

OPAN Submission to the Independent Inquiry into Australia's Response to the COVID-19 Pandemic

About OPAN

The Older Persons Advocacy Network (OPAN) is a national network comprised of 9 state and territory service delivery organisations (SDOs) that have been successfully delivering advocacy, information, and education services to older people across Australia for over 30 years. OPAN is funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP) that supports older people and their representatives to understand and address issues related to Commonwealth funded aged care services.

OPAN is always on the side of the older person we are supporting. It is an independent body with no membership beyond the nine SDOs. This independence is a key strength both for individual advocacy and for our systemic advocacy.

OPAN acknowledges the lived experience, wisdom and guidance provided by members of the OPAN National Older Person's Reference Group and others in preparing this submission.

Introduction to our submission

OPAN welcomes the independent inquiry into Australia's response to the COVID-19 pandemic. We trust that such an inquiry will improve planning for, and responses to, future pandemics. Our response is covering 4 of the inquiry's terms of reference is drawn from the more than 20,000 occasions of information or advocacy support provided to older people and their representatives during the years of COVID.¹ The experiences of older people demonstrated that not only did the government (Commonwealth state and territories) have insufficient pandemic planning, residential and home care providers didn't seem to have pandemic plans or disaster recovery plans in their risk management frameworks. Our 2 submissions to the Royal Commission into Aged Care Quality and Safety COVID-19 Inquiry may be reviewed in conjunction with this submission for a greater level of understanding of the pervasive issues for older people at the beginning of the pandemic²³⁴.

Governance, roles and responsibilities

Australia's pandemic planning and preparation for COVID-19 was insufficient, particularly around the complex interactions and overlapping responsibilities between the Commonwealth and state and territory governments.

In residential aged care, there was a lack of consistency around the green, amber, and red levels of an outbreak and the corresponding response for the level. It was very difficult to understand who made the call about the level. Even after the (voluntary) 'Sector Code for

¹ In the peak COVID pandemic financial years, it was: 20,819 in 2019-2020, 23,019 in 2020-2021, 27,104 in 2021-22 and last FY 36,904.

² [310720_Royal-Commission-COVID_OPAN_Endorsed.pdf \(accessiblecms.com.au\)](#)

³ [OPAN-Supplementary-Submission-COVID-19.pdf \(accessiblecms.com.au\)](#)

⁴ In our submission, when referring to residential aged care facilities or home care, we are referring to those that are government subsidised.

Visiting in Aged Care Homes⁵ was in place, to provide a nationally consistent approach to visitation, and significant work had been done to create a framework for visitation decisions across all levels of government, there was still a disconnect. States and territories, and their relevant public health units, responded differently to outbreaks making different decisions on how to respond. This was despite the funding, governance and regulation of the aged care system being a Commonwealth responsibility. This was complicated even further with aged care providers being risk averse and electing to impose tighter restrictions than recommended by their local public health unit. There was no oversight of these decisions made by providers or the restrictions they had in place. While OPAN understands lack of resources, including staffing shortages to manage outbreaks, impacted some of these decisions, it caused confusion, great frustration, and distress. It denied families' connection with their loved ones and the ability to provide support to them at a critical time. It had, and continues to have, long term effects on people living in residential aged care. In future pandemics, if a provider goes above and beyond government restrictions, there needs to be a way of validating that it is necessary, while still maintaining family and community connection, which is vital to the health and wellbeing of older people.

Key health response measures

1. There was a long lead time for funding or implementation, such as Rapid Antigen Tests and personal protective equipment (PRE). These delays impeded aged care providers in delivering continuity of care to older people living in residential aged care facilities or receiving home care services. It also, prevented providers from upholding the rights of older people to have access to visitors or go out into the community. We understand testing regimes and PPE needed to pass through the Australian Technical Advisory Group on Immunisation, Australian Health Protection Principal Committee, and the Infection Prevention and Control Expert Group. While this was the fastest they have ever moved the agility needed in a pandemic was seriously impacted by government bureaucracy. We would like to see that COVID-19 provided an opportunity to better understand testing regimes and approval processes for future pandemics, and the need to enact something stronger in the laws that support emergency health management in Australia.

2. Messages around vaccinations for older people have been unclear, insufficient and often delayed. A vaccination plan for older people, in a similar way to the childhood immunisation schedule, should be developed and built into the system while recognising an older person's rights to choose whether they continue to have COVID-19 boosters. Whilst we understand the new Australian Centre for Disease Control will take carriage of immunisations, there is a strong need to be on the front foot with public health messaging, anticipating a rolling pandemic that will need ongoing public health messaging and support. Utilising trusted consumer peak organisations with established communication channels can assist with amplifying, clarifying, and simplifying public health messages to older people⁶.

⁵ https://cota.org.au/wp-content/uploads/2023/06/Sector_Code_for_Visiting_in_Aged_Care_Homes_v7.2_26062023_Endorsed.pdf

⁶ OPAN amplifying, clarifying, simplifying the latest COVID-19 advice, June 2023: <https://opan.org.au/videos/val-fell-prof-kidd-covid-update>

Broader health supports for people impacted by COVID-19 and/or lockdowns

The impact of social isolation on older people's welfare and overall health and wellbeing due to prolonged COVID-19 restrictions cannot be ignored. The Department of Health and Aged Care did a remarkable job in establishing the Aged Care COVID-19 Grief and Bereavement Service, which was an important support service for older people who were socially isolated, particularly those who had family members die in residential aged care. However, the time to set this up was too long. The lesson for future pandemics is to have models for support services and providers ready to go so they can be activated quickly as and when they are needed.

Mechanisms to better target future responses to the needs of particular populations – older people

'It was so very much worse for the people in residential age care who were locked in their rooms in solitary confinement without access to family, friends or advocates. So many older people died alone and afraid. So many older people passed away well before their time due to the fear, stress and heavy-handed restraints used. It was the most shameful and demoralising time in Australia's history of treatment of older persons. Our human rights were swept away by others. Our ability to make choices about our own bodies and our dignity of risk were crushed.'
(Member: OPAN National Older Persons Reference Group)

It is important that older people are seen as a "cohort" so targeted approaches from trusted sources can be developed, including more targeted responses for older people living within residential aged care facilities and receiving home care services.

1. Families provide essential care for older people living in residential aged care facilities. Recognising this work and planning for inclusion of "partner/s in care"/named visitor/s can help to 'bolster' an overstrained aged care workforce at a stressful time, ease family stress over access, and support the mental wellbeing of older people. The Partnerships in Care program was designed and implemented as a targeted response to COVID-19 management for older people living in residential aged care and worked extremely well, particularly for people with dementia⁷. We strongly recommend that every facility should have a Partnerships in Care program in place and ready to go for future pandemics.

OPAN also notes that in future people receiving palliative care or at end of life, should not be denied visitation by family, and wherever possible close friends (especially for people without family). The distress caused by families being unable to be with their loved one as they died was unnecessary. There must be guaranteed access, with relevant infection control measures, for those who wish to be with someone as they die.

2. The 'Industry Code on Visiting Residential Aged Care Homes' (the Code) is an aged care sector-led nationally consistent approach to visitation across residential aged care that is endorsed by the Commonwealth Government. The code was a successful outcome and is a good process to follow in future pandemics. However, the Code needs to be enforceable, and legislation must enshrine the right to have a "partner/s in care"/ named visitor/s even in a pandemic. Having a "partner/s in care"/ named visitor/s worked out now would ensure the

⁷ <https://www.agedcarequality.gov.au/resources/partnerships-in-care>

health and wellbeing of older people and prevent visitation rights from becoming a monumental issue in future pandemics.

3. The main challenge that impacted OPAN's member organisations from being able to do their work effectively during the peak of the pandemic was the inability to communicate directly with older people living in residential aged care facilities and their families. Information Protections (Confidentiality) in the Aged Care Act, preventing providers from sharing contact details, was a major barrier that could have been waived under a public health emergency/public interest to enable more effective support. A client consent model, where a client agrees to share select personal information and contact details, for themselves, a primary contact and 2 other alternatives, with OPAN and its member organisations in a public health emergency, could form part of the regulatory model for the new Aged Care Act.

4. For older people living in the community and receiving home care services, there was no one with ultimate responsibility for ensuring continuity of care. Although this should have been the responsibility of the aged care provider, people with few case management hours or receiving limited support under the Commonwealth Home Support Programme were at risk. It was difficult for providers to continue support/ramp up support when staff became unwell themselves. This is where the OPAN-led wellbeing home care check-ins, established as a COVID-19 response, was effective in complementing home care provider services for people who needed and wanted additional social and emotional wellbeing support. This was provided, via the Red Cross and Friendline, and ensured that older people's basic needs were being met and their rights upheld. Whilst the program was effective when we did connect with older people, it was highly burdensome to get to people and connect with them. The main challenge was accessing information about people that may have needed support and ensuring that people referred by providers had consented to being contacted by us. OPAN recommends access to consumer information be made easier for future pandemics as outlined above.

5. When there was a severe COVID-19 outbreak in a residential aged care facility it was extremely important to have an effective communications response with families. OPAN and our member organisations became a conduit for communications. We brought, together older people, their families and carers, the residential aged care facility, as well as the Australian Government Department of Health and Aged Care, the Chief Medical Officer, and the Aged Care Quality and Safety Commission (ACQSC) in online (Zoom) meetings to enable older people and families to have a separate voice to the provider but also to ensure they were heard. The meetings were hard and traumatic but when there was a severe outbreak these meetings were extremely important to build trust. This model of communication should be utilised in future pandemics.

6. Workforce shortages were an issue in aged care with no easy answer for how to create an effective surge workforce. People simply went without care because there wasn't a workforce available. However, nuancing of policy did not occur and would have provided better solutions. For example, use of volunteers to bolster the workforce, making exceptions around non-vaccinated workers where there is no other care option available. The use of "red zones" that restricted travel between states and within regions, and the closure of schools, where support workers were parents of school age children, further exacerbated workforce shortages which had detrimental impacts for older people.

7. Isolation leads to permanent decline of cognitive and physical function. This was an impact for many older people when restrictions were in place for weeks and months on end. There were no support services available to reach in and provide support for older people living in residential aged care facilities or receiving home care services. For older people living in residential aged care there was no plan for how to maintain mobility and connection to community and family if they needed to be isolated in their room. We need to recognise that older people living in residential aged care faced harsher restrictions than anyone living in the community. There must be clear guidance on how social connection and physical and cognitive function can be maintained.

8. The Older Persons COVID-19 Support Line was an important response for information, support, and connection from a trusted source. The Commonwealth Government Department of Health and Aged Care did set this up quickly, but it still took 6 months to commence and to start supporting messaging tailored to older people. Once messaging was available OPAN, the Council on the Ageing (COTA) Australia, Dementia Australia and National Seniors Australia were able to effectively support the Department with amplifying, clarifying, and simplifying messaging to older people. We suggest this model is utilised and ready to go in future pandemics.

9. With the backing of the Commonwealth Department of Health and Aged Care, OPAN put out small grants to help with targeted communications in Victoria during outbreaks in Melbourne. The Ethnic Communities Council of Victoria was engaged by OPAN to rapidly mobilise communications by releasing public health messages in Greek. This was very effective in getting culturally appropriate and accurately translated messages to vulnerable older people within the Greek community from trusted cultural leaders. Having larger peak organisations such as OPAN, COTA, the Federation of Ethnic Communities Councils of Australia (FECCA) and other national peaks funded and ready to go with targeted pandemic response communications, so they can be agile in their communications and coordinate smaller community-based groups, in the future is essential.

10. Within residential aged care facilities, once visitor access improved, communications about updates and changes to guidelines, including timeframes for returning to more normal operations and access remained poor, limited, and confusing. Communication issues were one of the main reasons for older people or their families or representatives seeking advocacy support. Nationally consistent training around crisis communication and the development of a pandemic communications response plan including communications roles and responsibilities of staff and communication toolkits could improve the communication response from residential aged care facilities for future pandemics.

11. Providers should be urged to find ways to create connection and good mental health practices going forward, including planning around the maintenance of communications channels for residents during a pandemic. Older people living in residential aged care facilities often did not have access to electronic devices such as iPads and when they were available, they were reliant on staff support to use it and connect in with their family. Existing and new residents should be supported to learn about technology to keep in touch with family and friends at regular intervals so connection can occur.