

Building capacity for Victorians to age well

Submission for the 2027-28 Victorian State Budget



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About us

About us

Council on the Ageing (COTA) Victoria is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. Celebrating 75 years of service in 2026, we have led government, corporate, and community thinking about the positive aspects of ageing in the state.

Today, our focus is on promoting opportunities for and protecting the legal rights of people 50+. We value ageing and embrace its opportunities for personal growth, contribution, and self-expression. This belief drives benefits throughout the nation alongside communities, families, and individuals.

We also offer free membership to those who wish to aid us in our work.

Seniors Rights Victoria (SRV) is the key state-wide service dedicated to advancing the rights of older people and the early intervention into, or prevention of, elder abuse in our community. It is the only Community Legal Centre dedicated to preventing and responding to elder abuse within Victoria.

SRV has a team of experienced advocates, lawyers, and social workers who provide free information, advice, referral, legal advice, legal casework, and support to older people who are either at risk of or are experiencing elder abuse. SRV supports and empowers older people through the provision of legal advice directly to the older person.

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Executive summary

Victoria is entering a period of significant demographic change. More Victorians are living longer, and the older population is growing faster than the population as a whole. Almost 1.5 million Victorians were aged 60 and over in 2021, representing around 22% of the population. By 2046, this is projected to exceed 2.3 million people, or around one quarter of the state's population. The population aged 80 and over is also expected to more than double over this period.

Older Victorians are also increasingly diverse in their cultural backgrounds, geographic location, economic circumstances, health and disability, family and caring responsibilities, and social connections. This creates significant opportunities for participation, contribution, and community life, while also requiring government systems to adapt to changing patterns of need.

Decisions across health, housing, transport, economic participation, disability, emergency management, family violence, and community services shape how Victorians experience later life. The policy challenge is to ensure that government has the capability to understand these changes, engage effectively with older Victorians, identify emerging issues, coordinate responses across portfolios, and invest in prevention and early intervention.

Victoria already has important foundations on which to build. The Ageing Well Action Plan has established a framework for action and supported statewide engagement with older Victorians via peak bodies and advocacy organisations such as COTA Victoria. Seniors Rights Victoria provides specialist elder abuse advice, advocacy, and legal assistance. Across health, housing, and safeguarding, there are also existing programs and responsibilities on which stronger responses can be built.

The 2027–28 Victorian State Budget should build on these foundations. Strategic investment in existing infrastructure, prevention, early intervention, and system design can strengthen government's capacity to respond to demographic change before service gaps create greater human and financial costs.

COTA Victoria and Seniors Rights Victoria recommend four priorities:

1. **Strengthen Victoria's ageing policy and engagement infrastructure** through a \$6 million investment over four years to support implementation of the Ageing Well Action Plan 2026–2030.
2. **Double investment in specialist elder abuse response** to increase the capacity of Seniors Rights Victoria and strengthen elder abuse prevention, advice, and referral support.
3. **Develop and fund an Older Persons' Health Strategy** to improve prevention, integration, and system planning as the older population grows.
4. **Establish a central adult safeguarding system** to address the gaps between existing services and provide a coordinated framework for preventing and responding to abuse, neglect, and exploitation.



Investments to strengthen an ageing population

Together, these investments would strengthen government's capacity to respond to demographic change, prevent avoidable harm, reduce pressure on crisis systems, and help more Victorians remain safe, healthy, connected, and able to participate as they age.

Priority	Problem to be solved	Investment sought	Investment outcome
Invest in the delivery of the Ageing Well Action Plan	Victoria is ageing. The Ageing Well Action Plan needs to put us on a path to support 2.3m older Victorians to age well by 2046. The Plan offers a great range of existing activity and funding – but the status quo is not enough.	A \$6 million injection over four years (\$1.5 million per year) to support implementation of the Ageing Well Action Plan 2026–2030, including cross-sector advocacy, action delivery, and lived experience engagement.	Effective delivery of the Ageing Well Action Plan, advocacy on cross-portfolio issues to support a whole-of-government response, sustained statewide engagement, and earlier identification of emerging issues.
Specialist elder abuse response (family violence capability)	Demand for specialist elder abuse support already substantially exceeds available capacity, and the need for specialist support is expected to grow by an estimated 68% by 2046, as Victoria's population ages.	\$12 million over four years, to support elder abuse response and prevention initiatives, including Seniors Rights Victoria (double the 2023–24 \$6 million investment).	More older people receive timely specialist advice, advocacy, assistance and intervention support through the elder abuse Helpline. Growth in the impact and role of the Elder Abuse Prevention Networks.
Older Persons' Health Strategy	Existing health and prevention activity does not provide a dedicated state-wide framework for addressing the intersection of ageing, multimorbidity, prevention, functional decline, and integrated care.	Dedicated 2027–28 funding to develop the strategy and fund an initial prevention or integrated-care initiative.	Better prevention, coordination, and planning for an ageing population.
Adult safeguarding system	Victoria's safeguarding functions are fragmented, leaving gaps in how abuse, neglect, and exploitation of at-risk adults are identified, assessed, and responded to.	Fund the establishment of a Victorian Adult Safeguarding Establishment Program.	A co-designed framework, legislative and operating options, and a costed pathway to implementation to support a 2028–29 government decision.

Priority 1: Invest in the delivery of the Ageing Well Action Plan

The problem

The Ageing Well Action Plan 2026–2030 sets out Victoria’s whole-of-government approach to ageing well. Its success, however, will depend on more than delivering the actions set out in the Plan. Government also needs an ongoing mechanism to understand the experiences of older Victorians, identify emerging issues early, and adapt implementation as needs and circumstances change.

Ageing policy spans health, housing, transport, disability, safety, and social participation. No single portfolio or agency has complete visibility across these systems. Problems can therefore emerge gradually across multiple services and only become visible once they have reached crisis point.

Organisations such as COTA Victoria are currently funded to provide elements of this capability. However, current funding ends in June 2027. Without renewed investment, the remaining three years of implementation risk proceeding without the state-wide capacity, engagement and policy mechanism needed to maintain feedback, identify emerging issues, and support accountability.

The need for this capability will grow as Victoria’s population ages and diversifies. A state-wide capability that consistently hears from these communities would help government identify where implementation is working, where barriers persist, and where new issues are emerging before they become entrenched or require a crisis response.

The investment sought

A \$6 million injection over four years (\$1.5 million per year) to boost and support implementation of the Ageing Well Action Plan 2026–2030, including sustained engagement and involvement of older Victorians in implementation.

The investment would strengthen the engagement, coordination, evidence, and accountability needed across the full four-year life of the Plan by enabling:

- Effective delivery of required actions within the Ageing Well Action Plan, through organisations that are known and trusted by community.
- Ongoing engagement with older Victorians across metropolitan, regional, and rural Victoria, including people from culturally diverse backgrounds, First Peoples, LGBTQIA+ older people, older people with disability, and other communities whose voices are less often heard.
- Advocacy on cross-portfolio issues to support whole-of-government response to support solutions that utilise existing system levers and expertise.
- Regular reporting on emerging issues, implementation progress, and the experiences of older Victorians would provide an evidence base for government to adapt the delivery of activities aligned to the Plan where necessary.



Priority 1: Invest in the delivery of the Ageing Well Action Plan

Why this is a valuable government investment

Government has already invested in developing the Ageing Well Action Plan. Sustaining this capability protects that investment by ensuring implementation remains connected to the people the Plan is intended to serve, including communities whose experiences are less often reflected in policy design.

Ongoing state-wide engagement through trusted organisations would give government earlier and more representative insight into emerging needs, barriers, and unintended impacts, helping actions remain relevant, accessible, and responsive across metropolitan, regional, and rural Victoria.

At \$1.5 million a year (approximately \$1 per older Victorian), the proposed investment is modest relative to the scale of government expenditure across health, housing, care, and community services affecting older Victorians.

Its purpose is not to duplicate government's own monitoring or service delivery, but to make those investments work more effectively: coordinating cross-portfolio responses, drawing on existing system levers and expertise, and supporting delivery through organisations that are known and trusted by communities. This would reduce duplication and fragmentation, improve the reach and uptake of initiatives, and help government direct effort and resources to where they can have the greatest impact.

Maintaining this capability through to 2030 would help government identify and address issues earlier, strengthen coordination across portfolios, and reduce the risk that problems become entrenched or require a crisis response. Regular reporting on emerging issues, implementation progress, and older Victorians' experiences would provide a clear evidence base for adapting activities, assessing whether the Plan is delivering its intended benefits, and demonstrating accountability for public investment.

In practical terms, this supports better-targeted implementation, earlier corrective action, stronger community confidence, and more efficient use of existing expenditure over the life of the Plan.



Priority 2: Strengthen Victoria's specialist response to elder abuse

The problem

Elder abuse affects a significant number of older Australians, while Victoria's specialist services are experiencing substantial demand. The [2021 AIFS National Elder Abuse Prevalence Study](#) found that 14.8% of Australians aged 65 and over living in the community had experienced at least one form of elder abuse in the previous year.

This means approximately 160,000 older Victorians experience elder abuse annually. Based on projected population growth this number will increase by 68.2% to an estimated 267,041 people by 2046 if prevalence remains unchanged.

Year	Victorian population 65+	Indicative people affected (14.8%)	Growth vs 2021
2021	1,072,814	158,776	—
2027–28	1,299,763	192,365	+21.2%
2031–32	1,419,274	210,053	+32.3%
2046	1,804,334	267,041	+68.2%

Source: [AIFS National Elder Abuse Prevalence Study](#); [Victorian Government population projections](#).

The scale of elder abuse is compounded by demonstrated unmet demand for specialist assistance. Between July 2025 and June 2026, Seniors Rights Victoria's Helpline received 14,488 calls and made contact with 5,398 callers.

The issues presented to our Helpline are increasingly complex and often intersect with other forms of vulnerability. Among Seniors Rights Victoria's advice clients, 28% were homeless or at risk of homelessness. Among legal cases, 55% involved a person living with disability and 28% involved housing insecurity or homelessness. This means the Helpline needs to do more than respond to reports of abuse. It must be able to identify risk, provide timely information and referral, and connect older people with the specialist legal, housing, disability, health, financial, and community supports they need.

Maintaining sufficient Helpline capacity is therefore critical to ensuring older Victorians experiencing abuse can access timely advice and appropriate support, while helping prevent situations from escalating into more serious harm or crisis.



Priority 2: Strengthen Victoria's specialist response to elder abuse

The investment sought

Double Victoria's 2023–24 investment in the Seniors Rights Victoria elder abuse Helpline and associated prevention initiatives to \$12 million over four years and sustain this increased level of investment.

The proposed \$12 million investment would provide approximately \$3 million per year to increase frontline capacity, prevention, and system coordination. The final allocation can be linked to agreed service targets, including an increase in the proportion of Helpline demand that can be responded to. Specifically, increased investment would support:

- Increased Helpline capacity, with agreed targets for the proportion of calls responded to and response times.
- Additional specialist, integrated advice and advocacy for people experiencing elder abuse.
- Prevention, education, and professional development for community members and professionals who may be among the first to identify elder abuse.
- Improved referral and coordination between specialist elder abuse services and mainstream housing, health, disability, legal, and community services.
- Improved data on demand, case characteristics, referral pathways, and outcomes would support future government planning.

Why this is a valuable government investment

The immediate opportunity is to increase the proportion of people seeking help who can access timely specialist assistance. People experiencing elder abuse do not necessarily identify or present with confidence that they are experiencing abuse. They may instead know that something is wrong, or seek help because of related impacts, such as housing insecurity, deteriorating health, financial difficulties, or social isolation.

Specialist advice can help identify risks, clarify options, make appropriate referrals, and connect people with relevant services before circumstances become more complex. This can reduce the risk of escalation and compounding disadvantage, including sustained abuse, homelessness, or worsening health.

The investment would also strengthen the broader system's capacity to identify and respond to elder abuse earlier and more appropriately. Improved education and awareness among community members and professionals can support recognition of elder abuse, understanding of intervention opportunities, and knowledge of appropriate response pathways.

As elder abuse can intersect with housing insecurity, disability, financial difficulties, legal issues, health concerns, and social isolation, building capability across the community and professional workforce can support more coordinated responses and reduce the likelihood that people experiencing harm fall through gaps in the system.

Priority 3: Develop and fund an Older Persons' Health Strategy

The problem

Older Victorians are living longer with a growing number of health co-morbidities, yet the services they rely on are often organised around individual conditions, episodes of care, and separate programs. The result is a system that can be difficult to navigate, hard to coordinate, and too often focused on responding when health has already deteriorated, rather than helping people stay well for longer.

The scale of the challenge is clear. In 2022, 79% of Australians aged 85 and over were living with two or more chronic conditions. Managing these conditions often requires coordinated care across general practice, hospitals, rehabilitation, allied health, social support, and services at home.

When services do not work together, older people and their families must navigate a complex system, opportunities for prevention can be missed, and avoidable deterioration, injury, or hospital presentations become more likely. Disjointed care also adds pressure to families, frontline workers, and already stretched health services.

Recent evidence from emergency departments illustrates the consequences when the health system does not adequately plan for the needs of an ageing population. The Australasian College for Emergency Medicine's *State of Emergency 2026: Australia's Ageing Population* report found that, in 2023–24, more than 53,500 older people spent over 24 hours in an emergency department waiting for a hospital bed — almost four times the number recorded in 2018–19.

Only 54% of older patients requiring admission left the emergency department within eight hours, compared with 71% of younger patients. The report identifies gaps in hospital and residential aged care capacity, primary care, and prevention as contributing factors.

These figures point to a system not adequately coordinated around older people, particularly those living with frailty, multiple chronic conditions, or declining functional ability. Extended waits can compromise comfort, dignity, and wellbeing and increase the risk of further deterioration. Although a health strategy cannot resolve hospital capacity constraints on its own, stronger prevention, early intervention, and integrated care can reduce avoidable deterioration and help older people receive the right support at the right time.

Furthermore, the challenge is growing. ACEM projects a 411% increase in emergency department presentations among people aged 85 and over by 2050. While national, this projection reinforces the need for Victoria to plan now for the changing health and care needs of its older population.

Without a state-wide framework, government has limited ability to bring existing efforts together around shared priorities, assess their collective impact, or identify gaps in care contributing to poorer outcomes for older people. Individual programs may deliver value, but their combined contribution to healthy ageing is harder to establish, and opportunities to improve outcomes through better coordination may be missed.



Priority 3: Develop and fund an Older Persons' Health Strategy

The investment sought

Provide dedicated, costed funding in 2027–28 to develop and begin implementing a Victorian Older Persons' Health Strategy, including at least one funded prevention or integrated-care initiative with measurable outcomes.

The strategy should bring prevention, complexity, functional ability, continuity of care, and social connection into a single state-wide framework alongside treatment of individual conditions. It should connect existing activity, identify where further intervention is needed, and establish measures for assessing progress and future investment.

We recommend the strategy establish measurable priorities, including:

- Falls prevention, physical activity, nutrition, medication management, and other evidence-based approaches that support independence.
- Better approaches to people living with multiple chronic conditions, dementia risk reduction, and functional decline.
- Hospital-to-home transitions, system navigation, communication between services, and coordination across health and community services.
- Recognition that healthy ageing encompasses mental wellbeing, social connection, participation, and independence alongside physical health.
- An established baseline, with state-wide measures and targets against which future investments can be assessed.

As Victoria's older population grows, the strategy can identify where evidence-based prevention is working, where gaps remain, and where targeted investment could improve outcomes. It can also support trials of hospital-to-home transitions, system navigation, and integrated care, generating evidence for future investment.

The pressures identified by ACEM reinforce the need for better coordination and timely community support. These measures may help prevent avoidable deterioration and hospital presentations, while effective discharge planning can support recovery and reduce gaps between hospital and community services. They must complement, and not substitute for, the hospital, aged care, and primary care capacity older Victorians need.

Why this is a valuable government investment

As Victoria's population ages, a fragmented approach will make it harder to meet growing demand and prevent older people reaching crisis point without the right support. An Older Persons' Health Strategy would address this challenge at a system level by prioritising prevention, connecting services, identifying gaps, and giving government a clearer line of sight between investment and outcomes. It would also help direct funding towards interventions most likely to make a meaningful difference.

This is an investment in better outcomes and smarter spending. Clear priorities and measurable outcomes would help government build on what works, avoid scaling approaches that have not demonstrated value, and direct future funding accordingly. The potential benefits are significant: more older Victorians maintaining their health and independence for longer, fewer reaching crisis point without support, and less avoidable pressure on health and other public services over time.

Priority 4: Establish a Victorian adult safeguarding system

The problem

Victoria has important safeguarding functions across elder abuse, disability, health, legal assistance, guardianship, and policing. However, these functions are distributed across multiple systems, with different responsibilities, thresholds, powers, and referral arrangements. This creates gaps in how abuse, neglect, and exploitation of at-risk adults are identified, assessed, investigated, and coordinated across services.

The Victorian State Coroner identified significant gaps in Victoria's safeguarding arrangements in 2025 and recommended legislated adult safeguarding functions, including assessment, investigation, and coordination of responses to allegations involving at-risk adults. Without clear thresholds, responsibilities, and escalation pathways, people experiencing abuse, neglect, or exploitation can encounter gaps between existing services. This is particularly important for people whose circumstances involve multiple forms of vulnerability or service involvement, including older people, people with disability, and people with complex health and support needs.

Despite leading the nation in its response to family violence, Victoria lags behind other states regarding adult safeguarding. The current fragmentation also creates a government accountability problem. Where responsibility is distributed across multiple systems, it can be difficult to determine who is responsible for identifying risk, coordinating a response, escalating a matter, and ensuring that action has occurred. Establishing clearer system architecture would therefore address not only gaps in individual services but uncertainty about responsibility across the system.

The investment sought

Fund a Victorian Adult Safeguarding Establishment Program in 2027–28 to deliver the legislative, operating, governance, and costed implementation framework required for a decision on full implementation from 2028–29.

The immediate 2027–28 investment would be for establishment and system design, rather than full implementation.

The establishment program should deliver:

- A state-wide assessment of safeguarding need and existing functions.
- Identification of gaps and points where people may fall between systems.
- A co-designed Victorian adult safeguarding framework.
- Engagement with older people, people with disability, carers, advocates, Aboriginal and Torres Strait Islander communities, and multicultural communities.
- Legislative and regulatory options.
- Protocols for supported decision-making, information sharing, and risk assessment.
- A costed, staged implementation plan.

Priority 4: Establish a Victorian adult safeguarding system

Why this is a valuable government investment

The proposed 2027–28 investment is designed to reduce the policy, operational, and implementation risks associated with establishing a new safeguarding system without sufficient evidence or system design. The State Coroner's findings identify gaps in existing safeguarding arrangements.

The next step is to determine how those gaps should be addressed in the Victorian context including the functions that are required, which should be new or strengthened, where responsibilities should sit, what legislative powers are necessary, how services should interact, and what implementation options would cost.

Funding this work before committing to full implementation would allow government to make those decisions on the basis of a state-wide assessment of need, existing capability, and system gaps. It would also provide an opportunity to test the proposed model with older people, people with disability, carers, advocates, and relevant service systems.

The establishment program should culminate in a costed and staged implementation proposal, including options, benefits, risks, workforce requirements, legislative requirements, and ongoing operating costs. This would give government a clear decision point in 2028–29 about whether and how to proceed with full implementation.

The value of the 2027–28 investment is therefore not the creation of another planning process. It is the development of the legislative, operational and financial architecture required to make a future safeguarding system viable and accountable.





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