

# COVID-19:

Older Australians' life and care during the pandemic

July 2020

**National Seniors**  
AUSTRALIA

## © National Seniors Australia 2020

National Seniors Australia (National Seniors) owns copyright in this work. Apart from any use permitted under the Copyright Act 1968, the work may be reproduced in whole or in part for study or training purposes, subject to the inclusion of an acknowledgement of the source. Reproduction for commercial use or sale requires written permission from National Seniors. While all care has been taken in preparing this publication, National Seniors expressly disclaims any liability for any damage from the use of the material contained in this publication and will not be responsible for any loss, howsoever arising, from use or reliance on this material.

Publisher: National Seniors

ABN: 81 101 126 587 ISBN: 978-0-6483647-8-8

Suggested citation: Hosking, D., Ee, N., D., Maccora, J., Ee, N., McCallum, J. (2020) Older Australians' life and care during the pandemic. Canberra: National Seniors

### **Ethics Declaration**

National Seniors CEO solicited text comments online about the experiences of older Australians during the rapid progression of the COVID-19 pandemic (13/03/20-21/04/20) with the clear statement that the information would be used:

- to inform government on issues and to improve services (quality improvement); and
- to give public voice to the plight of older Australians (marketing/ advocacy) not formal research *per se*.

This was initiated without formal approval from an NHMRC accredited ethics committee because of the urgency of capturing issues for the attention of government and government funded service providers at the peak of the outbreak.

The research did not have a research question, hypothesis, or a defined research methodology other than collecting text comments. It is in a category similar to patient experience measures which are not considered to be research but a vehicle for quality improvement.

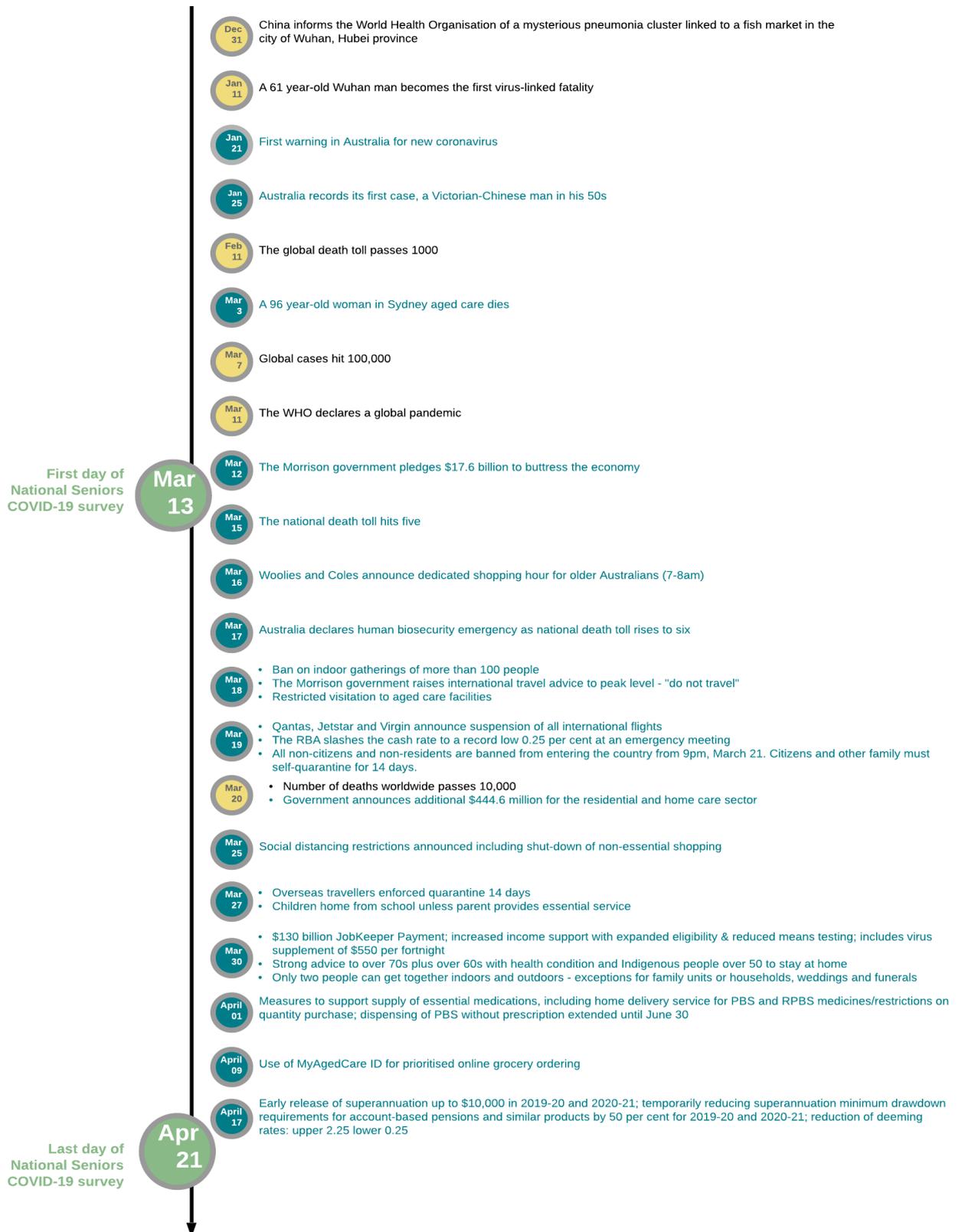
In the last request to older Australians we informed them that we were planning to use their comments, de-identified and told them, if they have any concerns, to let the CEO National Seniors know. This implied *de facto* implied or 'opt out' consent for the use of the non-identifiable information.

This published Report takes non-attributable quotes from member responses aggregated for publication for the purpose of advocacy.

## Table of Contents

The COVID Concerns Survey in relation to the Pandemic Timeline .....	4
1. BACKGROUND .....	5
2. CHARACTERISTICS OF SURVEY RESPONDENTS.....	6
3. COVID-19 AND OLDER CARERS.....	7
3.1 Clearer guidance .....	8
3.2 Prioritising testing for COVID-19 .....	10
3.3 Help with contingency planning for emergency situations.....	11
3.4 Access to Personal Protective Equipment for family carers.....	12
3.5 Financial pressure .....	13
3.6 Recognition of carer’s essential role .....	14
3.7 Increase funding to support carers .....	15
4. GENERAL ISSUES AND CONCERNS .....	16
4.1 Access to essential food, groceries pharmaceutical items .....	16
4.2 Financially forgotten .....	19
4.3 Digital needs overlooked.....	21
4.4 Emotional needs overlooked.....	23
4.4.1 Meeting emotional needs through community care.....	24
4.5 Transport needs overlooked.....	25
4.6 Not overlooked or forgotten: “doing fine” .....	25
4.7 Living with COVID-19 .....	26
4.7.1 Mental health.....	26
4.7.2 Erosion of civil liberties .....	27
4.7.3 Recovery and consequences .....	28
4.7.4 Being prepared.....	30
5. OVERVIEW OF THE COVID-19 EXPERIENCE.....	30
5.1 Informal carers’ response to COVID-19 .....	31
5.2 Older Australians feeling forgotten.....	32
5.3 Living with COVID-19 .....	33
6. ACKNOWLEDGEMENTS .....	33
7. CURRENT PUBLICATIONS.....	34

## The COVID Concerns Survey in relation to the Pandemic Timeline



## 1. BACKGROUND

On March 11, the WHO declared the COVID-19 outbreak as a global pandemic and one week later, the Australian government announced a national bioemergency. The virus and the measures implemented to control it have deeply impacted every sector of society. For those who have lost partners, family, friends or neighbours the pandemic has been devastating. At the very least, citizens have been required to adapt speedily to different and challenging ways of living everyday life, sometimes without the resources to do so.

National Seniors invited our members to share their experiences of the COVID-19 crisis and its impact, so specific needs and perspectives of older Australians could be made visible to government both during the immediate crisis and to inform the policy agenda on ageing for the longer term.

From March 13 until April 21, National Seniors members provided text-based responses to the following questions via a web link promoted in the member online newsletter 'Connect' and via the National Seniors webpage.

1. What issues or concerns would you like to bring to the attention of the Government about the COVID-19 virus pandemic?
2. What resources do you need to deal with risks of COVID-19?

The duration of the survey period encompassed the peak time of new COVID-19 cases in Australia and the subsequent flattening of the curve (Figure 1).

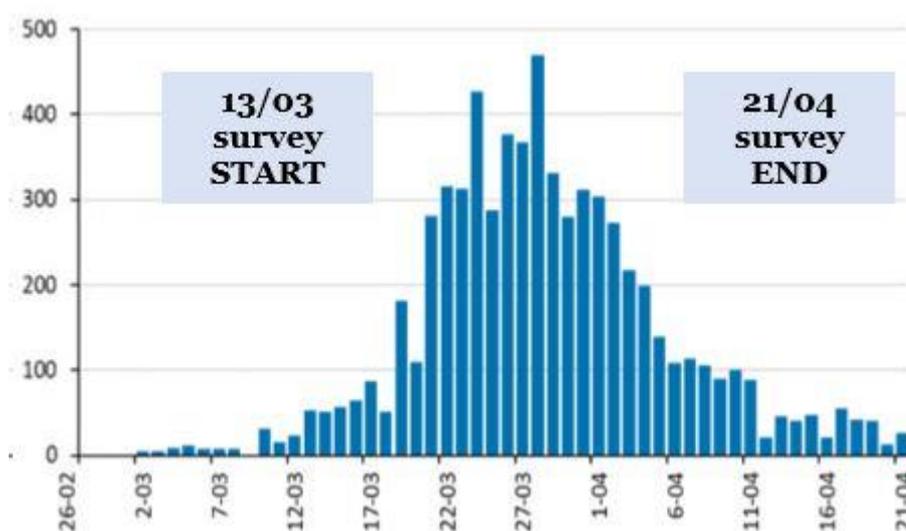


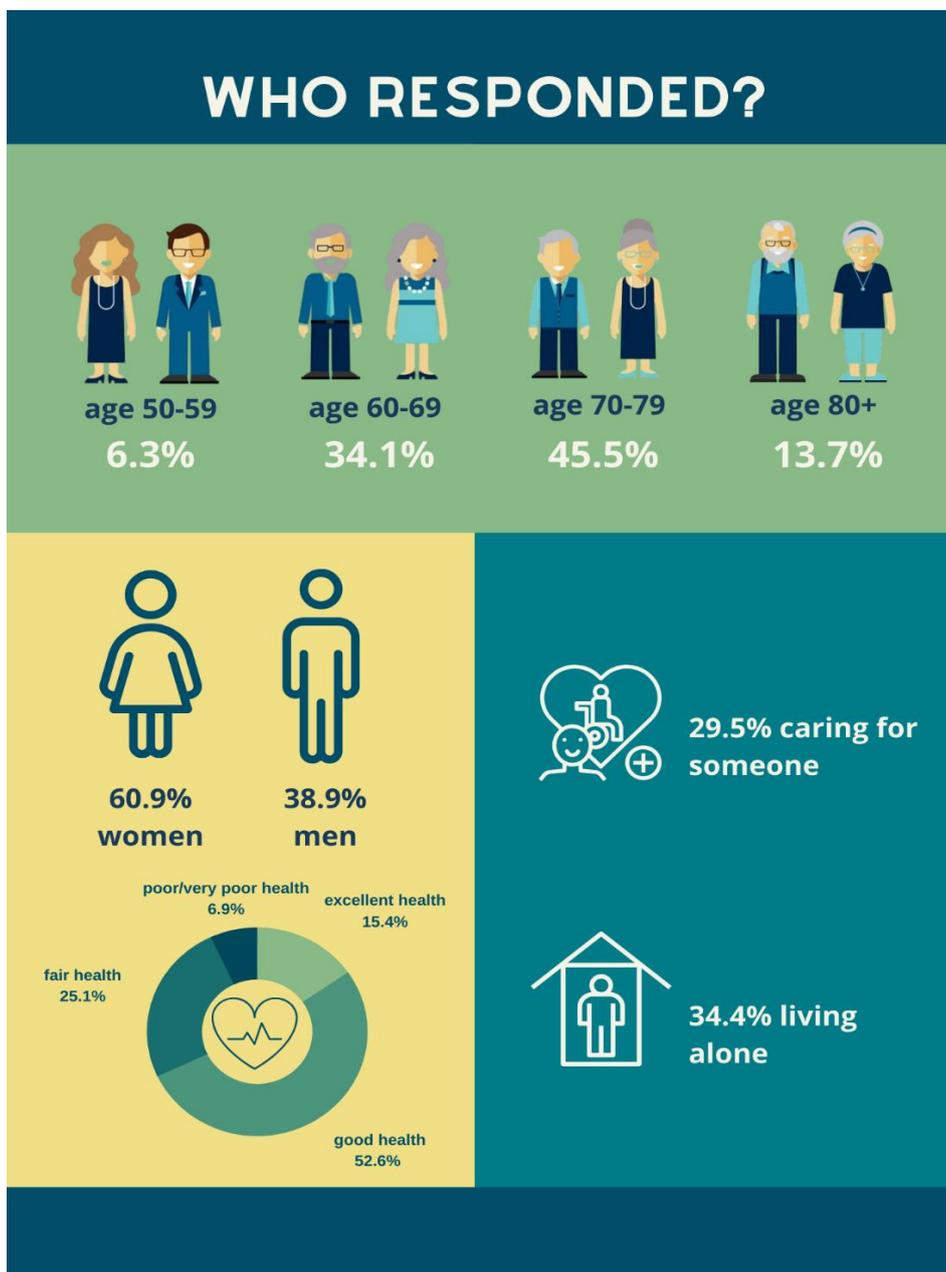
Figure 1. Daily number of reported COVID-19 cases: from first case until survey conclusion<sup>1</sup>

<sup>1</sup> <https://www.health.gov.au/sites/default/files/documents/2020/04/coronavirus-covid-19-at-a-glance-21-april-2020.pdf>

This report presents seniors’ evolving perceptions and experiences across the full 5-week survey period (13<sup>th</sup> March to 21<sup>st</sup> April). In total, 1,110 people provided at least one text response to the survey.

The responses capture respondents’ reactions not only to the virus and subsequent social upheaval, but also focus attention on potential gaps in the support provided and the emergent issues facing seniors post-COVID crisis. As well as documenting lessons to be learned, this report provides an historical record in *verbatim* comments during the peak to date of the COVID-19 outbreak. It is important that these experiences don’t become part of the ephemera of life in 2020 and are discussed and acknowledged in policy and practice.

## 2. CHARACTERISTICS OF SURVEY RESPONDENTS



The proportions of participants across age groups were similar to those in the larger National Seniors Social Survey (NSSS) of approximately 4000 participants. Higher proportions of women responded to the COVID survey compared to the NSSS (61% versus 55% in the NSSS) but similar proportions lived on their own, cared for others and were in good or excellent health.

### 3. COVID-19 AND OLDER CARERS

While there has been a strong focus on older Australians during the COVID-19 national bioemergency, it has been almost exclusively on residential aged care issues. Older adults provide a significant contribution to providing age and disability care without payment and in their own homes. The responsibility of many of these older carers increased as isolation and social distancing requirements undermined their usual support networks of family members and community services.

Older people also provide essential childcare and home assistance to working families. During the virus, caring for children became a serious health risk to grandparents and other older carers so this vital contribution was no longer possible. It is important to bring the voices and experiences of older carers at home into the public debate and to recognise their significance in the provision of care.

Figure 2 shows the number of survey participants who cared across various caring roles.

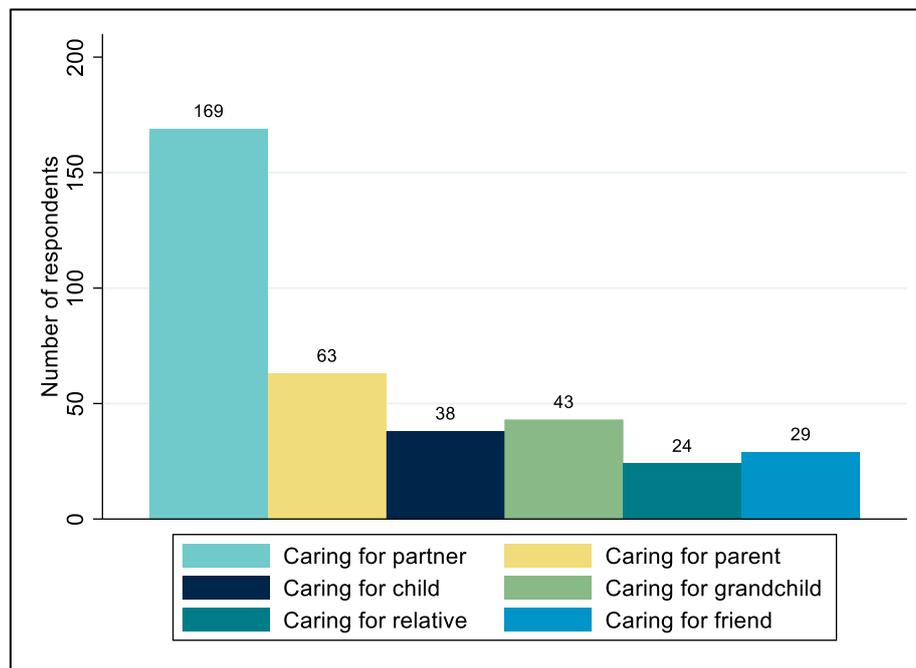


Figure 2 Care provided by COVID survey respondents (n=319\*)

\*Some participants cared for more than one person

Despite the crucial role played by older carers in the community, constructive policies to support them in a crisis are largely lacking across countries, including Australia.

Recent international reports highlight specific issues for carers during the pandemic<sup>2</sup>. They include:

- clearer guidance
- priority testing
- help with contingency planning for emergency situations
- access to PPE for family carers
- financial pressure
- recognition by health professionals of main family carer's essential role in supporting care recipient and knowing their needs
- increased funding for interventions to support carers

The following section captures the sentiments expressed by National Seniors COVID survey participants echoing these concerns in an Australian context.

### **3.1 Clearer guidance**

Carers had difficulty interpreting or applying the Government guidelines about isolation and social distancing. The advice given did not advise people with caring responsibilities or provide resources to support those with complex caring roles or circumstances:

*I am 73 yo full time carer of my 49 yo daughter who has an intellectual disability. Information is usually directed to older Australians OR people with a disability. This means I am receiving advice from 2 sources which is often contradictory and therefore unhelpful. I would like to receive advice that is useful for older carers who are in a similar situation to myself to enable us to assess risk that allows for a balanced approach to our situation. To enable my daughter to continue to access the community and programs I have to step outside the guidelines for older Australians.*

Grandparents in particular sought guidance about managing the competing priorities of being vulnerable but having childcare responsibilities:

*information / advice for people like myself, retired, widowed, over 70 and a carer of pre-school grandchildren (from 4 months to 4 years).*

*As grandparents we are concerned if schools are shut down that we will be needed to mind our grandsons yet we are in our 70s and with health concerns. Our daughter's work is vital and she cannot leave her young sons unattended for weeks or months.*

*How can grandparents self-isolate by choice when there is no one else to mind the children outside of school hours*

---

<sup>2</sup> <https://ltccovid.org/2020/05/20/new-report-international-examples-of-measures-to-support-unpaid-carers-during-the-covid-19-pandemic/>  
<https://ltccovid.org/wp-content/uploads/2020/06/International-measures-to-support-unpaid-carers-in-manage-the-COVID19-situation-17-June-1.pdf>

Caring while adhering to COVID-19 'stay at home' and social distancing requirements posed an insurmountable problem for some carers:

*I have a relative currently in hospital and I am her only helper and I am over 70 so am in lock down. She will not be able to go home without adequate aged care.*

*As a 77 yr old friend of an 85yr old who, due to recent surgery, is temporarily not able to drive and has no access to public transport, I wonder how I can comply with distance rules to drive her to medical appointments? We both wear masks when in the car.*

*Ensuring those in authority are aware carers that live in different households to elderly relatives may need to travel to see them. As someone who has an elderly parent (87 yo) living on their own, I don't need the stress of wondering if I'm going to be questioned about non-essential travel. The Premier ... keeps saying don't visit your parents. But if I don't, then my mum is completely cut off from society.*

The quantity of information being circulated and the speed at which it changed or evolved left people feeling confused and seeking more clarity:

*Older Australians 60+, especially with chronic medical conditions, were first considered vulnerable and advised to work from home. This changed to 60+ with chronic medical conditions, then 65+ with chronic medical conditions. Very difficult with changing parameters when one is still working in one of the essential services - schools. Particularly difficult when one's spouse is 70+.*

*General clarity re what older Australians can or can't do. I live in a retirement village and many residents are confused with information overload. Some have locked themselves in their apartment and won't even go out for a walk.*

*The information I have sought hasn't been clear.*

*Consistent information from Government experts - separate Health/medical and economic/ money recommendations because that may conflict.*

*To make it clear where the most up to date information can be found for restrictions as each state is different.*

*Clear explanations of Govt guidelines, daily at moment. With such a moving feast of info, messages need to be repeated, and often.*

Some carers sought clarification about specific issues:

*How to handle clinic appointments to specialists at public hospitals. What precautions should we take.*

*My concern is for diabetics. What measures should they be taking?*

*What are the rules/warnings etc for the small but increasing number of people who've fully recovered from the virus, presumably immune, and now tempted to do whatever they like (admittedly at risk of fines etc)?*

*Older school teacher/principals being required to be at school with the children of health workers who are in the frontline for contracting the virus.*

The following response articulates the importance of clear and consistent Government guidance to effectively manage the COVID crisis:

*A general request. During the last two weeks, there has been a vast improvement in media releases from the Australian Government. There has been a slow but welcome move from "just trust us, we know what we're doing" to "this is the CoVid19 curve and this is what we're trying to achieve. We don't have all the facts, but we will get them to you as they become available". The second approach generates trust, acknowledges the unknowns and treats Australians, including older Australians with respect. The Australian population as a whole, is capable of understanding basic disease epidemiology if it is well explained. So, I suppose my request is for timely (daily) updates about CoVid19 spread in the community, honesty about testing capability, honesty about unknowns, and clear concise information about steps that we can all take in our communities to mitigate the effect of CoVid19.*

### **3.2 Prioritising testing for COVID-19**

Testing was not a major concern for the subsample of 319 carers who participated in the COVID Survey; only four carers mentioned testing as an issue. Their statements are included below:

*Coronavirus testing is required for home care carers.*

*Adequate methods of detection and treatment of future viruses & the like, for present & future generations, to allow populations of all countries cope & be prepared.*

*For Oldies like me. Home testing for COVID-19 if required. Not going to doctor waiting rooms for flu injection.*

*More widespread testing.*

Internationally, family carers worried about bringing COVID-19 to the person they supported, especially if they lived apart from them<sup>3</sup>. Different testing criteria and availability across countries may account for COVID testing being less of a priority for Australian carers.

---

<sup>3</sup> <https://ltccovid.org/2020/05/20/new-report-international-examples-of-measures-to-support-unpaid-carers-during-the-covid-19-pandemic/>

### 3.3 Help with contingency planning for emergency situations

Carers who felt vulnerable to getting the virus or who had underlying health conditions were worried about potential lack of care options for the person who depended on them.

*I care for my 100 yr old mother so we are both in risk group, she has level 3 care package but what happens if I come down with virus? Who will help? I relocated from UK to be her carer 8 yrs ago.*

*Elderly people who don't have officially designated or funded "carers" but who rely on other ageing relatives to do their shopping, cooking, banking, etc. If that "carer" gets sick, people for whom we care may find themselves in a desperate situation. Especially if they have some degree of dementia, or are deaf, for instance. I am constantly worried about getting ill because I care for 2 older relatives, yet I'm the one with the lung disease.*

*I am my husband's carer, he has dementia, I am also the carer of a 13 year old child in my care and I have been the only one who is available to go out and get our food supplies and therefore the one mostly likely to Covid-19.*

*I am a full time carer to my elderly mum who is 88. I am fearful of getting the virus and passing it on to her. What happens if I get it and have to self-isolate? I live with her. What will happen then? She most likely will get it and she has other risk factors other than her age, which are, heart disease and lung disease including emphysema. I do not have anyone else who can care for mum. I am worried about this.*

*I have a friend who is not computer-literate, can read SMSs but not send them! And they have a cat but no local friend but me. (1) If they get sick, how can I help them, and (2) if I get sick, how can they help themselves?*

*If we get sick, we'll need more in-home care for our aged mother who lives with us.*

*As a carer for my wife and son, what happens to them if I contract the virus?*

*Knowing who will care if the carer gets sick or dies.*

COVID restrictions meant that the domestic support or community-based respite services that family carers would normally turn to in a crisis were unlikely to be available. Currently, there are very few other options for family caregivers. The formal age care system is not well equipped to support informal carers, particularly if a family has not dealt with the system previously. The above comments highlight the need for a flexible and responsive age care system that more effectively works with carers to formulate contingency plans that do not depend on vulnerable community systems, including friends and family of the carer.

### **3.4 Access to Personal Protective Equipment for family carers**

Carers who were vulnerable or in contact with vulnerable people expressed concern at the lack of available PPE at the height of the pandemic:

*I belong to 3 high-risk groups (age, heart, lungs). I stay at home - but I need to eat. My supply of face masks is running low, and I'm sure I'm not the only one. More PPE, please (for brave frontline workers AND for vulnerable citizens).*

*Difficulty in finding disposable gloves, hand sanitizers and masks. I have bought some online at exorbitant prices. I am making my own hand sanitizer with methylated spirits. All the younger people seem to have them but us oldies really need them!*

*We need access to cheap face masks that are reuseable and information of how to make or purchase them. Also how to reduce risk of being infected by them.*

As part of their caring role, carers had to go shopping and do errands outside the home. Simple statements of need show their awareness of good hygiene practice. Unfortunately, they did not have access to the resources necessary to minimise their risk, and therefore their care recipient's risk of being exposed to COVID-19:

*I have not been able to access masks or hand sanitizers but rely on soap which limits use when out of the house.*

*Face masks are hard to find when it is time to go to the market.*

*Priority protection.*

*A 'care package' with necessities (eg, bacterial wipes, sanitisers, mask when required) for the purpose of undertaking abovementioned needs. (as per Q2).*

*Haven't been able to buy hand sanitizer to use when out with grandchildren.*

*Everybody should wear the mask (only home made ones) outside as it is hard to tell if healthy looking person is already carrying the virus or not.*

*Cannot get masks or hand antiseptic.*

*My husband and I have not been able to get ANY sanitiser or disinfectant at all!!*

*More hand sanitizer availability.*

*Lack of ability to protect oneself in shopping, essential visits to pharmacy, etc. How has whole mall been disinfected?*

The risk for transmitting COVID is not less because the care provided is unpaid. Prioritising informal carers for supply of protective products, especially sanitiser and gloves recognises the protection they need to provide safe care.

### 3.5 Financial pressure

Even prior to the COVID-19 restrictions, many informal carers were disadvantaged economically by their care responsibilities because they could not work fulltime or work at all. Unpaid carers are providing vital support for people with care needs yet receive very limited financial recognition:

*Why are Carers not paid more than those on the dole who do nothing? Ten years ago I Cared for my amputee mother for 7 years and got a Carer payment for about 3 years. I gave up my study plans for \$0 & later, \$250/week to wash/iron/clean/prepare meals/garden/assist with personal care & hygiene, shop, banking, drive to Dr and hospital appointments, etc. I was on call 24/7.*

During COVID, some carers may have additional care responsibilities that impact on everyday costs or they need to reduce work hours to support elderly family members in isolation:

*If we are needing to bring an adult son or daughter with a disability back home to live with us (at short notice) to protect their health (if they are at risk in a group residential setting), will Centrelink carer benefits be put in place rapidly to address this? (Traditionally, the application for Centrelink carer benefits takes a long time to be processed.)*

*I am caring for my Elderly Mother. I am staying with her full time and we have double bills for my Flat and here. I am unable to apply for carer's allowance as my accounts are joint with Mum. I need some allowance to help me that is not means tested even if it is small amount.*

*Compensation [is needed] for our families who need to cut their working hours to support their elderly parents with shopping, medical appointments and other resources such as house cleaning, banking and everyday chores.*

Many carers were self-funded retirees whose income dropped substantially during the Pandemic but who had no recourse to government subsidies for everyday living costs that remained constant:

*As a self-funded retiree my funds have been decimated and are depleting rapidly, interest rates are near zero, dividends are evaporating, our costs are fixed (including heavy pharmaceutical costs) and we live frugally, and yet there is near zero support for us from govt.*

*Those of us who are self funded retirees and have an income stream of no more than a pension seem to be lost in consideration of any assistance.*

*Financial Support in caring for Grandchildren.*

*My husband and I are self funded retirees who also buy groceries for my ageing parents. We have a seniors card but don't have a*

*concession card and therefore cannot access the earlier access to supermarkets.*

### **3.6 Recognition of carer's essential role**

The international report on supporting unpaid carers highlighted that health and care professionals should officially recognise family carers as being integral to meeting care recipients' care needs. The report recommended that family carers need to be recognised in medical notes and empowered to support the person with care needs or speak on their behalf.

During COVID-19, the lockdown and visiting restrictions implemented by residential care facilities meant carers could not care for their care recipient. Comments in the COVID Concerns survey support the need to recognise and facilitate carers' unique role in ensuring their care recipients continue to experience the physical and emotional quality of life they need:

*My mother has dementia and is in lockdown in a nursing home with no visitors allowed. I am concerned that a lack of contact will result in her no longer knowing who we are when this is over. Maintaining regular visits is one way of ensuring her memory of family remains intact for longer.*

*Access to residents in aged care. Closing doors will cause more problems in the long run. Lack of staff is already causing problems. Stopping visitors will make situations worse.*

*Inability to have safe visits age care facilities.*

*Prohibition of visits to residents in residential aged care. The virus is more likely to be introduced by young staff, than by elderly partners. By the time I am allowed to visit my husband again, he may no longer know me.*

*Husband.....95yrs Dementia immobile 2 strokes bleeding behind Rt eye result of medication 12mths ago cannot hold a cup or glass or feed himself. I fed him he did not have a cup of tea if I was not available visited daily for 7 days a week 4yrs 6 days 2yrs I have not seen him or had any information on his general health. He requires special care I am sure there are similar cases. I will be able to see him when he is dying. We have been inseparable for 65yrs.*

Participants expressed concern that age care facility lockdowns and restrictions were contrary to government advice:

*Blanket lockdown in some Aged Care Facilities despite the advice to allow limited visitors.*

*Complete Lock downs of aged care homes by operators with the best of intentions but contrary to Governments' advice socially isolates the aged and frail from their families, friends and within the homes; Reasonable access to family members in aged care homes even if*

*reduced to once a week and weekly updates from the care managers on the health and welfare of clients to family contacts.*

Without regular visitation family members worried that care standards couldn't be monitored and in the worst-case scenario, that abuse or cover-ups were occurring:

*Have aged care providers forced to use Federal Government health policies/guidelines when setting visitation, close downs in aged care facilities. Not using full close downs to facilitate lack of security by family and other agencies in checking and ensuring correct standards of care are met. Cover-ups are occurring.*

*Unable to see my brother who is aged care and has dementia. He is confined to his room as are others and not permitted to walk around. I have received a phone call from a distressed resident indicating abuse and harassment. He is too scared to say any thing to management. They are part of the harassment.*

An overarching theme of these comments is the desire by carers for agency and for regaining participation in the care of their family member during the lockdown period. The international recommendations for supporting carers currently do not address carers' distress caused by being forcibly separated from their spouse or family member who depends on them:

*[We] need to consider rights and wellbeing of carers being forced apart from spouses.*

*By the time I am allowed to visit my husband again, he may no longer know me.*

*My husband is in Aged Care, he has advanced dementia. The thought of not being able to visit him daily causes me so much heartache, I wouldn't mind isolating myself at home and then going straight to the Home. If I am denied access to him I may not see him alive again and I would have to live with that. It was heartbreaking having to place him in aged care in the first place.*

### **3.7 Increase funding to support carers**

Social distancing requirements have meant that carers had to stop attending carer groups, and other interventions such as respite that support their well-being have not been available. Increased funding could innovate physically distant but socially connected services to support carers during the pandemic, so they are less isolated and have access to meaningful and effective activities:

*I am concerned about....the closure of Social Support Groups which, for some elderly people, are the only contact they have with the outside world.*

*Importance of social interaction on mental wellness - years have been spent in ensuring seniors are connected to communities - difficulty in engaging digitally.*

*Lack of respite available. All closed down. Only 90 minutes per week. Needing to take with me at all times. More respite. But with nowhere to go still no break. 24/7.*

*Isolation is real. As a carer there is LITTLE REAL SUPPORT.*

*Our important activities such as day care for those we care for 24/7 have been cancelled. This is going to lead to Carer stress.*

*As a carer, I realise it is difficult, in these times, to obtain assistance - distancing etc - however with this in mind and the isolation, I can truly understand the increase in mental help that is needed.*

*I am fortunate that I have family support and also as I am the carer for my husband perhaps allowing one of them to come to the home to give me some time to myself.*

*Respite would be welcome as I am the primary carer for my wife but I guess that is not possible while in isolation.*

*Increased carer support and contact from social workers and health workers following up with older Australians at home.*

*The assistance of a younger person one or two days per week to do shopping and cleaning and to assist in taking our autistic son to appointments.*

#### **4. GENERAL ISSUES AND CONCERNS**

Although 319 participants identified as carers, only a third (105) mentioned issues that aligned with the international reports of carers' concerns. This is not surprising given that the National Seniors COVID survey asked about peoples' concerns and issues generally rather than targeting care-specific experiences. It is also the nature of informal care which is integrated into normal community life.

##### **4.1 Access to essential food, groceries pharmaceutical items**

The survey was launched at the peak of the panic buying frenzy (see figure 2) and people were concerned and frustrated at not being able to buy the everyday grocery, household and medical items they required:

*like all other viruses, swine flu, sars, to mention a few, if the public who seem to have such short memories, could remember how we all 'got over it' before and life went back to normal, would stop their stupid panic buying and go about their normal weekly shop, then we would never run short/out of anything. It's so frustrating each time we go shopping to see the empty shelves. Where on Earth do they store all the extra items and how much WILL end up as waste when they perish because they can't use them up in time!*

*Safer access to shopping centres for over 65s. I'm worried about going out to these areas with all the crowds. Doesn't really fall into the ruling about no more than 100 people indoors!!*

*I think that there needs to be stricter control over the ridiculous situation with supermarket access. Coupons/rationing? I know when I go to do my usual fortnightly shop on Sunday, I'll be unable to get my normal requirements. I won't be the only one in this predicament.*

*Panic shopping means that older and vulnerable people are missing out on important products. The supermarkets should be required to impose a limit on the number of items that can be purchased and this should be enforced.*

*Specifically the unavailability of the medicine plaquenil. I, along with many others, use this to control an autoimmune disease..... My pharmacist tells me despite my prescription he can't supply it as the supply source has been drained. I'm becoming increasingly anxious/upset about what awaits me when my plaquenil runs out. I'm sure I speak on behalf of many others.*

*Now there are people stocking up on medicines!! My husband is insulin dependent - we are worried that he may not be able to get this in these circumstances.*

In discussions with the Minister and government, major supermarkets and shops made changes to accommodate older people and ensure their access to groceries and essential items. There was a general sentiment expressed by survey participants, however, that the seniors' shopping hour was not well thought out or executed:

*Better access for the elderly to obtain essential supplies. Woolworths and Coles opening between 7.00am and 8.00am is a joke. They either have limited or no supplies of essential items. If seniors were able to stock up for 2 or 3 weeks this will limit the number of visits to shopping centres.*

*That any arrangements made for "the elderly" are accessed via government Seniors Card not concession cards. Self funded retirees are excluded otherwise. An early example is the supermarket early access hour.*

*The 'special hour' that seniors and those with disabilities have been given whilst good is NOT a time suitable for many seniors nor those with arthritic conditions as in many areas across Australia it is far too COLD for us!*

*Some of us cannot physically get to the stores for various genuine reasons, meaning the extra hour shopping is of no advantage to us.*

*Some older Australians, especially in rural areas, are not able to access supermarkets at 7 am as they rely on community transport facilities. Those without computers are not able to order goods online.*

*My other concern is the panic buying - even with early opening hours we have been unable to get toilet paper, sanitiser, cereals etc.*

Being infirm or without support to acquire necessary supplies was keenly felt and a source of fear and anxiety:

*Although there is a dedicated time slot for older and disabled people to shop at Woolies or Coles, customers still can't get vital supplies such as toilet paper, etc. On day one of the new measures I queued up outside the supermarket with everyone else. Once we were allowed through everyone made a beeline to the toilet roll aisle. There was not one single pack. Next day, although there was toilet paper on the shelves it was quickly cleared out before everyone had access to them. This was tightly policed so that only one per customer. One disability customer with high anxiety was shaking uncontrollably because she missed out. I felt badly for her and understood as I had a mild anxiety ..... I am 69 years old with a heart issue (atrial fibrillation) and, due to a bad fall two years ago, I require a knee replacement so walking is difficult and painful. My husband is 78 years of age and relies on me to do all shopping and most domestic duties due to his deteriorating back condition.*

The lack of efficient and consistent online grocery shopping services was an issue especially for the more vulnerable:

*I have tried various times for the local Woolworths to get its act together for home delivery. I meet all the criteria, pensioner, have a carer as I have a disability, I am asthmatic so do not want to expose myself to crowds shopping (I have had to, seeing there still is not online shopping and delivery).*

Even in the later weeks of the survey period, online shopping was not going smoothly for many:

*I think it's more than slightly ironic that, at a time when there is such a variety of food, clothes, toys, advice, etc available through online shopping sites, that ordering a supermarket shop online is apparently a huge problem. WHY can't we order what we actually eat? And why is the actual online delivery such a hassle to organise? We are expecting to be locked down for 3 months (NSW figures) please help us to eat as healthily as we can afford!*

The references below to wartime situations captures the generation-specific experience of the supply crisis that would resonate for many older people:

*Instead of all the \$\$\$ being handed out coupons like in WW1 and WW2 should be handed out that way people will buy necessary food not alcohol and other trivial items.*

*Maybe open shops at particular times for seniors but give us a ration or coupon card so that we can actually get some of the necessities.*

*The security and the maintenance of the supply chain is top priority, not just for essentials such as groceries but also for things like medicines, medical equipment and communication (I wouldn't like the radio and TV to shut down.) I think the Federal Government should be encouraged to use the ADF in this situation just like in other recent emergencies and I think they should seriously consider War Time Regulations against profiteering, the Black Market and creating alarm and despondency, examples of which are already occurring.*

#### **4.2 Financially forgotten**

Everyday living stress was compounded for many when the Reserve Bank reduced cash interest rates to a record-low 0.25 per cent. The economic impact of the COVID-19 crisis on retirement income emerged early in the survey period as a dominant issue for seniors:

*Collapsing share market has severely impacted our superannuation. We worry about our future ability to support ourselves.*

*Giving up work last year and then selling my investment property so I could afford to retire, at the age of 74, I've lost my eligibility for a part pension. With the share market crashing my situation has changed drastically but it seems impossible to regain my eligibility for any government assistance. What measures can I take to remedy this?*

*It is a very stressful time for self funded retirees. I worked as a Police Officer for 42 years in a stressful environment. Never claimed anything from the government in all my 65 years. I am worried about the virus and I know others in greater need than me. But it does not prevent me the stress and anxiety as with many of my colleagues I have lost \$60,000.00. And all my dreams of some "bucket list adventures" are now just a dream. This may sound selfish but I have worked hard and there seems to be no recognition for those who have never been a burden to the Government or the taxpayer for our efforts.*

Approximately 20% of the 1,110 survey responses referred to the financial stress caused by the COVID crisis. There was a strong sentiment that the serious plight of many self-funded retirees had been completely overlooked by government:

*This group don't get government pensions, discounts off rates or utilities, healthcare cards etc or any of the financial stimulus measures announced to date but their fund balances have been slashed and financial strength dramatically hit. This group seem to have been forgotten in the current wave of support due to the worsening economy and get no recognition of their contribution to the economy by being self-sufficient.*

*We are self-funded retirees and rely totally on the rental income coming in that is what we live on. Now the government has forced us not to evict our tenants for 6 months which we totally understand, but where does that leave us once they all stop paying rent? Where are going to*

*get money from in order to live - the rentals are all we have. We feel as if the government has totally forgotten about us Seniors that are not entitled to pension or anything else.*

*Once again, the Government are throwing money at everyone EXCEPT the self-funded retirees. Food and energy costs are increasing, the value of our super funds has fallen dramatically and they don't even mention us. The only time the Government does remember us is at Budget time when they dream up new ways of taxing us or changing the Superannuation rules to their advantage.*

Many expressed disappointment and disillusionment that their hard work, contribution and self-sufficiency appeared to be so undervalued:

*We feel as if the government has totally forgotten about us Seniors that not entitled to pension or anything else. We have all our lives paid our taxes and our dues to the government it's time that they look out to help us seniors that can't get a pension. What about us seniors for heavens sake we are now getting punished for having worked all our lives PLEASE HELP US.*

*As a self-funded retiree, I need to halve my super withdrawals, so as not to deplete my nestegg, otherwise I will need to draw on the pension later. However, that means that my income will nearly halve, and I will have to survive on less than \$18000 for the year. Yet no payments are made to people like me as I do not draw on anything from Centrelink or any other welfare. Seems people like me are simply hung out to dry. Always feel we battlers who have done without and saved for retirement are left out of government policies.*

*Self-funded Retirees are the forgotten people in the community and are not rich but saved all their life without relying on government handouts.*

Those receiving the age pension also thought the Government was overlooking seniors' needs given the relatively generous ongoing Jobseeker and Jobkeeper payments compared to pension payments:

*The government are handing out all this money to jobseekers ie, \$1500 a fortnight. This being so why isn't our aged pension being increased, they are going to get more than us, WHY? It's not fair. If people are going to claim money it should not be more than pensioners receive. I am adamant on this point.*

*The rate of financial assistance given to the pensioners, carers and disabilities recipients versus the job seeker payments I believe the government payment should be equal across each category. For the next six months or so as the latter are receiving more money.*

Isolation, social distancing and the shut-down of non-essential shopping outlets also occurred early in the survey period. Respondents felt distressed at the loss of social connections with their families and communities. The selected comments below provide insight into the difficulties experienced:

*As an older retired citizen, I used to go to Lawn Bowls and Bridge Club about 17 hours a week. This gave me enjoyable exercise for body and brain. It seems now that us older folk are expected to stay home for the next 6 months and wither, would rather enjoy the little time I have left!! The closing down of all activities is severe over-kill.*

*I worry about older people in the community who have no one to help them. Our welfare organisations eg Community Houses are shutting down. Where do they get help?*

*[The] importance of social interaction on mental wellness - years have been spent in ensuring seniors are connected to communities.*

*Physically distanced but socially connected is so important. How older folk isolating can be assured they are not forgotten.*

Being forgotten or overlooked as an older person during the crisis was a theme evident across many areas of life:

#### **4.3 Digital needs overlooked**

During the COVID-19 shutdown, the transformation of the world into a predominantly digital one has been rapid. Overnight, digital literacy is essential rather than optional for engaging with most aspects of life, from shopping, socialising and entertainment to business transactions, work interactions and information exchange.

Many seniors are comfortable with digital technology and continued to interact with family and friends through social media and video calls:

*just miss personal contact, with Family & friends but have been able to maintain regular contact via technology, I feel for those seniors who do not have that luxury or ability.*

*I am doing very well with online gym classes...friends to keep in touch with by email, phone or Facetime.*

*Having access to the internet is a godsend to be able to obtain all the information required.*

*My mother, aged 88... is computer literate and keeps in touch with family via phone, Zoom and email, and is perfectly capable of doing her own shopping.*

Not everyone adapted so quickly to technology or had access to it:

*I have a brother in his 80's and he does not even have a starting point to understand technology, they still have a passbook for heavens sake. There are MANY oldies that the digital age has just left behind. FACT.*

*What of the elderly who do NOT have internet or mobiles? I have a friend who is 78 and has neither only a phone (Landline) They cannot*

*access the Supermarket Delivery Services that have started up for the Priority Assistance.*

A large proportion of those in older age-groups are also likely to have hearing and/or vision impairment so need additional support to manage:

*Elder Australians living alone with low vision may not have a computer or internet. On-line ordering assumes these resources are in place.*

*My caring role is keeping an eye on persons older than I, mostly in the nineties. Telephone is not suitable for the deaf, and many have no internet skills.*

The move to telehealth appointments potentially leaves some of the most vulnerable missing out on essential medical advice:

*A large percentage of older people have one or more medical conditions that require specific attention, often on a daily basis. Many older citizens are not technically savvy to conduct appointments via zoom etc.*

Some respondents suggested how seniors could be supported to acquire necessary digital skills:

*A free technology help line. A dedicated call back team for older Australians from NBN providers.*

*Online lessons (simple, basic) on technology eg Zoom etc.*

*'Dummies' guides to internet services such as Zoom, Skype, online language learning platforms. Mentoring scheme for learning how to use these internet resources to boost confidence.*

Digital skills are not useful, however, if access to the internet is unreliable or out of reach:

*Underperforming Telstra phone and internet connections preventing or minimising contact by phone and audio conferring with children and grandchildren who we cannot hug and better see their faces.*

*Our internet use is pitiful. We are on satellite and it is so slow that sometimes I can't even download emails. Netflix...forget it, can't get on.*

*The cost of internet services: it's the most expensive item on my services budget. Without it I couldn't see or talk to my family and grandchildren. It is an essential service.*

Although problems with the NBN, connectivity and internet cost are not unique to seniors, they add to the already stressful experience of moving their life online.

#### **4.4 Emotional needs overlooked**

The mental health risks of COVID-19 have been widely publicised, together with the resources providing information and support. Responses suggest that seniors have some specific mental health vulnerabilities that need to be acknowledged. Social distancing and isolation may be particularly detrimental for older people:

*Older Australians just don't get the vibe when talking to people on the phone or online like younger people seem to enjoy. I am concerned that people like me are in distress because they are so restricted from face to face contact. We don't have to kiss & hug, but there is nothing like actually being with someone.*

*I feel we are being treated as not important in the general sense of isolation, etc.*

*Isolation is really really hard and scary when you are elderly, single and live alone. If it is OK to have a partner visit, it should be ok to have one close friend visit, if you don't have a partner.*

*How to maintain social contacts while staying at home. Many seniors are fearful and are looking for reassurance.*

Just over a third of survey respondents lived alone; many elderly have experienced bereavement or are without an extensive social network to monitor their wellbeing:

*There are many elderly people living almost completely isolated in the community, no surviving spouse and seemingly forgotten by their families (many themselves in their 60's). I think and worry about them a lot.*

*Mental health and access to help - older Australians alone at home (and over 70, or indigenous, or health compromised) that have no support from family or friends in the community, have no 'freedom' (for example I have a garden so I don't feel enclosed or restricted from the world).*

*For older Australians who are not 'internet savvy', and who are not very good on the phone due to hearing loss, they are truly isolated. Many suffer from depression, especially if they are widows/widowers. They are used to leaving the house daily to ward off depression. One can only imagine the impact this is having on their mental, and in turn physical health.*

*Older Australians are more likely to have other health issues and to live alone. This means that they are in almost total isolation during the lockdown. This could result in extreme loneliness.*

*Many older people are already very isolated, and this has potential to increase their isolation. Funding for increased mental health*

*initiatives would be great to ensure the wellbeing of isolated Australians.*

As highlighted previously, seniors may be trying to adapt to a digital world without warning or preparation. Unlike younger people for whom digital interaction is the norm, older people are being asked to acquire new skills at a time of heightened anxiety, without access to their regular support networks.

*Mental health is a huge problem due to lack of social contact. Small tasks become a major effort and apps for essential services can become major stumbling blocks. I had trouble using the Telstra app today as it has changed since I last used it. To talk to a person for support is incredibly difficult. I have no landline atmo. Why can't there be a prominent phone number on all essential services apps? Or even a government app that lists these contact points so that seniors don't have to jump through hoops to get help. My experience today pushed my anxiety over the top and I became a shaking, blubbering mess. Usually, I am a very capable, computer literate person but in my isolation and heightened state of anxiety, I fell apart!*

*Loneliness and fear of the unknown during self-isolation a lot of older Australians are not computer savvy.*

COVID restrictions and health advice have highlighted that increasing age is associated with greater risk of getting the virus, which understandably heightens older people's anxiety and distress; yet the emotional effect of such vulnerability is not widely acknowledged:

*Australian government hasn't given enough consideration to the challenges faced at a time like this!... Older australians know they are going to pass but to have your life cut short earlier by uncertainty is scary, worrying, stressful, causes heightened anxiety and feelings of being lost without any direction.*

*The anxiety about going out to do essential shopping and staying safe whilst doing so.*

*We are worried and fearful of a loved one's death due to the virus's unknowns.*

#### 4.4.1 Meeting emotional needs through community care

Respondents gave clear messages about the vital role of the community in taking care of older people:

*Neighbours to look out and enquire if they need any help. Or could we make them a meal and drop off heated. Phone on a daily basis to check they are ok.*

*Just a physical visit from someone (BlueCare, mental health organisations, anyone from a registered group) twice a week or so to ensure that people are still managing and welcome an interaction that acknowledges them as people still in this isolated world.*

*Contact network [needed] during perhaps lengthy voluntary self isolation.*

*My main concern for people like Mum who live alone is potentially depression, and perhaps some initiative to address this could be letterbox drops to provide external contact details for any needs an individual may want to utilise. I also appreciate that these resources may already be stretched.*

*We're told 1 in 4 Australians (many elderly) live alone. We need much more government effort (all levels) to encourage people to knock on doors of their elderly neighbours and offer (1) regular contact/friendship, and (2) whatever advice/support these forgotten elderly citizens need. I don't think this is happening on any significant scale. It's all talk (social media!) and no action.*

#### **4.5 Transport needs overlooked**

Older people who are no longer driving often rely on public or community transport for essential shopping and appointments. In the COVID environment, they are left stranded because transport options are unavailable:

*Elderly folk who are unable to drive are urgently in need of transport to shop, appointments with their Doctors, pick up prescriptions from their pharmacy and other errands.*

*Many seniors have to travel by public transport when they can no longer drive so are more vulnerable in confine space like trains and buses.*

*"Safe" vehicles to take those elderly requiring transportation to medical appointments.*

*How do I get safe transport to ICON Cancer Care for treatment every month?*

*Help shopping when you are not in the vulnerable group but don't have transport.*

#### **4.6 Not overlooked or forgotten: “doing fine”**

It is not surprising during a pandemic that comments would tend towards the negative end of the spectrum. Some people, however, took the time to say that they were fine and/or did not need anything in terms of resources to manage during the crisis; these responses were particularly apparent later in the survey period:

*We are coping well with family and governments support.*

*We are coping well as we have always been self-reliant and resourceful.*

*At the moment we are ok as we are well & caring for each other mentally & physically. We are also keeping an eye out for more mature neighbours - keeping the appropriate precautions working for all of us.*

*Doing fine thanks.*

*I'm lucky enough to have what I need for the moment.*

*At present my wife and I are reasonably self sufficient. We would not like to see resources diverted away from those in real need.*

A proportion of people were also very pleased and supportive of the governments' response:

*Just say thank you to them.....they're doing a good job on an unexpected problem.*

*Government doing well.*

*I really have no requirements. I find there has been plenty of government info.*

*I don't think at this stage that a government could be expected to do any more for us.*

*Let them know they are doing a great job under very unknown and difficult circumstances. I'm very glad they are governing the country at this very stressful time! KEEP UP THE GOOD WORK ALL!*

*There is no one issue that the government hasn't mentioned I think they are doing a great job and flying by the seat of their pants at times when hairy things loom on the horizon.*

#### **4.7 Living with COVID-19**

In the later weeks of the survey, comments expressed how people were coping with the restrictions over time and became directed more towards the future; how life would look living with COVID-19 long term in the community.

##### 4.7.1 Mental health

Some respondents were worried by the effects of continuing enforced isolation on mental health:

*Recognition of the threat to mental health for older, single Australians facing up to six months in almost complete isolation. Phone, email, video contacts are OK, but worse is the loss of the touch of another*

*human being.... I know and understand why this has to be done. But afterwards, are we going to be more susceptible?*

*My fear is that after time goes by issues of mental health problems will become obvious. Already some of my friends aren't coping. This could become a huge problem and not only for the elderly.*

*The fear of being locked away for too long. I yearn for the laughter & spontaneity that comes with being in the company of my family & friends.*

*The lockdown and social distancing bring a measure of fear with it and a great deal of ignorance. How much longer will we remain indoors?*

*The constant isolation at home is very difficult to keep on doing. I try to take a walk each day, but this isn't always the case depending on how I feel. Then there is the boredom. I wonder how long some people can keep on living like this.*

Long-term separation from grandchildren also proved emotionally challenging:

*Living alone now can at times be difficult, not being able to see grandchildren. Keep in contact with friends and family by phone, but not seeing family is so difficult at this stage of life.*

*The issue of reduced access to family particularly grandchildren.*

*Older Australians need to be reassured that there is an end. AND to be given some understanding as to what actions will be taken to reach normality. Likewise they need to see, talk and cuddle their grandchildren. Mental health issues might well be a challenge.*

*We know we can't go out and I am feeling very lost at this time I would have liked to see my grandchildren and have always given them a big hug one of my grandchildren is 21 today and I am finding this very hard ....I know the government is trying very hard to help us but like I said I just feel lost.*

#### 4.7.2 Erosion of civil liberties

A broader issue that arose was the power that the COVID-19 lockdown gave government and other institutions over everyday life. Some worried about loss of autonomy and the sustainability of restrictions:

*The economy is being destroyed, along with our Civil Liberties.*

*That we are losing our rights to walk the street and drive to the shops. Too many people who are struggling to cope now are being targeted by police and being fined. We are becoming a police state.... We all need to walk in the sun, we need to shop to support the economy, we need to have visits to doctors etc and access to health for other conditions that can also kill us, we need to work and our children need*

*a good education. Will we look back and regret loss of our liberties more than the loss of lives. Please ask the government to look at other countries such as Singapore who have very low number of community spread but still have their rights. We need to isolate the sick not everyone. This country will take years to recover and many peoples lives destroyed. There has to be other options not just the quick fix the short sighted government is doing at present. Something sustainable.*

*My main concern is the shops will try and keep it [retail] cashless after all this is over and I worry a lot about that. We should always be given a choice.*

#### 4.7.3 Recovery and consequences

As the number of new cases in Australia decreased, the issues raised turned to post-pandemic recovery:

*Older Australians need to be reassured that there is an end. AND to be given some understanding as to what actions will be taken to reach normality.*

*Now we appear to have transmission under control, what will the government do about post-pandemic planning and re-construction?*

Also to the economic and social costs of the pandemic:

*Human cost of this pandemic is much broader than the death rate. While I know this recognised by the government, in continuing the very strong lockdown measures the cost of these to individuals and families will continue for decades and in some cases generations as people face the consequences of never being employed again (this will happen); loss of family stability; long term family poverty and domestic violence. I remain unconvinced that the extreme measures to prevent deaths and hospital impact are not outweighed by this far less obvious but more long lasting social impacts.*

The issue of employment or lack of it for older people post pandemic was a pressing one:

*Older Australians still need to be employed and my fear is that prior to COVID-19 it was already extremely difficult to get employers to hire older Australians now what hope will there be with so many Australians out of work!*

*I'm 65, recently made redundant, my wife still works, so unable to claim any benefits or help finding work. Employment Agencies are only interested in disability employment. HOW Will The Government Assist Me To Find Work? When employers know my age it's all over.*

*For working seniors, loss of jobs and the uncertainty about whether we can return to work after the pandemic is over is a serious concern. I wouldn't like our age to be the barrier for re-employment.*

Loss of superannuation income also meant re-entering the workforce unexpectedly:

*In the current climate, with global economic collapse and uncertainty for the future, our superannuation is vanishing; we earn no interest on our savings; and those of us faced with the very real prospect of having to dust off our skills and resumes and hunt for a job, face the greatest risk of death and disability if we contract Covid 19, plus we have very little prospect of gaining employment due to our ageist society.*

Reducing the pension age or legislating to ensure older workforce participation were options suggested:

*A global recession will take years to overcome with profound effects on employment. I am one of the cohort who must work until I am 67 before I get the pension. Is the government prepared to reverse the decision to increase the pension age in the fact of the worst economic disaster in human history? If not, will the government introduce legislation that requires all employers to employ equal number of people in all decades of life from 17 to 67? If you employ 100 people, 20 of them must be between 57 and 67. That's the only way to overcome ageist discrimination in the workplace. If the government can't guarantee fairness for Australians in the last decade of their working life, let them go on the pension.*

The potential for ageist attitudes to gain traction more generally may be an unforeseen outcome of the pandemic. The vulnerability of older people has been highlighted in the media and through the stay-at-home restrictions for people over 70, but this messaging dangerously confounds age and frailty. Doing so risks diminishing the opportunities for seniors to continue contributing to society in late life:

*Not all older Australians, over 60, suffer from chronic diseases & are not a risk when looking after grandchildren or working in an essential service. The media implies that we should be avoided at all cost.*

*We are being prejudiced. Yes we are at risk, however there needs to be a balance whereby this prejudice does not permeate in to the future.*

*I'm over 70 years old and still working full time until last Friday. The only reason for me to stop working now is the concern of the COVID-19 infection risk via taking public transport to/from work. Otherwise, I'm still very capable doing my job.*

*I weekly attend the Samaritans doing voluntary relief in emergency relief. Clients are now only interviewed on the phone and only minimal staff attending. However, I am not able to attend anymore because I*

*am over 70. Most of the volunteers are over 70 so there is a lot of pressure on the one staff member who is still working.*

*I was very upset by a reporter's question to the PM recently which implied anyone over 70 should just drop dead- not literally of course. Scott Morrison actually replied by saying the lives of ALL Australians were important. I appreciated that especially as we do so much babysitting and volunteering or even still working!*

#### 4.7.4 Being prepared

Respondents' concerns also focused on managing the virus in the future, particularly in the absence of a vaccine:

*Are we ever really going to be safe from Covid-19 since it is highly unlikely that a vaccine will be found? Won't we eventually have to face the reality that we are going to be exposed to it?*

*We should prepare for such outbreaks in the future. The same as we do for war.*

*More scenario testing of government and telecommunications capacity in emergencies, whether COVID19, bushfires or ?*

*This will not be the last time this happens and next time it will be worse unless we are aware and better prepared. This country is complacent.*

The availability of COVID-19 treatment and testing, particularly for older people were perceived as essential:

*Testing should be made available to all Australians over 65 (or thereabouts) every month or so. The criteria for having the disease are vague and all could apply to the flu. Knowing or not knowing are the cause of stress.*

*Adequate methods of detection and treatment of future viruses & the like, for present & future generations, to allow populations of all countries cope & be prepared.*

*Early testing of staff and patients may help.*

*To enforce testing at ports and airports to better pick up new cases in the future.*

## **5. OVERVIEW OF THE COVID-19 EXPERIENCE**

This report presents a selection of verbatim comments from older Australians that express their issues and concerns during five weeks of the COVID-19 pandemic spanning March 13<sup>th</sup> until April 21<sup>st</sup>.

## 5.1 Informal carers' response to COVID-19

The first section of the report focused on older carers who provide informal care to partners, family or friends in the community. International reviews in this domain show that there is much to be done to support informal carers' work.

The concerns of older Australian carers aligned with many of the international demands for informal carer support during the pandemic including demands for

- Clearer guidance
- Help with contingency care planning
- Increased support financially and practically
- Recognition by health professionals of main carers' essential role in providing care. For survey respondents this applied specifically to carers being locked out of residential care facilities.

Although residential care and to a lesser extent home care received attention and resources during COVID-19, the needs of older people providing care were largely unacknowledged.

- Informal carers were not given priority for COVID-19 testing, which was focused on frontline health and, to some extent, paid home care workers.
- Informal carers had no priority for accessing effective PPE.

Specialised training was available online but was promoted through providers of residential and home care services. It also required registration to access it and this created a barrier to older carers with privacy and other concerns; also, a significant proportion did not usually access materials online.

In late April, the Government funded call centre 'Wellbeing Checks for Senior Australians' was set up by peak consumer bodies from the start of May 2020. The call centre provided a contact point for informal carers to get information, help or simply reassurance. This resource was unavailable during the survey period recorded here.

Until a vaccine against COVID-19 is found or there are effective treatments available, it is strategically important to maintain and grow the capacity for age care to be provided at home. Confidence access to home care will likely be weakened by the long wait times to access home care packages. Care at home will be an option since it avoids the risk of contagion from congregate accommodation such as residential care.

Initially, some residential care providers did not accept Royal Commission rights-based care with the ideas of homeliness, choice and quality of life. At best they provided high quality care but low-quality lifestyle. During the period covered by the survey, a significant number of providers locked down residential care to minimise the risk of infection. Doing so created enormous distress and grief amongst residents and families who were denied access to loved ones, some of who were in the last stages of life or who were physically and mentally suffering due to the separation.

In response, thirteen age care peak bodies and consumer advocacy organisations, including National Seniors, developed a nationally consistent Code for visiting residential care homes during COVID-19. The code takes a human rights approach to

care that both respects and protects aged care residents and their visitors while acknowledging the work of providers and staff in keeping people safe during the pandemic. The code was released on May 12<sup>th</sup> and was reviewed and updated in late May and on July 3<sup>rd</sup>, 2020. There is also the option to report concerns where the code is not being effective in facilitating visits <sup>4</sup>

Even in a post-pandemic world, the financial losses incurred by many retirees during the COVID crisis will impact on the affordability of age care. Thus, it is critical to create the conditions to support and maintain the motivations of people to continue caring at home. With appropriate government acknowledgement and supporting policies, this momentum can be created into high quality attractive options for carers and their care recipients.

## 5.2 Older Australians feeling forgotten

The second part of the report presented the story of respondents' experiences across the five-week survey period. An overarching theme evident was that older people felt overlooked or forgotten by Government. Comments were grouped under the following sub-themes:

- Challenges accessing groceries and medications
- Financially forgotten
- Digital needs overlooked
- Emotional needs overlooked
- Transport needs overlooked
- Not overlooked or forgotten; doing fine

COVID-19 presented Government with the challenge of responding rapidly and effectively to a high risk, complex and rapidly evolving crisis. Inevitably, not all interventions and innovations benefit everyone equally or provide adequate solutions to problems.

An example is the rapid transition to online services and interactions. With enforced social distancing and lock downs for people 70+, digital connection and communication was forcibly improved. Social communications, internet banking, online shopping, streaming entertainment online and seeking information all blossomed.

Much of this occurred through the intervention of family and friends but groups like the Australian Banking Association were active as well moving from passbooks to online banking. However, many older people remain uncomfortable with digital communication or at least some elements of it, and others still don't use it at all. These people have been left stranded at a time when information, services and social interaction are critical. National digital literacy programs for older Australians have been very limited and poorly funded. Alternatives like call centres are undermanned,

---

<sup>4</sup> The Code for Visiting Residential Aged Care Homes and the subsequent review statements can be seen here together with options for providing concerns and feedback where the code is not being effective in facilitating visits;

<https://www.cota.org.au/policy/aged-care-reform/agedcarevisitors/>

often poorly trained and have limited service categories. Continuation of the move to digital literacy among older people requires reform and new initiatives which will provide public benefits both now and in the longer term.

Finally, respondents clearly articulated the critical role of community support for older people who did not have the capacity or the inclination to use digital technology. Their heartfelt comments about feeling isolated and distressed highlight that older peoples' lived experiences need to be incorporated into the initiatives and interventions that take Australia into the next stage of living with COVID-19.

### **5.3 Living with COVID-19**

As living with restrictions became the 'new normal', people began to reflect on the long-term implications of adjusting to COVID-19 in the community and they expressed concerns about the following issues:

- Mental health
- Erosion of civil liberties
- Recovery and consequences
- Being prepared for future outbreaks.

Perceptions of the future influence people of all ages, but in later life, awareness increases that the lifespan is becoming shorter, and time is 'running out'. The developmental psychologist Lauren Carstensen<sup>5</sup> proposed that when time is perceived as limited, people's goals shift to attaining emotional quality of life and close personal relationships. For this reason, the prospect of living with COVID-19 long term may be particularly threatening and distressing to older people as they navigate the demands of social isolation and changing circumstances.

In an accompanying report titled 'COVID-19: Older Australians concerns about the way out' we provide data on older people's levels of concern about multiple aspects of day to day life as Australia eases restrictions and moves into a new phase of living and adapting to COVID-19 in the community.

## **6. ACKNOWLEDGEMENTS**

We extend our thanks to National Seniors members for their generous responses, especially during the difficult period of COVID-19 restrictions.

---

<sup>5</sup> Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, *54*(3), 165–181.  
<https://doi.org/10.1037/0003-066X.54.3.165>

## 7. CURRENT PUBLICATIONS

### 2017

- McCallum, J. & Rees, K. (2017) *Consumer Directed Care in Australia: Early stage analysis and future directions*. Brisbane: National Seniors. Published 18/8/17.
- McCallum, J. & Rees, K. (2017) *'Silver Economy' Consumer Co-design: An Australian Perspective*. In *Innovation in Active, Healthy and Smart Ageing Sector* edited by Guangsheng Guo and Jianbing Liu: Beijing Science & Technology Publishing Press 2017 pp 273-283. Published 12/9/17.
- National Seniors and Challenger (2017) *Seniors More Savvy about Retirement Income*. Brisbane: National Seniors. Published 3/10/17.
- Lamont, A. & Sargent-Cox, K. (2017) *Healthy Ageing: The State of the Evidence and available resources*. Brisbane: National Seniors. Published 12/10/17.
- Rees, K., McCallum, J. & Cantwell, J. (2017) *Be Heard: Snapshots of members' views – A report to members from the CEO*. Brisbane: National Seniors. Published 2/11/17.
- Earl, J.K., Gerrans, P. and Hunter, M. (2017) *Better ways of assessing cognitive health*. Brisbane: National Seniors. Published 9/11/17.
- Rees, K. & McCallum, J. (2017). *Downsizing: Movers, planners, stayers*. Brisbane: National Seniors. Published 27/11/17.
- McCallum, J. & Rees, K. (2017). *Growing older, feeling younger*. Brisbane: National Seniors. Published 5/12/17.
- McCallum, J., Rees, K. & Maccora, J. (2017). *Bridging the Digital Divide*. Brisbane: National Seniors. Published 14/12/17.

### 2018

- Rees, K. & McCallum, J. (2018). *A Little Help from My Friends: Getting good advice in the Information Age*. Brisbane: National Seniors. Published 18/1/18.
- McCallum, J., Maccora, J. & Rees, K. (2018). *Hope for the best, plan for the worst? Insights into our planning for longer life*. Brisbane: National Seniors. Published 1/2/18.
- McCallum, J., Rees, K. & Maccora, J. (2018). *Accentuating the positive: Consumer experiences of aged care at home*. Brisbane: National Seniors. Published 30/4/18.
- National Seniors & Retirement Essentials (2018). *The Centrelink Experience: From 'waiting, frustrating, hopeless' to 'helpful', 'friendly', 'positive'*. Brisbane: National Seniors. Published 18/6/18.
- National Seniors & Challenger (2018). *Once bitten twice shy: GFC concerns linger for older Australians*. Brisbane: National Seniors. Published 9/7/18.
- Rees, K. & McCallum, J. (2018). *Dealing with Diversity: Aged care services for new and emerging communities*. Brisbane: National Seniors. Published 14/8/18
- Rees, K., Maccora, J. & McCallum, J. (2018). *You don't know what you don't know: The current state of Australian aged care service literacy*. Brisbane: National Seniors. Published 26/9/18.
- McCallum, J. & Rees, K. (2018) *Respect for age: Going, going or gone? Views of Older Australians*. Brisbane: National Seniors. Published 21/12/18.

### 2019

National Seniors submissions to the Royal Commission into Aged Care Quality and Safety:

1. Witness Statement 31/1/19;
  2. Review of recommendations of prior reviews that were not implemented 6/2/19;
  3. The dementia journey legacy of trauma and what to do about it 9/5/19;
  4. Response to the Interim Report of the Aged Care Royal Commission 22/11/19
- McCallum, J., Hosking, D. & Rahn, A. (2019) *Feeling financially comfortable? What retirees say*. Brisbane: National Seniors. Published 12/3/19.
- Maccora, J., Rees, K., Hosking, D. & McCallum, J. *Senior Surfers: Diverse levels of digital literacy among older Australians*. Brisbane: National Seniors Australia. 13/8/19.

## 2020

- National Seniors & Challenger (2020) *Retirement income worry. Who worries and why?* Canberra: National Seniors Australia 14/1/2020.
- National Seniors submission to the Royal Commission into Aged Care Quality and Safety: Response to 'Visions for Aged Care' Consultation Paper 1 24/1/2020
- Hosking, D., Maccora, J., Ee, N., and McCallum, J., (2020) *Just doing it!?! Older Australians' Physical Activity*. Canberra: National Seniors 3/3/20.
- Maccora, J., Ee, N., Hosking, D., McCallum, J. (2020) *Who Cares? Older Australians do*. Canberra: National Seniors 18/5/20.
- Ee, N., Maccora, J., Hosking, D., McCallum, J. (2020) *Australian Grandparents Care*. Canberra: National Seniors 25/5/20.
- Hosking, D., Ee, N., D., Maccora, J., Ee, N., McCallum, J. (2020) *Older Australians' life and care during the pandemic*. Canberra: National Seniors 09/7/20

---

GPO Box 1450, Brisbane Qld 4001  
**P:** (02) 6133 7910 **F:** 07 3229 0356  
**E:** [info@nationalseniors.com.au](mailto:info@nationalseniors.com.au)  
**W:** [nationalseniors.com.au](http://nationalseniors.com.au)

**National Seniors**  
AUSTRALIA ■