

# **Seniors speak about hidden impacts of the COVID-19 pandemic**

*A Short National Seniors Report*

*Dated 27/3/20*

COVID-19's impact on businesses, employment and social engagement makes headlines and has transformed our society. Almost all deaths in Australian have been people 70+ and most much older.

The effects of the virus are felt deeply by older Australians. Many challenges for seniors at home of COVID-19 are hidden and now need to be heard.

The views of National Seniors members were sought online in our weekly communication 18-19/3/20 in two questions<sup>1</sup>:

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

National Seniors members provided 163 comments in online responses<sup>1</sup>.

Unsurprisingly, anxiety and distress were the common sentiments expressed across multiple areas of life including lack of access to foods and medications, financial loss and the conflicting information presented from multiple sources.

The focus of this report is on social and care issues that are specific to older Australians.

## 1. Community support

Community-based organisations are intrinsic to managing and engaging in everyday life for people no longer working, who don't have family close by or who are on their own.

The closure of community facilities due to the virus will leave many older people without the support they depend on as highlighted below:

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

*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.*

Strategies and resources are required across all levels of government, so communities are enabled to 'step-up' to meet seniors' needs in the COVID environment.

Some of these needs were keenly expressed by members:

---

<sup>1</sup> Note: All text comments are reported verbatim and published with permission.

*Some older Australians, especially in rural areas, are not able to access supermarkets at 7am as they rely on community transport facilities.*

*How older folk isolating can be assured they are not forgotten.*

*I am aware of a young Asian family in my community with limited English skills. There are two toddlers in the family and elderly grandparents who live with the family. The mum has asked me about finding up-to-date information about CoVid19 in Australia (daily updates about the curve, childcare advice, supporting elderly parents in the family) in Mandarin. I imagine that many Australians with limited English would have this need.*

*Help from someone who can use a computer and is trustworthy*

*Isolation. 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.*

Community based initiatives were suggested by some people:

*Establish a voluntary contact register whereby elderly seniors, particularly those living alone, could be contacted on a regular basis to monitor their state of health and provide for emergency needs, i.e. medicines and basic needs, bearing in mind that many elderly are not able to use the internet.*

*As a single senior living alone with all regular meetings and outside contacts cancelled there will be a growing sense of isolation. A means of providing contacts by video conferencing or small face to face meetings would be appreciated. Such contacts might be devised, and information circulated via groups such as National Seniors U3A and Seniors Centres.*

## 2. Community care

A recent National Seniors survey of over 4,000 people aged 50 plus found that 22% provided unpaid care to another adult. Of these, over half rated the care they provided as being greater than low-level care.

Almost a third provided childcare for their families, a well-known significant workforce and economic benefit but now due to the virus is a serious health risk.

The COVID-19 pandemic highlights the vulnerability of unpaid community-based care provided by older people; care that is frequently hidden, overlooked and taken for granted, existing as it does outside the aged care system. Respondents were deeply concerned about care arrangements if they contracted the virus, or were at risk (i.e. had contact with a potential carrier) and could not carry out their caring role:

*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.*

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

*I work in aged care and also look after my 95 year old mum. I am myself 60 years old and with my type of employment at a higher risk of contracting the virus and passing it on to my mum. It would be good if people on similar situations could access their long service and holidays with short notice to their employer.*

*knowing who will care if the carer gets sick or dies*

There is also the issue of protecting the health of those providing emergency care

*The organisations that provide in home care will need support to keep their staff healthy. Govt could supply the face masks and hand cleaner, disposable gloves that are required.*

*How can I be sure my carers do not infect me*

The additional cost of providing care was also a concern:

*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.)*

Finally, accurate information for carers is critical:

*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.*

## 2.1 Grandparents

As highlighted previously, grandparents provide crucial childcare for their families but as carers during the COVID crisis they and their families need guidance and practical support to keep safe.

*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*

*The message in regard to social distancing should be made even stronger. The Queensland Premier today in her message suggests that family members should not visit their older parents and/or grandparents. I believe the PM should also be*

*promoting this as a way of protecting the elder more vulnerable people in the community.*

There are scant resources provided to families negotiating grandparenting roles or acknowledgment by government of the seriousness of the issue.

## 2.2 Supporting carers in the community threatened by COVID-19?

In the current environment, the community must be better equipped to take a greater role in helping relatives and neighbours manage their caring role.

Actions required include:

1. To keep themselves and others safe, carers urgently need access to protective equipment

*The state Health Department haven't been able to supply masks to those most vulnerable.*

*Masks should be for older people when the quota for health professionals is filled.*

2. Carer-specific Information

Consumer peak bodies such as carer's Australia are in a position to convey information to members who can pass information to their friends and neighbours. The novelty, speed and changeability of the COVID-19 situation has been a problem for providing timely, accurate, authoritative information:

*Good reliable information about what is happening & how to access this. A central point of information distribution easily accessible to seniors.*

*Many older members do not have access to a computer and therefore tend to miss out news about the pandemic or are exposed to rumours*

*National Seniors might seek to have a working relationship, at this time, with national and state peak bodies representing carers.*

3. Alternate care arrangements

Clearly, there will be situations when home-based carers contract the virus or become a risk to the person they care for. Adequate and easily accessible Community Home Care Packages will be necessary. Currently, CHCPs can only be accessed through My Aged Care and this system is not designed currently as reactive to home-based carers in such an emergency. People can go directly to the Community Home Support Program (CHSP), but this isn't widely known and depends on spare capacity.

There is also the issue of protecting the health of those providing the emergency care:

*The organisations that provide in home care will need support to keep their staff healthy. Govt could supply the face masks and hand cleaner, disposable gloves that are required.*

*How can I be sure my carers do not infect me*

### 3. Care for seniors who contract COVID-19

Some respondents expressed concerns about their treatment if they had a COVID-19 diagnosis. Specifically, that they would not have the same right to care as a younger person if resources were scarce:

*hospitalization-there is talk of triage such that seniors/disabled might be denied care*

*The ageism inherent in the proposed triage due to the lack of medical resources*

*Being overlooked for medical treatment due to our age.*

On the other side of the coin is the desire expressed for appropriate palliative care in the case of a COVID-19 diagnosis in late life:

*To respect all older Australians who have signed Advanced Care Directives that they be allowed to die with dignity, so be aware that some older Australians could and would cope with a COVID-19 virus diagnosis and then be provided with the proper medical treatment in a specially set up hospice.*

Both these issues speak to recognizing older people's value, rights and dignity which need affirming in such a crisis.

### 4. Care in the context of financial impacts of COVID-19

Not surprisingly, another issue is what's happening when the share market is suffering dramatic falls. As one person said, the collapse of the share market *...has severely impacted our superannuation. We worry about our future ability to support ourselves.*

Those who are not yet at the Age Pension age relying on the deteriorating job market also expressed concerns.

*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.*

While these issues are felt across the community they are of concern when care is needed in later life.

### 5. Concluding comments

To date, residential care has attracted more focus by government than home care and home care is getting more focus than unpaid care at home, which may include care for people with high level care needs. These issues now need attention, particularly in the community.

In the current environment, the Australian community must be better equipped for taking a bigger role in helping relatives and neighbours. We need to focus on critical but less visible impacts of COVID-19 that deeply affect older people.

Actions required include:

1. To keep themselves and others safe, carers urgently need access to protective equipment

*The state Health Department haven't been able to supply masks to those most valuable. Older Australians know they are going to go to pass but to have your life cut short....*

2. Carer-specific Information

Consumer peak bodies can convey information to members who can pass information to their friends and neighbours. The novelty, speed and changeability of the COVID-19 situation has been a problem for providing timely, accurate, authoritative information.

*Good reliable information about what is happening & how to access this. A central point of information distribution easily accessible to seniors.*

*Many older members do not have access to a computer and therefore tend to miss out news about the pandemic or are exposed to rumours*

There is also the issue of protecting the health of those providing emergency care if someone's care is no longer able to do so

*The organisations that provide in home care will need support to keep their staff healthy. Govt could supply the face masks and hand cleaner, disposable gloves that are required.*

*How can I be sure my carers do not infect me*

Clearly, there will be situations when home-based carers either contract the virus or are at risk (i.e. have had contact with a potential carrier) and cannot carry out their caring role. Adequate and easily accessible Community Home Care Packages or the Community Home Support Program will be necessary.

3. For carers, stop social distance becoming social isolation

It was clear from people's comments that many felt social distancing as social isolation. There is community recognition of this but needs a better organised community response.

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

*I am able to manage, but am getting increasingly lonely. I care for an adult son with disabilities.*

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

Welfare groups are under considerable strain as demand increases with new needs emerging. There are no other answers to this but targeted welfare support with generous community benevolence.

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

4. Home care for Rural and remote residents is a perennial issue and needs constant attention both to quality and volume of public and community services.

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

*More ICU beds as rural health is grossly underfunded*

5. Emphasising the positive

Through this frantic, frightening period of major social crisis many have retained their positive attitudes. In response to our invitation for issues to bring to public attention, some replies were:

*Nothing really. The media and some people should reflect on the hardships our predecessors endured. They would (and I have) used gum leaves if necessary*

*I have noticed that gardening is a good way of relieving anxiety and depression, can the government give incentives for us older people to buy vegetable seedlings and soil for sources of food, also instead of worrying about this crisis we can spend our time productively*

*I have spent some time preparing just in case I find myself in isolation. I have a network of friends. I think this pandemic will be a wake up call for the whole nation and hopefully people who now take life for granted will pause and consider others.*

Considering others is at the heart of informal care giver's contribution to society and it is essential in this crisis that their needs are not overlooked, and they are acknowledged and completely supported by government and the community in the work they do.