issue that affects everyday living, as discussed further below, is internet access. Specifically regarding cost, one Bendigo participant advised "I don't have internet because I can't afford it". As the forums progressed, and the Middle Eastern geopolitical issues increased and became more uncertain, there was a palpable concern about fuel prices. While the following statement was from the Albury consultation, it was relevant to them all – "Albury is a car city".

Banking and payments

On the whole, participants reported that they were still able to use cash when they wanted to. The exception was in Alice Springs where participants advised that some businesses have been slow to return to routine use of cash post-Covid. Furthermore, some businesses were reluctant to hold cash due to security/theft concerns. Remote locations are often affected by internet or infrastructure outages, so cards become useless, which was a particular issue if people are given social security cards instead of cash; and at Yulara, the only businesses that accept cash are the supermarket and the service station.

All of the locations visited still had a bricks and mortar bank presence in the major centres. However, they had reduced in numbers and/or were only open very limited (and reducing) hours. In Childers, for example, the Commonwealth Bank and National Australia Bank still have bank branches, but they both close at lunchtime. Even if there were actual branches that could be visited, the service was sometimes reducing. Albury participants, for example, advised that "the two local building societies are great, but 'the big four' less so – in terms of customer service, attentiveness, personal service etc [you're told] 'go online and do it'". Ulverstone participants had similar experiences – there are two banks with branches, but still an expectation that customers will use the

"local building societies are great, but 'the big four' less so – in terms of customer service, attentiveness, personal service etc [you're told] 'go online and do it"

ATM, and "you'll even be directed to the machine by staff when you go into the bank".

A real irritation reported at all consultations was the fees and surcharges applied to card payments. In Alice Springs, participants were especially frustrated at the businesses that will not accept cash, and then still charge a fee to for card payments. There was also room for confusion as many businesses have a different trading name to what appears on your statement, so you have no way of knowing if you have been scammed, or even simply over-charged. There was acknowledgement that if you insert your card and put in your PIN, you are less likely to be charged than if you simply waive your card for payment. Interestingly, one participant in Bendigo was relaxed about the extra fees charged for card payment, seeing as an acceptable "price to pay for convenience".

Equity issues and barriers

Issues of equity, and barriers to easy 'everyday living' were noted by participants in three principal areas – being a retiree/over a certain age, being female, and digital service access issues.

Several participants reported that while there were some benefits to being, for example, aged 60/65 years or above, in terms of government concessions (Alice Springs) and subsidised public transport (Albury and Armidale), there were also disadvantages and situations where older people are discriminated against or penalised. An Armidale participant advised that having superannuation often excludes you from some concessions that would be gratefully received. A Childers participant expressed his frustration – "Once you hit 70 [there's] a lot of things you can't do…insurances within super, making contributions to your super…I'm still working at 75 years, but can't contribute". Regarding credit cards, an Alice Springs participant cautioned, "don't cancel yours while you're still working, as you won't be able to get one when you retire".

> "don't cancel your [credit card] while you're still working, as you won't be able to get one when you retire"

Gender inequities were noted by several female consultation attendees, especially in Alice Springs, where one participant advised "females [are] still sometimes seen as second-rate citizens, and often the 'supplementary' holder on joint cards, which can cause issues on death [of the principal card holder]".

While the following two examples are not gender specific, they relate to single-person households, which are often female as people get older, given females live longer on average. In Armidale, one female participant was concerned about "the rise of the single person tax…Coles removing 12 items or less tills, the fact that all offers are buy one get one free, or a better price if you buy two of something". In Ulverstone, a participant questioned why "Ulverstone Water [rates] cannot be assessed for single person households? And the issue of small water use, but huge service charges, even when you're on holiday for months".

Digital service access also presented equity issues. This issue will also be discussed in the next section, but in short, government websites such as MyGov and My Aged Care are seen as cumbersome and difficult to use, multi-factor authentication was seen as a nuisance, and financially, not everyone can afford laptops, 'smart' mobile phones or internet access. These issues are intensified for people with low digital literacy skills, who also may have little opportunity to attend digital literacy classes as often there are none available.

Service access, system coordination and social infrastructure

As with each of the theme areas outlined in this report, service access and social infrastructure had sub-themes – assumption of digital access, system service, coordination and usability, general workforce issues, and volunteers. Some participants also acknowledged a reluctance, at this stage of life, for people to learn. In Ulverstone, a female participant mentioned that she does everything (in terms of online transactions), and her husband is "not interested and can't do it". Another in Armidale simply said, "if you don't have internet, you get kicked out of and excluded from everything".

Assumption of digital access

Even among digitally literate consultation attendees, there was a very reluctant – and irritated – resignation towards the 'tech-ification' of seemingly everything. The irritation spread across several service systems including health, banking, shopping, Centrelink and other government services, and was made worse by the assumption that everyone has access to computers and 'smart' phones.

This 'tech-ification' comes at both financial and time costs, with an Armidale participant noting that "you're having to upgrade your laptops etc more often, or not be able to access services, because they're no longer compatible…and that comes at a cost".

> "you're having to upgrade your laptops etc more often, or not be able to access services … and that comes at a cost"

There are also costs if you choose to receive paper bills or bank statements, rather than transact everything online, which participants felt was wrong. In Ulverstone, for example, a participant reported she preferred getting paper bills as "you're less likely to delete it by mistake and then miss a bill due date and risk being disconnected or paying overdue fees".

In addition to the expectation that customers will simply 'go online' to carry out their business, the issue of online security and confidence was raised. Even if you have access to the hardware, and are digitally literate, not everyone is comfortable or confident doing transactions online, and many people simply like talking to people face-to-face. As mentioned above, some participants were surprised and disappointed to be pointed towards an ATM when they go into a bank seeking service.

Many regional areas are poorly served in terms of internet and mobile phone coverage, which makes online services difficult to access or at least to access reliably and consistently. Albury participants reported that internet and phone coverage is poor, especially outside of the central area, and there are frequent power outages – "every hot day". Some participants, for example in Albury, have investigated getting Starlink, but reported that it is expensive.

System service and usability issues

It was not only online services that were viewed as complex and cumbersome. Participants reported that all forms, whether online or paper-based (when

available) were long and often poorly designed. One Albury participant reported that basic information for services (e.g. for taxi vouchers, for aged care at any level, for retirement villages) is often way too lengthy and complicated and therefore puts people off. By being put off applying, "they don't access services that they could be entitled to – and suffer as a result". As previously mentioned, poor design was also reported about online platforms, notably MyGov and My Aged Care, which made using them hard and off-putting.

Call centres were also discussed. While participants were happy to be able to talk to an actual person, it was not without issue. Long wait times were regularly mentioned, with one Ulverstone participant saying, "Centrelink is hopeless on the phone – make an appointment" – but even that's not foolproof. You can still wait a long time in the office, or "be invited to speak with someone at a 'standing desk' which isn't great for many people". There was a real feeling that, as expressed by a participant in Armidale, "older people's time is not the same and everyone else's…it doesn't matter". Also, a participant in Armidale advised that call centre staff "speak too quickly, and often with an accent, which makes the speed even harder".

"Centrelink is hopeless on the phone – make an appointment" but "be invited to speak with someone at a 'standing desk' which isn't great for many people"

Rounding off the digital and system service discussion was the question of "what happens when I'm dead" (participant in Ulverstone). This applied not only for spouses/partners who were the sole 'online transactor', but also for single people, or those with no/estranged children. One person in Ulverstone advised they have all necessary details in a book in the safe (e.g. passwords, account numbers, service providers etc), but what happens "if (a) no-one knows that it is there; or (b) if there's no-one to take care of your affairs after you die?"

Positively, many participants – across all locations – were complimentary about the local social activities. Participants in each location said there were plenty of options, across a range of activity types. As participants in Armidale said, "it's not all Bingo" and "Armidale is very well catered for…there's not enough hours to do everything". The only issue for some was transport, especially if you lived outside of the central town area – an issue that was raised in both Albury and Armidale.

Several locations, including Alice Springs and Ulverstone, had a central community facility that coordinated activities, or could point you to activities, which was one thing that was sometimes lacking – how to find out what is on offer. While some locations had a local paper or council publication that included a 'what's on' section, for example Armidale and Bendigo, in other locations there was a reliance on social media, which not everyone engaged with. As one Ulverstone participant said of finding out what is happening locally, "you need to use your initiative – there's more out there for seniors than the younger people".

In terms of cost, with very few exceptions, most activities discussed were reasonably priced, and as one Albury participant said, "yes, some activities carry a cost, but it's about making choices. You can't know about the activity, know its cost, choose to spend your money on something else, and then say that the activities aren't there".

Libraries and University of the Third Age (U3A) were viewed in a very positive light. An Armidale attendee said, "U3A is good, and there's an excellent library – I wish more people used it", a Bendigo participant felt that "NSA should promote U3A" as

there is a good one in Bendigo that is well-priced, and another Bendigo participant said that the libraries (there are several, including a mobile library) "are excellent".

Staying on the learning theme, some participants were frustrated at the high cost, and non-ease of access into some continuing education. For example, one Bendigo participant said, "you spend your life learning and gathering knowledge, then zilch" [in terms being able to attend TAFE and university] especially as "further [formal] education is expensive".

Several participants were grateful for the ability to easily access nature. In Alice Springs for example, one attendee said, "there are plentiful options for getting out into nature and the climate is great – dry and sunny". Similarly in Albury and Ulverstone, participants said, "it's a nice area, with good access to environmental attractions" (Albury) and "the natural environment, if you're able to get out into it, is lovely" (Ulverstone).

> "the natural environment, if you're able to get out into it, is lovely"

Finally, coordinating the activities that are occurring was mentioned. In Ulverstone, for example, where there are Probus Clubs, a choir, Men's Sheds, a dementia -friendly café, music 'Live @ the Wharf', a seniors club, walking groups, and more, one participant said they felt "it would be good if the various groups inter-connected and came together so that there was cross-pollination of members, you meet new people, and find out about different things".

Service coordination

Across the consultations, especially in the border town of Albury, there was concern about a lack of service coordination. The Albury attendees talked of the strange – and uncoordinated – situation where Albury Hospital is in New South Wales yet is administered largely from Victoria, which frustrates both patients and staff.

Other examples of fragmented services included transport. Participants were exasperated at the fact that there are two bus companies, that operate different ticketing systems which was nuisance and makes cross city transport more expensive.

Many of the, for example, aged care services that are delivered regionally are managed centrally in the nearest capital city. Alice Springs participants, for example, advised that coordination of service delivery by Anglicare Australia is done by an interstate contact/call centre – i.e. a national company that is based elsewhere, but operates in Alice. The participants were not singling out Anglicare Australia in particular, simply highlighting it as an example, and highlighting that the interstate staff do not understand the local geography or general transport infrastructure, i.e. centralised models cannot be responsive to local needs.

There was also poor coordination between services, as well as within services. This was a particular frustration in the case of services that participants felt should work effectively together – (a) because they can provide a more seamless service that way; and (b) because a more seamless service would bring better outcomes for everyone.

Coordination between medical and transport services was also highlighted. Albury participants advised that transport to hospitals is an issue – there is not enough car parking and taxis can be expensive – and ambulance transport between hospitals or between hospitals and residential care facilities seems to be non-existent.

In Ulverstone, participants advised that there are medical transport services – both state and volunteer run – but that there is

no central registration process that automatically links the transport service with the hospital/medical specialist, nor to link in with accommodation, if required, and there needs to be a coordinated approach. Many of the services are community run, for example in Childers, which were welcomed, but there is always the concern that they may be stopped at any time, and/or they are only able to run very limited services. One innovation at an out-of-town area in the Childers region is a program of "trained volunteer first responders who will try and assist in emergencies and then will sit with you till the ambulance arrives or you're airlifted out".

Finally, a macro coordination issue mentioned at a few of the consultations was that of insufficient infrastructure planning and housing development for population growth. One Albury participant, for example, stated, "The biggest issue is a lack of long-term planning for the region, made harder by the border nature of Albury-Wodonga"; while a Bendigo attendee said, "infrastructure has not caught up with the growing suburbs".

General workforce issues

Living regionally, consultation attendees reported there can be workforce issues, in various guises. Several participants mentioned the difficulty getting tradespeople. As outlined above, that can be due to distance (tradespeople not wanting to travel too far out of the town centre areas) and/or simply not enough tradespeople in the region.

A lack of diversity in workplaces was also mentioned. For example, in Alice Springs, a participant queried why there were no Indigenous people employed in the shops or airport; while in both Armidale and Childers, there was concern about the lack of older people in the workplace, and the ability of older people to remain in work. One Armidale participant, for example, stated, "ageism starts in the workplace and starts before you reach retirement" and a Childers participant felt that employers think "you're not up to it…will take sick leave…but we work harder and the older ones last…I had incredible knowledge…a wasted resource".

The issue of customer service was also raised in the consultations. In Ulverstone, participants discussed how businesses simply do not get back to you when they say they will, and that you "get conflicting information from staff members within the same service, especially Centrelink". They also found that services that are linked or aligned are not consistent either, in what they require of you, for example Centrelink, My Aged Care and then (while acknowledging our federated system) Services TAS. This was especially the case regarding concessions that older people may be eligible for.

Volunteers

Many of the consultation participants were active, engaged volunteers in their communities, for NSA in the regional branches and/or for other community organisations such as Probus, Lions, and the Country Women's Association. The issue of declining numbers of volunteers, along with an ageing population among volunteers, was raised several times. The concern was particularly strong in relation to services that specifically benefit older people such as Meals on Wheels and community transport.

In Armidale, participants advised that there are "not enough volunteers", and that the Meals on Wheels service is now largely frozen food that is re-heated "because it has to be run by volunteers and not paid chefs…and the volunteers themselves are ageing". In Ulverstone, there are some volunteer-run community transport services, one through the council and one through the Australian Red Cross, but "but how long for?"

Ageism

Sadly, ageism was an undercurrent for many of the service access and social infrastructure issues. In terms of the declining customer service, for example, some consultation participants – across several locations – wondered whether it has declined across the board, or whether it is because of ageism. Of ageism, one Childers participant said, "we get it all the time". Another recounted how she helps an 80-year-old with medical appointments, and when that person has raised concerns with her health, one doctor responded dismissively, "what do you expect, you're 80" – not generally considered good customer service or bedside manner. The irony of the 'grey dollar' was not lost on participants either, with one Bendigo consultation attendee saying, "we have an ageing population so it's in [service industries'] best interests…but not all are that great".

In general life, outside of service infrastructure, many of the participants experienced ageism – either directly, or at a societal level via the media and politicians. In Armidale, for example, one participant said, "I'm fed up with the blame game… older people have it better…I'm over being blamed for somebody else not having a house. I worked hard, I paid 18% interest rates…I'm over it"; while another stated, "we can contribute just as much [as other generations]. We're kicked in the arse the whole time".

In Childers, there was a general feeling that there was a lack of respect for older people and that "younger generations have a feeling of entitlement, for everything, including housing…but 'have we fed that…how did we bring them up to think they could have everything immediately…with ideals that if you do well you can do [and have] everything?'".

Finally, in Albury, one of the attendees brought a 'written submission' from a friend of hers who was unable to attend the forum. The friend stated, "the elderly need to be treated with respect. Their hard work and their taxes built the Australia that is the envy of many in the world."

"the elderly need to be treated with respect. Their hard work and their taxes built the Australia that is the envy of many in the world."

Safety, crime and security

On the whole, living regionally was seen by participants as a good thing that to some degree insulated them from fears about safety, crime and security. While one Armidale participant did say, "Armidale doesn't feel as safe anymore, especially after dark – people drunk, on drugs", the major discussions about safety, crime and security only occurred at the Alice Springs consultation.

> "Armidale doesn't feel as safe anymore, especially after dark – people drunk, on drugs"

Participants felt that crime is a real issue, even during the day, largely led by children and youths. There was a feeling that connection between children and elders had disappeared, and that, despite the problems, authorities are not acting accordingly. For example, "security services can't do anything, and truancy officers don't do anything either", and "Police won't even look at security footage if you have cameras and your house is broken into". Residents are spending more and more on home and car safety measures such as cameras and alarms, yet home and car insurances are still very costly.

Participants felt that it was a combination of things that had caused the increase in safety and crime issues – Covid-19, the shooting in Yuendemu, and 'the Intervention' – the Northern Territory Emergency Response, introduced by the Howard Federal Government in 2007.

Participants felt that while the intent of the Intervention was good, communities did not have infrastructure for the BasicsCard (i.e. poor communications, internet outages etc) hence they "came to Alice to spend their card funds and many never left", which caused over-crowding and social breakdown of some communities, especially as it occurred at the same time as the dissipation of the community councils.

Participants were frustrated at the way that the town is depicted in the media and politicians, the way that "solutions are developed" and the way Alice Springs is compared to other Northern Territory locations. For example, one participant stated, "Everyone compares us to Darwin or say, 'in Darwin, we do this we do that', and expect that their ideas just fold into Alice Springs – they don't". Another, irritated at how this then reflects nationally said, "we are treated like inbreds by people interstate especially Victoria and New South Wales. Alice Springs is treated like a dumpster".

It must be stressed that there was real hope for the town, and a real joy of living there. Participants said many positive things, such as "I really value living in a society with lots of Aboriginal people" and "how privileged are my grandchildren to grow up in this mixed community…they can go anywhere and be able to converse and mix with different cultures".

> "I really value living in a society with lots of Aboriginal people"

Online consultations

While the online consultations had fewer participants, and perhaps a greater reluctance to 'speak up', the discussions held were largely similar to the face-to-face consultations.

There was concern about the lack of aged care workers, and indeed aged care facilities, within local regional communities. This also extended to the length of time taken for assessments and delivery of services, and the sustainability of Federal funding and packages in the long-term for both in-home and residential aged care.

In terms of broader health care, as with the face-to-face consultations, access to specialists was a challenge, especially in Western Australia, a very large state. Distances to travel can be thousands of kilometres, which has huge cost and logistical implications. This also has implications for social connection and friendships. If you are away from home for a length of time to have surgery, or receive ongoing therapy, it can be lonely.

Staying on the subject of cost, health insurance for older people has increased – due to both the rising costs in general in recent years, and especially the announcement in the May 2026 Federal Budget of removing the rebate for people aged 65 years and over. Participants felt that as you age premiums should be dropped "when you've been paying your premiums for decades".

Similar transport and housing concerns were also expressed by online participants For transport, there was worry about when the time comes to give up your licence, and the knock-on effects of that given the lack of locally available services.

For housing, there was a desire to see a greater diversity of alternative housing options locally. Moving to Perth from the regions, for example, is not economically feasible for most people. It was clear from all the consultations that alternative housing options would allow people to stay in their communities, in terms of accessibility and affordability, and models such as co-housing and home sharing have both financial and social connection benefits. To enable staying in their own homes, a Western Australian participant said (echoing views expressed by others), "one big concern is the house is ageing like me, I want to live in my own home and avoid having to move. The big concern is being able to find trades people or workers who can do a good [and] honest standard of work. There's a shortage of decent honest trades people in Perth. As I age living at home this is a big problem".

In terms of service access, online participants shared similar frustrations to the face-to-face participants, principally that they do not wish to carry out all their transactions online. Western Australia participants in particular stressed that service reliability (both internet and telephone) can be intermittent so if organisations insist on doing things electronically, at least make the services streamlined, time efficient and user-friendly.

Finally, the availability of voluntary assisted dying for those living in regional areas, especially those with dementia and other cognitive decline was raised as an issue. One Western Australia participant, for example, stated that they "have made finances available to travel to Switzerland if required. Sad and lonely farewell to a good life". VAD was only raised in the online consultations, not the face-to-face sessions.

DISCUSSION

Discussion

The principal aims of this project were to document the lived experiences of older people living outside metropolitan areas, and to highlight factors underpinning or hindering ageing in place in regional communities. The consultation discussions and the general positive (advantages) and negative (challenges) aspects of ageing regionally can be summarised as below:

Positive aspects or advantages

- Strong community identity and cohesion
- Access to nature and environment
- In most places, active and welcoming senior communities
- Good services in some areas (e.g. libraries, certain health providers)
- Pride in place and optimism about the future

Negative aspects or challenges

- Systemic underlying regional disadvantage and service concentration (services located in larger centres; outer areas underserved)
- Workforce shortages – applies to health, aged care, housing and more
- Transport limitations
- Digital assumptions, without inclusion and sometimes without efficient, affordable and reliable access – potential for increasing exclusion of older populations from essential services, especially with the 'tech-ification' of everything

The numbers of people ageing regionally, currently and into the future, cannot be underestimated, and the issues raised cannot – and must not – be ignored. Ageing in any location can bring big changes in all aspects of life, from housing to finances, from transport to health and social connection, and fragmented or absent supports can absolutely hinder or help someone's ability to age well. Ageing is not a niche issue that can neatly be slotted into siloed sectors such aged care, health care, housing, transport and social connection. Yet, as can be seen from the discussions held, support is more often than not approached through separate disciplines, sectors and markets, and some help is only available once people reach crisis point, but that model is not effective.

For decades, many Australians living in regional, rural and remote areas have been living a very different reality to the one reflected in the metropolitan areas, in terms of service provision, as we discussed in the introduction. Healthcare service programs and policies, for example, are often developed in urban settings and imposed in a top-down manner without adequately accounting for rural realities – they have not been stress-tested in rural environments. Furthermore, large systems, such as health, transport and aged care, are complex, and as the Inspector General of Aged Care, Natalie Siegel-Brown, stated in a speech in May 2026, 'Every system develops blind spots. They are not always malicious. Sometimes they are the product of scale, pressure and distance. As systems become more complex, the distance between policy intent and the lived reality widens'.

As the Paul Ramsay Foundation stated in 2023, 'people feel strongly about the places and communities they call home, as different as these are across Australia's vast lands….However, historically, most investments, programs and services have been centrally designed and delivered at the national or state and territory levels, and therefore unable to fully to meet the specific needs, priorities and aspirations of different communities'.

People who live regionally are not naïve, and consultation participants acknowledged their choice to live regionally. Indeed, one Childers participant stated, "we have to accept that we'll need to move, even if we've already moved once…[we can't]…expect that the services are suddenly going to appear just because we've now reached the age where we need more help". However, this does not mean they should be ignored. Nor should they be homogenised – regional, rural and remote areas are highly heterogeneous, and what works in one context may not be applicable in another.

The rising level of pressure on support systems such as health and aged care, local councils, and voluntary groups, with people living longer with complex health conditions, means we must move away from siloed transactional services to a more holistic approach. Siloed approaches have served to limit 'the ability of local communities, non-government organisations and service providers, businesses, universities and research institutes to bring their social capital and resources together and work in tandem with governments in particular places to assist communities to thrive'. Older people, wherever they live in Australia, need coordinated approaches that genuinely improve and help them to age as well as they can – based on their needs, not their postcodes.

In this regard, one possible solution could be place-based and neighbourhood approaches. As the Queensland Government states, place-based approaches 'provide community members and stakeholders (citizens, industry, diverse non-government organisations and all levels of government) with a framework to identify and respond to local needs and improve social, economic and physical wellbeing' and are 'collaborative and long-term—seeking to build thriving communities in a defined geographic location by empowering and supporting communities to take action on the things that matter to them'.

Such an approach will not be easy to implement and will require a change of mindset for many. For some sectors it is starting – but within sectors, not across sectors. In health care, for example, multi-disciplinary care teams are becoming more common when dealing with patients with complex co-morbidities, bringing together GPs, nurses, social workers, public health professionals and community services.

The findings from this project chime well with recent research reported in the 'Ageing in Australia Community Expectations 2026 Report', commissioned by Ageing Australia. The research findings include the need to:

- Strengthen knowledge and understanding of the aged care system, including how it is funded, what it offers, and how it can be accessed
- Address the demand for more holistic support for older people in relation to the healthcare, aged care and housing sectors
- Address barriers to downsizing through relevant policy reforms and expanding affordable housing stock in key markets
- Address concerns about informal caregiving or the use of technology in aged care.

Implementation must account for the heterogeneity of older people's communities. Delivering healthcare, age care and housing that enables people to age well in non-metro areas will require alternative and possibly additional resources to those needed in metro settings.

RECOMMENDATIONS

Recommendations

The principal recommendation from this project is to take a holistic, coordinated and inclusive place-based approach to developing services for the regions that help people to age well.

There are, naturally, existing individual systems, and the 'headline' issues for each of those are:

- **Health and aged care** workforce expansion
- Simplification of aged care and government **service access**
- **Housing** supply and diversity for older populations
- **Transport** access for healthcare and daily living
- **Digital inclusion** and non-digital service guarantees.

More detailed recommendations for the theme areas uncovered during the consultations are below.

Health

- Introduce targeted rural retention packages for GPs and specialists
- Salary loading, housing subsidies, relocation incentives
- Partner employment support ('whole-of-family' retention approach)
- Expand permanent specialist rotations (not FIFO-only models)
- Fund regional specialist hubs (for example neurology, rheumatology, geriatrics)
- Increase bulk-billing incentives in regional areas
- Establish maximum wait time benchmarks with public reporting
- Introduce automatic referral tracking systems (no 'falling off the list')
- Create coordinated patient navigation systems, i.e. link GP → specialist → transport → accommodation automatically
- Expand non-emergency medical transport services, including return trips
- Fund regional health transport coordinators
- Support co-located services (GP, specialist clinics, allied health under one roof)
- Expand mobile/outreach health services.

Aged Care

- Implement minimum training standards, including mandatory dementia care competency for all aged care staff (not just clinical)
- Introduce a regional aged care workforce strategy, including incentives for carers, cleaners, gardeners, and support staff – not just nurses
- Provide wage parity and retention bonuses across aged care and NDIS
- Require minimum service time guarantees (stop '10-minute visit, 1-hour charge')
- Improve transparency of package spending and administration costs
- Incorporate greater co-design by older people into features of My Aged Care
- Guarantee assessment timeframes
- Introduce face-to-face access pathways (not digital-only).

Housing

- Incentivise smaller-scale, age-friendly homes and small developments (and not simply retirement living providers) by subsidising infrastructure/headworks (pipes, drains, roads etc) for developers
- Mandate age-friendly design standards (step-free, accessible layouts) and environmentally sustainable design
- Improve rental housing options for older people
- Support rental retirement housing models (not just purchase-based)
- Expand options for single older women and low-income retirees
- Streamline planning approvals for accessory dwellings, and 'alternative' housing models such as co-housing.

Transport

- Fund minimum service guarantees for regional public transport
- Introduce single integrated ticketing systems
- Expand community transport eligibility (not based on care package receipt)
- Develop a national standard for:
    - Accessible and consistent footpaths
    - Street lighting
    - Safe crossings
    - Seating and rest areas
    - Subsidise regional air routes
    - Expand fuel cost relief measures.

Cost of Living and Financial Issues

- Ongoing regulation of card surcharges and hidden fees
- Require fee transparency in transactions and statements
- Protect cash as a payment option
- Review self-funded retiree eligibility for concessions
- Expand insurance affordability programs in high-risk regions.

Service Access, System Coordination and Social Infrastructure

- Mandate offline alternatives for all essential services (banking, Centrelink, MAC)
- Simplify government service platforms such as MyGov and MAC
- Ensure any digital service is adapted to rural contexts – connectivity and cost implications
- Fund accessible digital literacy support for older people
- Subsidise regional internet access (e.g. Starlink for pensioners)
- Ensure/enforce plain language requirements for all government forms and processes; good screen reader and visuals in line with screen-reading accessibility
- Improve transport connections
- Better publicity – and in more places – of activities available

- Schedule daytime activities
- Subsidise fees for those who cannot participate due to costs
- Include social activities as an eligible service for community transport
- Provide late-life planning education – for younger age demographics (e.g. age 40 years onwards, and not simply about finances)
- Establish place-based planning authorities, that require long-term integrated service planning – health, housing, transport, aged care
- Require an 'ageing in all policies' approach
- Address cross-border governance issues (e.g. Albury-Wodonga)
- Enforcement of the law as relates to ageism, e.g., workplace discrimination
- Better education for health and aged care workers – embracing older people not dismissing them
- Challenge negative media and political narratives and reinforce positive ageing messaging.

Safety, Crime and Security

- Invest in youth diversion and engagement programs
- Increase local policing responsiveness and accountability
- Improve community safety infrastructure (lighting, surveillance support)
- Strengthen cross-agency responses, e.g., housing + youth services + policing.

Listening to the voices of regionally living older people matters. It restores something that has been slowly disappearing with the use of online engagement tools and the engagement of service providers rather than (in this case) older people, themselves – and that is respect.

A good later life depends on the availability, affordability, and accessibility of services, and this project has been invaluable in hearing the on-the-ground issues. That said, there is still much work to be done.

Listening alone is not enough; it has to be matched with action.

FURTHER RESEARCH

Options for further regional research

This project has highlighted many areas for further research in the regions, some of which could be combined.

Broaden engagement

This research visited six locations face-to-face and engaged with two further locations online. Without doubt, the face-to-face consultations were more effective and generated significantly more discussion. The locations visited were largely eastern states, some were not terribly far from a major centre (e.g. Bendigo) and there was no specific engagement with people living on small islands such as Kangaroo Island, or with First Nations communities.

RESEARCH OPTION: continue this project by expanding the regional locations visited to include several locations in South Australia and Western Australia (previously only engaged with online), far north Queensland, island communities, and First Nations communities.

RATIONALE: Regional, rural and remote communities are not homogenous.

Housing diversity

One of the resounding issues regarding housing was the lack of housing diversity – affordability, design, models, tenure, financing and more – and the ability to make adaptations available in the regions. While housing is a 'system', it is a broad community system, not specifically managed by governments, such as aged care and health. It is therefore ripe for deep exploration with regional communities.

RESEARCH OPTION: Work in-depth with older people in five regional communities to explore the housing options that would be acceptable. Include local representatives from architecture, planning, construction and financial institutions to establish what the stumbling blocks have been to date and to develop solutions for genuine housing diversity in local regional areas. Areas of investigation to be co-designed with older people at the project's outset, but could include: the subsidies or planning levers that most effectively stimulate small, accessible, age-friendly developments outside major cities, design standards that have the greatest positive impact on long term health and independence, what financial institutions can do to better support older borrowers or downsizers.

RATIONALE: Research shows time and again that people want to age in place, and that appropriate housing is a key determinant of ageing well and remaining connected to communities. While for some people this might mean their 'family home'; for others it is broader and means their community. Either way, the options to age in place safely are thwarted by housing options, availability and the ease of making adaptations.

Pilot a place-based approach in two locations

There is good evidence both internationally and within Australia that place-based approaches can be effective in supporting, and creating opportunities for, discrete communities and/or disciplines. In Australia, for example, these approaches have been successful in the early childhood sector and some First Nations communities.

RESEARCH OPTION: Pilot a place-based approach to design a feasible and sustainable model for 'ageing well in the regions', in two different locations. Areas of investigation to be co-designed with older people at the project's outset, but could include: the governance structures that could best support integrated planning across sectors (e.g. health, housing, transport, and aged care), how governments could operationalise an 'ageing in all policies' approach, and what metrics could be used for evaluation, and the service gaps that arise in cross-border regions (e.g., Albury–Wodonga), and models that could plug the gaps.

RATIONALE: Differing – and in some cases growing – environmental, economic, demographic and social issues across Australia's diverse communities increase the need for differentiated place-based approaches; regional communities are not homogeneous.

ACKNOWLEDGEMENTS

Acknowledgements

The bulk of this report was written by social gerontologist Dr Victoria Cornell, who also facilitated and documented the consultations, and planned them in concert with NSA staff.

Ms Karen Furnivall, NSA's Community Engagement Manager, organised the forum events in each location, assisted branches with recruitment for the events, and presented information about NSA at them and at the online forums.

The NSA research team – Dr Brendon Radford (Director of Policy and Research), Dr Diane Hosking (Head of Research) and Dr Lindy Orthia (Senior Research Officer and Communicator) – contributed to big picture planning and the preparation of this report. Brendon also presented information about NSA at the online forums.

The forums and consultations would not have been possible without a team of other people who contributed. We therefore also extend our thanks to:

- NSA colleagues including CEO Chris Grice, Policy and Engagement Officer Luke Smith, and the communications team
- Centrelink and Department of Health, Disability and Ageing staff who presented information at the forums.
- NSA branches who hosted the events, especially their representatives who worked with Karen to make them a success
- all the face-to-face and online forum and consultation participants, whether NSA branch members or not, who so generously shared their experiences and opinions about ageing in their communities.

Suggested citation:

Cornell V and NSA. (2026) *Ageing in Our Communities: The views of older Australians living in regional, rural and remote locations.* Brisbane: National Seniors Australia (NSA).

The head office of National Seniors Australia is located in Brisbane/Meanjin but we represent older people from across this great continent.

We acknowledge the traditional custodians of the land and waters in which we operate, the Turrbul People, and all other First Nations, Aboriginal, and Torres Strait Islander people.

We honour and value their continuing cultures, contributions, and connections to Country, and pay our respects to Elders, past and present.

ABN 89 050 523 003.

Any correspondence may be addressed to research@nationalseniors.com.au.