Roundtable Summary – Experience of Older Australians

Date: 11 April, 9 May, 23 May and 21 June 2024

Hosts: Ms Robyn Kruk AO, Panel Chair, Professor Catherine Bennett, Panel Member and Dr Angela Jackson, Panel Member, Commonwealth Government COVID-19 Response Inquiry

Participants: These roundtables brought together members of Government advisory bodies relevant to the experience of older Australians, including individuals in aged care.

Purpose of this roundtable

- Older Australians face increased risks from COVID-19 and are likely to in future pandemics. The inquiry has heard the Australian Government's COVID-19 pandemic and the health response had significant impacts on many older Australians, particularly those living in residential aged care facilities.
- These roundtables brought together key aged care and older Australian representative bodies to share their thoughts and experiences of the COVID-19 response, including what the Australian Government did well and what could be improved for a future pandemic.

What we heard at the roundtable

- The pandemic elevated levels of fear among older Australians. News about the situation overseas, uncertainty over the availability of a vaccine and how the pandemic would end, and the high number of deaths of older people overseas contributed to feelings of anxiety and uncertainty. Fear remains among some older Australians concerned about complacency towards COVID-19.
- Coordination is critical in the aged care sector and a national approach is ideal, but it is complex and multi-layered. There were different rules and approaches across different public health districts. Links between systems and providers– hospital, aged care, state and Commonwealth systems – took time to build and should be maintained. Translating plans and best practice from the Commonwealth consistently across providers in all jurisdictions raises significant challenges, particularly for services straddling state and territory borders Greater coordination between the Commonwealth, jurisdictions and providers would improve the response in a future crisis.
- A coordinated emergency response model for aged care should bring together Government, private providers and the broader health sector and include clear escalation triggers. A command-and-control model for aged care was suggested for a future pandemic.

- A lack of clear communication across the Commonwealth and all jurisdictions led to duplication and conflicting information. Centralised, evidence-based information and a single source of truth are helpful for providers and workers, especially with the need for rapid access to information in an emergency. A better understanding of appropriate and effective communication with CALD and First Nations communities is needed, and forward planning for dedicated engagement and communication mechanisms from the outset of a pandemic.
- Emphasis was placed on urgent measures to protect older Australians from exposure to the virus. This led to policies that consequentially left older Australians, particularly those in residential aged care facilities and palliative care, socially isolated with very restricted access to their families and communities. This isolation impacted the mental health and functioning of older Australians and worsened their decline. There is a need to balance the risk of infection against quality of life, including ensuring there are methods to support people staying connected to their community and families for situations where isolation is a balanced and proportionate response.
- Infection prevention and control (IPC) was a significant issue and was lacking in aged care residences at the beginning of the pandemic, including variability in guidance across jurisdictions. IPC practices in aged care have improved since 2020, including investment in dedicated IPC leads in facilities, investment in training and reporting systems. There is a need to maintain practices, skills and capability in IPC as the aged care sector routinely deal with infectious diseases.
- The aged care workforce was crucial in the COVID-19 response, but they felt devalued compared to the health workforce. The aged care workforce has now stabilised after a period of high turnover, but there are persisting issues of attracting, training and retaining staff. Similarly, workforce shortages have impacted older Australians who receive home care.
- Support to ensure workers don't come to work when they're sick needs to be addressed early in a coordinated and homogenous way between aged care and disability workforces.
- Integration of aged care with the health system was an issue as it was difficult to transfer critically ill residents to hospital. Sometimes it was difficult to have residents returned to familiar residential settings after acute care, and physical and mental health had often deteriorated upon return from hospital. Supportive services to maintain an individuals' functioning while in isolation need to be planned for and at the ready. There was also a lack of recognition and utilisation of non-acute health services, such as primary care, pharmacists and private allied health, which could have been better mobilised to support the aged care sector, including in the vaccine rollout.
- The Australian Defence Force (ADF) provided good support to aged care, particularly in dealing with broader logistics such as waste management and setting up mobile field hospitals. However the experience of having uniformed ADF in aged care settings was traumatic for many older Australians, particularly migrants.

- Wrap around support services were key to supporting older Australians in the community. These services, such as outreach contact programs, meal delivery and information dissemination, were delivered by community organisations with minimal government support and are critical in a pandemic response.