The state of ageing in Victoria

Community Pulse survey 2026 results

COTA VICTORIA

Seniors Rights VICTORIA

Contents

Executive summary

The Council on the Ageing (COTA) Victoria and Seniors Rights Victoria (SRV) 'State of Ageing in Victoria' Pulse survey provides an up-to-date insight into how older Victorians feel about the upsides and the downsides of their lives in 2026.

Overall, a healthy majority of survey participants feel they are able to live a good life, are respected within and connected to their communities, and feel reasonably secure in their housing.

- 82% of respondents rate their overall quality of life as good or very good;
- 68% report finding access to health services reasonably easy;
- 80% say they feel safe and respected in their local community always or mostly;
- 2% only cite digital exclusion as a barrier to a good life;
- 90% think their housing is very or somewhat secure.

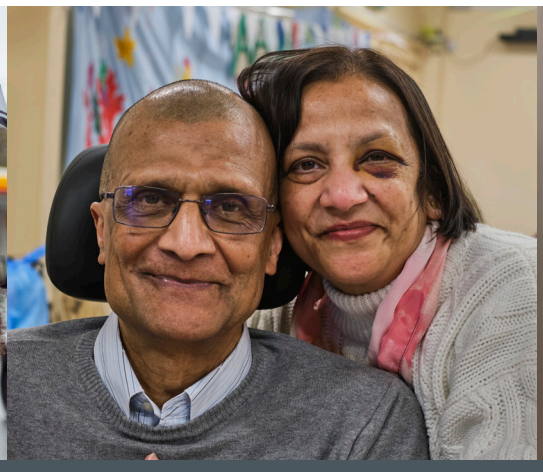
Yet there are many for whom this is clearly not the case. Isolation and financial hardship, age discrimination and lack of community respect were commonly reported. If these findings hold for Victoria at large, a significant percentage of older Victorians are not experiencing the wellbeing, dignity, security, and connection that they expect and deserve.

- 19% of respondents say they are struggling with the cost of living;
- 35% report experiencing financial stress in the previous 12 months;
- 48% of those engaging with aged or disability care found access difficult;
- 21% had been or know someone who has been stuck in hospital due to lack of follow up services;
- 12% report feeling isolated from others frequently or always.

Older Victorians have a lot to say about changes that could improve their lives. Prominent suggestions included calls for more accessible health and social services, more age-suitable housing options, and reduced costs of maintaining a household. Many responses conveyed a desire to be better recognised, respected, and engaged in decision-making.

The Pulse survey was conducted as an online survey in May-July 2026. Nearly 500 people aged 50 and over shared their views, ranging widely across the age spectrum and across metropolitan, regional, and rural Victoria. While the group was diverse in many respects, there was some overrepresentation of women, homeowners, and self-funded retirees.

The survey will be repeated annually over coming years to gauge changes in the sentiment of older Victorians.


Context and purpose

We have a long history of listening to the voices of older Victorians and advocating to governments on the basis of what we hear. We play a key role in bringing to life the commitment made by the Victorian Government in its Ageing Well in Victoria Action Plan, to ensure that older people can actively participate in efforts to improve the services on which they rely and the environments in which they live.

The 'State of Ageing in Victoria' Pulse survey (the survey) fills a gap in the mechanisms available at a statewide level in Victoria to provide a broad snapshot of how older Victorians feel about their quality life and how this is impacted by a range of factors including costs, access to key services, and community attitudes.

This is vital in a time of rapid social and economic change, key service system reforms, and significant community uncertainty – alongside an ageing population and shifting expectations about what it means to age well.

A key objective of the survey is to monitor changes in sentiment over the medium term. To this end, the survey will be repeated annually, for at least the next three years.

The survey follows the work of the former Commissioner for Senior Victorians (2013-2023) and ongoing efforts by government agencies, non-governmental organisations, local councils, and research bodies to engage older Victorians to understand their needs and preferences. It complements surveys on specific topics and community forums conducted regularly by COTA Victoria and Seniors Rights Victoria.

Survey method

This research was carried out through an online survey open to all Victorians aged 50 years and over. The survey was actively promoted to COTA Victoria members, Victorian Seniors Card holders, through the Neighbourhood Houses Victoria and City of Melbourne newsletters, and posters placed in community settings such as libraries and supermarkets.

The survey was open for response during May and June 2026. Respondents were asked to answer a total of 29 questions, including demographic measures, involving a mix of multichoice questions, rating scales, and open text responses.

Respondents were given the option of remaining anonymous or confidentially providing their email contacts if they would like to be involved in further research. No attempts were made to link contact details with responses on specific issues. Survey analysis was completed internally.



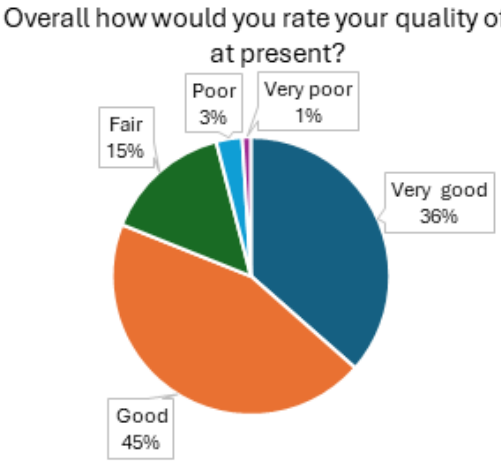
Profile of respondents

A total of 494 individual responses were received. While not wholly representative of the older population across Victoria, we are confident they comprise an adequate number and diversity of people to provide meaningful findings – subject to some biases as indicated below. The fact that the survey was conducted entirely online may also impact on the representativeness of participants.

- **Age:** 96% of respondents were aged 55-84, with those aged 65-74 accounting for 50% and those aged 55-64 and 75-84 just under a quarter each.
- **Gender:** The sample was somewhat skewed with almost three quarters of respondents being female.
- **Location:** Respondents were well distributed across the state, 70% in metropolitan Melbourne (evenly split between inner and outer suburbs), 18% in regional centres, and 12% in rural areas.
- **Diversity:** 9 in 10 reported not speaking a language other than English at home, suggesting underrepresentation of migrants from non-English speaking countries. One percent identified as Aboriginal and/or Torres Strait Islander.
- **Disability:** 24% of the sample identified as having a disability or long-term health condition, while 15% reported being an unpaid carer.
- **Source of income:** 50% reported their main source of income as superannuation or private investments, while 27% were reliant on government payments or pensions, and 15% were in paid work.
- **Housing:** Nearly 75% said they owned their own home without a mortgage and 13% with a mortgage. A relatively small number (8%) were renting either privately or in social housing.

Quality of life

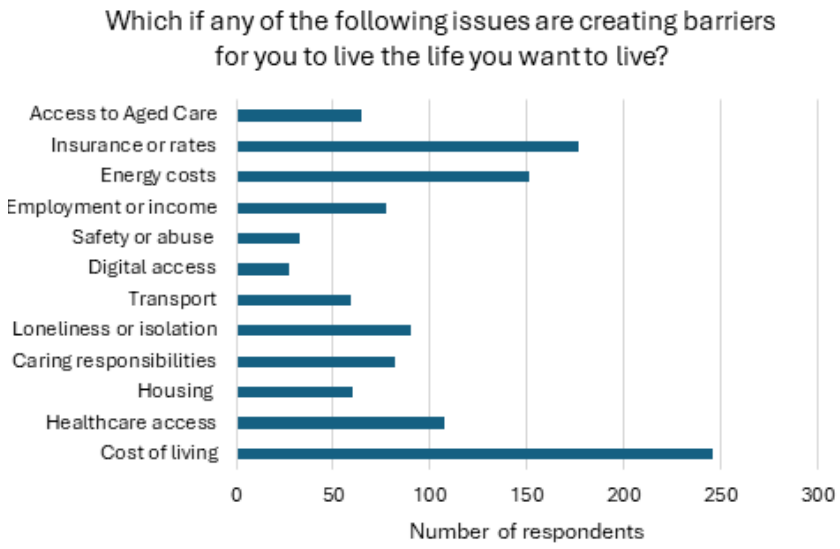
A large majority of respondents (82%) indicated that they enjoy a Good or Very Good quality of life overall. A further 15% rated their quality of life as only Fair, while 4% rated it as either Poor or Very Poor. While this is largely good news, it suggests room for improvement, especially as we know that older people tend to underrate the challenges they experience.



The extent of dissatisfaction was highlighted when we asked people about specific barriers to ageing well. A wide range of factors were nominated; however, unaffordability underpinned each of the most referenced barriers. For example, 19% of respondents stated that the cost of living was affecting their ability to live to the life they hoped to live, with a further 12% naming energy costs, and 14% selecting insurance and rates costs.

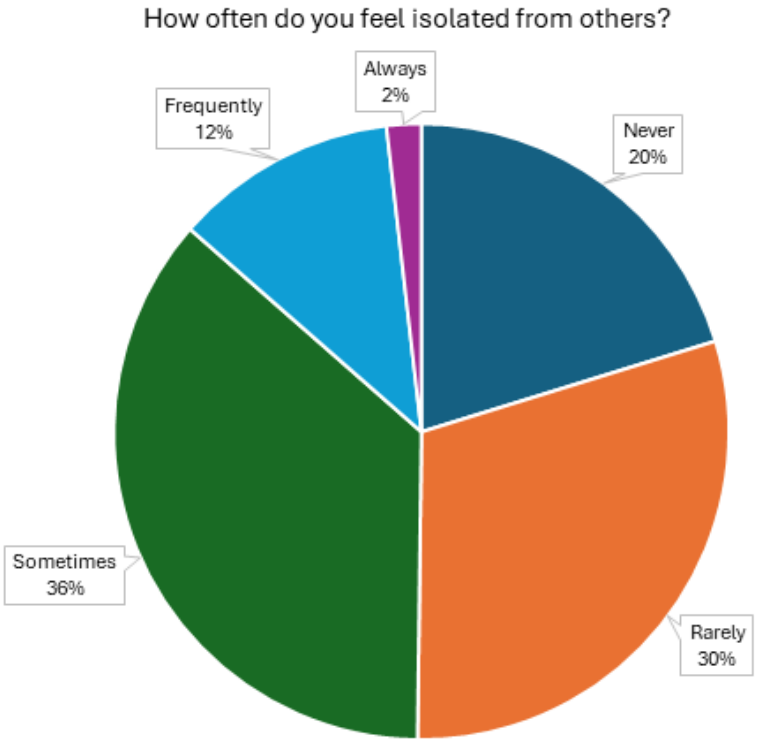
The next most frequently nominated barriers were health care access (8%), loneliness/isolation (7%), caring responsibilities (6%), and employment/income (6%).

Barriers mentioned by a smaller number of respondents (3-5%) included transport, access to aged care, and safety and abuse concerns. Digital access was nominated by just 2%. It is important to emphasise that some of these barriers are shown to be of much wider concern in other surveys and can have very significant impact for those affected.



Factors affecting perceived quality of life were closely associated with feelings of respect and inclusion. Respondents reported diverse experiences of isolation. Around half said they never or rarely felt isolated from others, but a significant minority of 14% felt this frequently or always.

Eight in ten respondents reported feeling safe and respected in their communities always or most of the time. While this is a pleasing result, it leaves 16% sometimes feeling a lack of respect, and 4% feeling rarely or never feeling safe and respected – a significant number of people to be marginalised across the community.



Health, disability, and aged care

While access to health services is a dominant concern for older people in a majority of the surveys hawse have undertaken in relation to service needs, 66% of our respondents here said they found it somewhat or very easy to access the health services they need. At the other end of the spectrum, 13% said they found access not so easy and 17% rated it as neutral.

Adding to this concern, 37% of all respondents said that cost concerns had at some point stopped them seeking healthcare. This suggests that some older Victorians are avoiding accessing care in fear that it will cost them more than they can afford.

The decision to avoid healthcare due to cost had significant adverse impacts on many, with 170 people giving examples including:

- Living with severe chronic pain and dysfunction such as not being able to eat properly.
- Loss of employment and increased financial hardship.
- Delaying treatment or not being vaccinated, leading to complications and more serious illness.
- Psychological harm including anxiety, depression and loss of confidence.
- Social isolation related to loss of mobility.
- A decision to rely on the public system, but consequently experiencing longer waiting times.

Prolonged pain and anxiety. Scared and thinking, "am I going to die because of this?"

[I] have to wait long times e.g. 12 years to get a lump on my ankle looked at… that turned out to be a tumour.

Not returning to GP for test results. I was able to access them via my Health Record and then self-diagnosed using the internet to interpret the results.

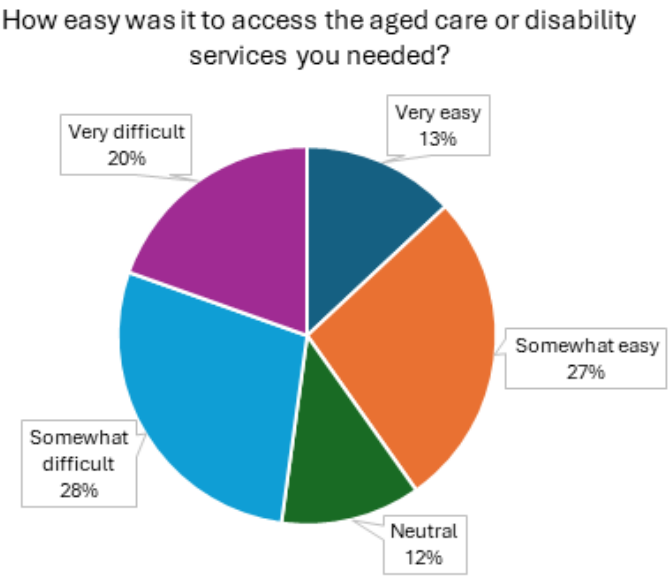
I have delayed GP appointments, stretched out reviews by specialists, and chosen to live with certain conditions rather than seeking specialist help.

Destroyed self-confidence, anxiety inducing, isolation prompting, stress pressures on all over health: blood pressure, cholesterol, weight gain (bad food cheaper). The longer one is forced to delay medical care/consult the worst the problem gets.

The issue of hospital bed blockage was specifically raised with respondents. Our survey found that 21% of respondents had either been personally affected, or know of someone affected, by delayed hospital discharge due to a lack of access to aged care or other community services. This result reinforces the prevalent nature of this problem.

Aged care, disability support services, or both, had been engaged by 19% of our respondents (slightly more for those 65 and over). This highlights how important these services are for people in this age group – all the more so noting our sample contained a relatively small proportion of people with a disability.

For those who sought these services, just over 33% found access reasonably easy. However, 48% reported finding access to aged care services somewhat or very difficult. This is a significant concern, particularly in the context of current system reforms.



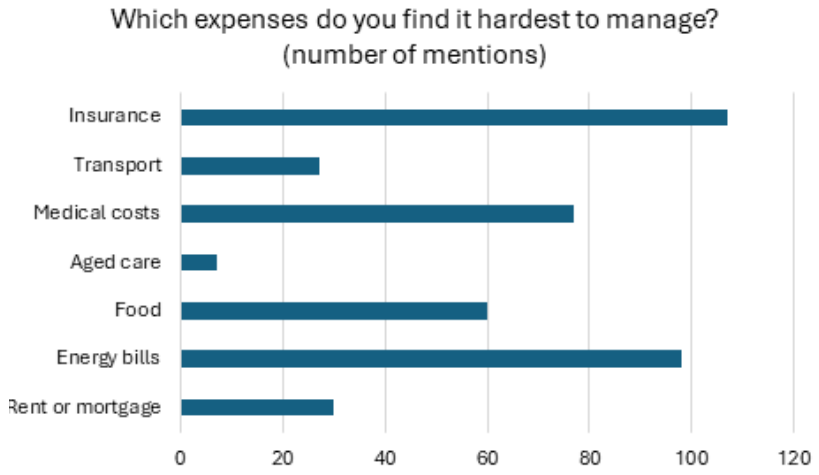
The main barriers to accessing aged and disability support services were reported to be: long waiting times (nominated by 22%), the complexity of the system (27%), and the lack of local services (16%). Issues nominated by a smaller number of respondents were: cost (8%), lack of information (7%), and workforce shortages (10%). This picture is likely to underrepresent the prevalence of barriers experienced by older Victorians as our sample was more financially advantaged and less diverse than the broader population.



Housing security and financial stress

When participants were asked if they had experienced financial stress in the previous 12 months, just over 33% of respondents reported they had struggled sometimes (27%) or often (8%) – a high figure, especially given the sample skew towards self-funded retirees.

The expenses most often cited as hard to manage included energy bills (23% of mentions), insurance (24%), medical costs (17%), and food (14%). Rent, mortgages, and transport were of concern to a smaller percentage of respondents (likely a result of the majority living in homes without a mortgage). So too were aged care costs, which were only raised a handful of times.



Housing security was probed separately. Results reflected the sample skew to those owning their home without mortgage, with 72% overall feeling very secure and a further 18% reasonably secure. Yet this leaves 10% feeling somewhat or very insecure.

110 people (23% of all respondents) took the opportunity to elaborate on the cause of their sense of housing insecurity. Of these people, 38% mentioned affordability. Common themes included:

- Unaffordability of maintenance and repairs, especially of older family homes.
- Rises in rates and insurances.
- Charges like stamp duty and legal fees making it unrealistic to move.
- Rent rises and a lack of confidence in landlords doing ‘the right thing’.
- Unsafe neighbourhoods and criminal damage to property.
- Anxiety about public housing redevelopments.
- Family conflict and potential abuse by adult children.

If the retirement village keep increasing their fees, I will not be able to keep paying them.

I have chosen, made the decision I will keep paying my mortgage even if it means having no utilities or food. Might seems like secure housing BUT is it?

'Bully[ing]' from neighbours due to age gender, social status, being on my own with no family support/ advocacy. Fear of neighbours.

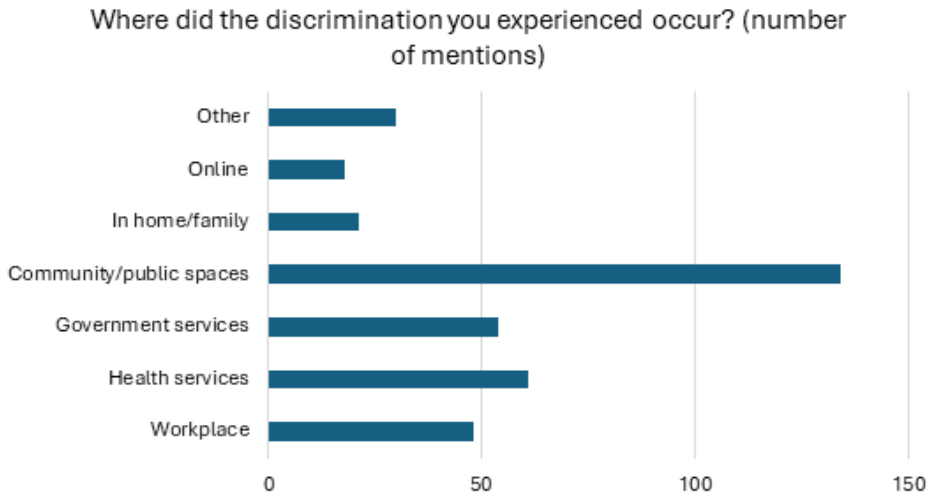
The rates, water and power bills only get higher over time. I'm not sure if my husband and I can afford to continue to live in the community we've been in for the last 35 years.

Well, the house is secure, but quite a few things don't work, such as the plumbing, and the gas heating. I don't use gas for cooking for financial reasons, and avoid using the oven, so it's essentially microwave for meals, or toast and spreads, which is ok.

Discrimination

The final topic explored by the survey was about age discrimination. In all, 33% of respondents reported having experienced age discrimination over the past 12 months. A further 16% said they may have experienced age discrimination.

When asked about the setting in which this discrimination occurred, the largest proportion (37%) said it was in the community/public spaces. Other common settings were the workplace (13%), healthcare (17%), and government services (14%).



The nature of discrimination experienced varied widely. It included direct and indirect discrimination, with experiences ranging from subtle ageist behaviours to serious denial of rights. Common themes were:

- Patronising and dismissive treatment in health services.
- Exclusion from rental housing linked to being on age pension.
- Unrealistic expectations about use of digital technology or conversely mistaken assumption about lack of digital competence.
- Exclusion from job recruitment processes, being forced into lower paid positions, or pressured about retirement.
- Being excluded from public transport due to inaccessibility.
- Demeaning communication or being ignored in shops and cafes.

Being patronised, condescended to, spoken down to, and/or invisible in some health, other, and community/public spaces. This also occurs when dealing with technology in store or with online assistance, despite having experience with computers etc. since the mid-1980s.

I was treated like a child; I had only just retired from a well-respected position in the Government. Spoken too and TOLD in no uncertain terms what I HAD to do according to Centrelink. Being called "Love," "Dear," "Sweetie." Nope not my name.

I find dealing with younger medical professionals they tend to consider my age the issue rather than deal with health issue. I realise age can impact health issues but feel age is primary in their mind rather other factors contributing to health issue.

[I was] flagged for redundancy due to age, no option for me to work part time (to therefore give younger workers/parents a chance to keep their hand in the workplace), no opportunity for staged retirement.

Previous workplace made me feel unsafe and comments such as 'are you up to this' and 'is this the end for you' and 'are you over it yet' were common from managers and coordinators.

Suggestions for change

Survey respondents were invited to describe changes that they think would most improve life for older people in Victoria. Responses included suggestions for large scale system reform, through to the provision of specific facilities in their own local communities. Broadly, responses spoke to four main types of issues:

- improving access to government funded services,
- reducing costs of everyday living in their own homes,
- enhancing physical environments and infrastructure, and
- increasing the respect, recognition, and involvement of older people

Better service access

Service access was generally viewed through the lens of cost, availability, and suitability. Cost was most often raised in relation to health services, with numerous calls for free dental and vision care.

Many suggestions related to housing suitability, including advocacy for more social housing for people on the age pension, highlighting the need for low rise developments close to shops and facilities, and accommodation suitable for single people. Some called for dedicated older persons units and retirement village type options, while others wanted integrated community options not “seniors housing”.

Better availability of home-based care was a clear priority for many respondents with some linking this explicitly to not wanting to be pushed into acute hospital or residential aged care. Cleaning and gardening were most frequently mentioned.

There was a plea for equity too, especially in the call for disability support services for older people to be at an equal level to those provided under the NDIS to younger people.

Access to more regular and diverse allied health services for people with chronic health conditions was called out by several, while others called for access to more education and health prevention programs such as the Diabetes Life initiative.

Simplified and faster access was also a common theme, especially in relation to aged care and disability services. Some people raised that there are too many hoops to jump through, creating processes that cause distress to older people.

For some, access was related to their ability to speak directly to a service provider, rather than a complete reliance on digital communications. Several also called for more supports to enable older Victorians to become more digitally skilled.



Several respondents suggested a more coordinated approach to service provision, including the establishment of a single point of contact for health and social care. Others said there was a need for more integrated online information hubs, to find out about what is available to them.

Reduced costs

As explored above, high costs of everyday living and housing maintenance is affecting many older Victorians, including home-owners and self-funded retirees, as well as those on pensions. This is reflected in the many calls for action to reduce the costs of essential utilities, rent, insurance, and other basic household costs.

There were specific calls for government intervention to combat rapidly rising insurance costs, particularly discounts for those on the pension. Other respondents called for the capping of council rates below CPI. While some focussed on support opportunities via concessions and discounts, many others called for an increase to the pensions and other welfare payments.

Concerns about energy bills remains a key challenge for many, including people wanting more support to transition to renewable energy sources and benefit from cheaper energy options.

Regarding housing, many respondents expressed a desire for help in overcoming the barriers to downsizing, including lower or no stamp duty, and easier access to housing finance in older age.

Better access to bulk-billing health services were the focus of some suggestions, with calls to extend free health care to dental, optical, and a wider range of allied health practitioners (including through private health insurance). Easier, cheaper access to specialists was also raised by many.

Free transport was another suggestion made by several respondents, with particular attention to increasing the availability of local community buses in outer suburban and regional areas to support access to essential services and community facilities.

Enhanced living environments

Several suggested improvements related to physical infrastructure and facilities. Traditional concerns including fixing pavements and ensuring more walkable urban environment were raised by several respondents, as was better lighting in public venues.

Issues related to public transport were also prominent, including problems with train station platform access and lack seating in trains and trams.

There was also a call from some for more suitable sport and recreational facilities, and better support to provide venues for older people's community groups. This included support to access digital technologies.

Another frequently response focussed on the need to make communities safer for older people, due to a perceived increased risk of youth violence and home invasions.

More respect and inclusion

Many respondents focussed their suggestions on better respect and inclusion of older people in the community at large. people described wanting to feel more valued and expressed disappointment and frustration in their generation being regularly painted as selfish and the cause of socio-economic inequalities and intergenerational disadvantage.

Some respondents spoke of desire for more opportunities to be directly involved in representing older people in the development and review of government programs, including more genuine co-design processes.

Action to tackle ageism in employment was raised by several respondents especially in relation to supporting those acquiring with disabilities to remain in work and easing older people's re-entry into the workforce.

Social interaction opportunities were also seen as central to building respect and a sense of inclusion. Specific suggestions included more intergenerational activities and co-located services, such as childcare and aged care.

While elder abuse action was mentioned specifically by only a small number of respondents, quite a few respondents wanted to see initiatives to protect older people from abuse by services such as tradespeople, especially for those living on their own.

A significant number of suggestions related to improving safety and crime prevention. Specific ideas included provision of free emergency services alarms for everyone over 75 living alone, and a program to regularly check in on older persons living on their own without immediate family around them.

Finally, several respondents took the opportunity to advocate a more positive and progressive approach to ageing in Victoria. As one put it:

> *[We need] a visionary approach to understanding how old people can benefit society, no matter what their physical, mental or emotional levels are…. Promote communication between old people and other demographics in society.*

Concluding comments

This survey provides an integrated picture of how older people in our community are experiencing the upsides and downsides of growing older in Victoria.

Its results offer insights into the challenges of everyday living, service access, and community connection, while highlighting relatively strong levels of satisfaction and wellbeing. However, it is important to note that the survey sample is not a fully representative reflection of Victoria's population demographics, nor did it cater for those experiencing digital exclusion. For these reasons, it most likely underestimates the extent of concern.

Future iterations of the survey will build on this work and gauge what people feel has changed for them. In the interim, we are keen to hear from others in the community and organisations working with older people to continue to broaden our understanding of priority issues.

Should you wish to comment on the findings or make suggestions about issues that need stronger advocacy, please feel free to contact us via email at policy_advocacy_team@cotavic.org.au.

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