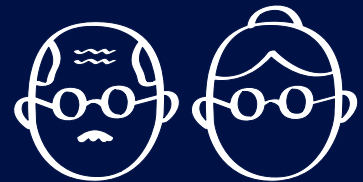


Voices from the COVID-19 frontline

Findings and recommendations about how we can minimise COVID-19's impact on Victorians experiencing disadvantage



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Overview

The Brotherhood of St. Laurence (BSL) sought to understand and unpack how a pandemic can further exacerbate financial and social exclusion of people who face disadvantage.

This insight series and its recommendations have been developed with the aim of informing future policy-making, community service sector delivery as well as the public debate whilst illuminating:

- How COVID-19 (C19) is disproportionately impacting disadvantaged communities;
- Ways that communities are utilising their strengths and/or how government could further harness their assets; and
- Insights we didn't expect as well as verification of themes already canvassed in the media.

This report reflects analysis of consultations with 300 BSL frontline staff that were conducted during June-August 2020 as part of our 'COVID-19 Listening Tour'.

Acknowledgement of Country

The Brotherhood of St. Laurence acknowledges the Traditional Custodians of the land and waterways on which our organisation operates. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.



**Brotherhood
of St Laurence**

Working for an Australia free of poverty

In this report

We provide an overview of the experiences of older people and those in aged care who we work with. In particular, we touch on the impact of C19 on carers as elderly patients were released from hospital, how some struggled accessing virtual support whilst others thrived on it and the anxiety C19 provoked for older people and its follow on impacts we need to be aware of.

We also provide policy, program and practice recommendations to address the issues raised as well as how they can be better supported in the recovery.

Reports in this series

This report is one of eight which explore different focal areas and cross-cutting themes. Please refer to the chapter list at the front of this document for links to each report for further reading, including our Background chapter.

Top 3 findings

1 Hospitals released older patients before lockdowns to avoid trapping them in lock-downs, but this increased stress on carers.

"Carers are really exhausted. I have three I'm really concerned about. One of them, her husband was in hospital and they rang her and said 'We're not really ready to discharge him, but we're going to implement a lockdown and that will be bad news for him. We want to discharge him home before he's actually ready'."

"One man is near end-of-life stage and it's come on suddenly. He was discharged from hospital into a respite facility. Since he came from hospital they've isolated him for two weeks. He's in quite a lot of pain. He hasn't seen the doctor. I understand the care staff only go in there when they really need to because they have to wear PPE, so I get that, but he's just languishing in respite... He gets calls every day from his family, but because of his hearing and his sight, he can't use an iPad to see them."

2 Technology for remote help is not useful for older people with cognitive, vision, or hearing problems. Virtual support is not a solution for everyone.

"Technology is making online shopping and telehealth with a GP easier and those who can are managing lockdown much better. But those who can't use technology to contact family are feeling more isolated."

"Not many using virtual devices. Two to three percent maybe. The bulk have personal circumstances that keep them from using technologies – lot of cognitive decline, visual and hearing deficits. Wherever possible you're trying to get technology in there, but it's not a solution for everyone."

– Nicole Richards, Fitzroy



3 Older people are experiencing a particular anxiety around C19 due to their risks—this encompasses everything from postponing preventative healthcare appointments to worrying about becoming a low priority in the hospital system if it becomes overwhelmed. Furthermore, the lockdown disruptions to older people's relationships feels difficult given some feel that don't have long to live. There's a concern that we'll need to prepare the sector and medical community for many missed chronic health implications in two to three years that couldn't be prevented during C19.

"They're not getting the same level of monitoring. Some chronic things like diabetes and heart failure, those longer-term health impacts that are happening, so it's not acute but you have it going forward. If someone's blood sugars are out of control, you'll likely see vascular issues in two to three years times. There's a lot of things we won't really see for a couple of years- the impact on the population."

"One person has 13 kids who wants to visit all the time. Families still want to come in. There's very few virtual visits, people really want to see their family in person."

"They want to see their grandkids and family while they can but they realise that due to age or health, that they might not be around for years to come. It adds an urgency to the situation of isolation that younger generations aren't facing themselves because they feel they can make up that lost time."

"I've had some clients who feel like they're going to be treated as second rate if they get into hospital because they're so old. That they won't be prioritised, that younger people will be. So they're taking extra precautions like washing their stuff. They feel like they're going to be left to die I think..."

– Noura Elbadri, Sunshine



Other key themes

1 Some older residents can't access their religious communities online and are feeling a loss to their spirituality which heightens existing isolation and diminishes coping skills.

"Another thing is the spiritual needs, if they use technology they can watch mass or other things. But the majority can't. One client used to go to church daily, now she can only go a few times a week to be safe. That also impacts on their wellbeing. Negatively, for some."

– Gosia Kaczocha, Sunshine



2 Community aged care staff and participants received mixed messages from government given inconsistencies initially around the usage of PPE and the message around C19 safety protocols kept changing.

"It's been a changing climate around PPE. The requirements keep changing. Initially the advice was not to use it. It was hard because clients wanted us to use it and the Department didn't give us grounds to use it. But with the escalating situation in the last week, PPE has become mandatory. So that's what's been challenging, the inconsistent messages."

3 A silver lining was the positive reception to a virtual online program for those who had digital access and a realization this should be offered beyond C19 for those unable to attend onsite. The program offered activities including quizzes, games, exercise classes and coffee and chat sessions using Zoom and WeChat, as well as C19 related information sessions from DHHS to ensure isolated elderly clients stayed socially connected and supported during the pandemic.

"It has been a big hit and will continue when things return to normal to ensure those unable to attend activities in person can stay connected."

"More than 150 people have engaged and the feedback indicates that the online program has been essential to help them stay connected during C19. They love being able to see each other virtually, share stories and talk about how they are feeling. The sessions have been popular as people have learnt how to use Zoom to keep in touch. It's been a real chance for them to support one another and they feel like a close-knit family."

– Sean Spencer, Fitzroy



Recommendations

Leveraging existing resources:

- **Ensure supports are in place for carers before hospital release** in the event of hospital lockdowns in a pandemic
- **Provide communication that does not rely solely on remote/technologies** that some elderly can't access due to cognitive, vision, or hearing deficits
- **Create a buddy system where those aged care participants who have the coping skills call more vulnerable participants** and stave off isolation while sharing those coping skills.

New funding:

- **Undertake wide awareness campaigns about minimising preventative health appointments** to minimise future health implications.
- **Reform the practice of aged care workers splitting shifts between different facilities** to stop the spread to alleviate aged care recipients concerns

Further themes as well as recommendations around aged care in other research are detailed in our [COVID-19 Insight Series on Older People and Aged Care](#).

Acknowledgements

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Further reading

Visit bsl.org.au/covid-19/voices-from-the-frontline/ to continue reading.

The Brotherhood of St. Laurence is a social justice organisation working alongside people experiencing disadvantage.

Our mission is to pursue lasting change; to create a more compassionate and just society where everyone can thrive.

To learn more please visit bsl.org.au



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