

COVID-19 INSIGHTS

Towards just futures

Older people and aged care

Amber Mills and James Finnis

June 2020

Key points

The COVID-19 pandemic and public health measures introduced to combat it have both exacerbated pre-existing barriers and created new challenges to care, services and supports for at-risk older people.

Many older people are experiencing:

- greater risk of emotional, physical, financial and other forms of abuse and neglect
- ongoing physical and mental health impacts of social distancing measures
- unmet need, due to limited interim supports for those waiting for assessment or funded care
- difficulties accessing complex care in the home (including occupational therapy, end-of-life care and social connection programs)
- challenges with using technology, owing to physical frailty, cognitive decline and vision or hearing impairments
- exclusion from essential services, due to unaffordable phone and/or internet plans and/or the inaccessibility of digital interfaces such as My Aged Care, MyGov and telehealth.

The Brotherhood of St Laurence is particularly concerned about impacts for older people experiencing deep and persistent disadvantage. This diverse group remain at greatest risk.

The pandemic is also exacerbating pre-existing issues in the aged care sector, including:

- financial, personal and work-related pressures for staff, especially for significant numbers of precarious casual, temporary or contract workers

- increased risk of market failure and lack of support continuity for older people.

Addressing both the immediate issues and deeper, long-term structural challenges is essential to ensure that older people are not further disadvantaged by this crisis.

In the short term, additional government measures are required:

- Introduce Interim Home Care Packages and block fund case management services
- Guarantee ongoing support for providers to meet additional staff and resourcing costs required to continue safe, high-quality services in a changed context
- Invest in developing the skills of the existing Home and Residential Care workforces, including training in infection control and PPE procedures
- Ensure aged care staff forced to self-isolate due to COVID-19 can access income protection
- Expand social, financial and healthcare services for older people facing housing insecurity and/or homelessness as a result of COVID-19.

In the longer term, directions for reform to ensure an equitable and inclusive aged care system include:

- developing new age-appropriate social housing and supported accommodation options for at-risk older people
- improving workforce conditions and resources available to develop staff
- promoting innovative, place-based models of care
- ensuring more effective market stewardship.

Situation before COVID-19

In Australia, the aged care system includes a broad range of services and supports for all people aged 65 and over, which increase in complexity with personal needs. There are, however, [many structural challenges across both Home and Residential Care](#). The need for reform is currently under consideration by the Royal Commission into Aged Care Quality and Safety, which is due to hand down its final report in November 2020.

Many older people remain unable to engage with the aged care system due to individual and systemic barriers, including:

- the complexity of digital interfaces like My Aged Care that make navigating the aged care system problematic for many older people, particularly those with limited personal resources (including support networks) or limited capacity
- age-specific eligibility requirements that mean people who age prematurely (as a result of a life lived in poverty, experiences of homelessness, incarceration, and/or other complex personal histories) do not qualify for aged care support
- long waiting periods for those deemed eligible for Home Care Packages, ranging from months to years. Over 120,000 people are currently waiting for funding so they can purchase essential supports and services.
- limited housing options for older people, particularly suitable accommodation for those requiring care. Many private rentals are unsafe, unaffordable or cannot be modified by older people. Much social housing is also not age-appropriate.
- few transitional supports for older people living in the community. At the same time, residential facilities have become subject to a high degree of regulation and oversight. While some regulations are important, others have detracted from good care or undermined the autonomy and dignity of both older people and the workforce.

Impacts of COVID-19

COVID-19 has exacerbated pre-existing issues and created new barriers to care.

In a short time, the pandemic has transformed the aged care landscape.

Informal and/or family supports have been displaced by social distancing and movement restrictions, [though new research suggests that some community supports are stepping into this gap](#). However, older people experiencing disadvantage continue to face significant barriers to inclusion and access.

Aged care providers have pivoted towards social outreach, welfare checks and programs delivered into the home. These new demands require practice changes, new staff training (in infection control and the use of PPE), and more support for clients and/or their families. Although this flexibility is commendable, a number of unresolved issues remain.

Unmet need and service gaps

Limited availability of Home Care Packages

(particularly high-needs packages) means older people assessed as eligible are left waiting without essential supports and services. Any time without supports can have a [significant negative impact on people's health](#), resulting in accelerated functional and cognitive decline (and greater need for care in the medium- and long-term).

Many providers have moved towards digital delivery, resulting in exclusion for those who cannot engage online or with limited capacity arising from functional decline, frailty and vision or hearing impairment. The cost of phone and internet plans further disadvantages older people already at-risk of low service uptake and financial stress.

Ongoing accessibility issues with digital interfaces

such as My Aged Care, MyGov and telehealth continue to impact older people requiring care. Low uptake or engagement with these interfaces and limited support for older people to navigate them has a secondary impact on service connectivity and physical and mental health outcomes.

Providers and the workforce

Increased demand for home delivery of complex care (including occupational therapy, end-of-life care and social connection programs) presents major challenges for providers.

Sourcing PPE, workforce issues (such as carer unavailability, new training requirements and potential declines in available workers), and increased costs (including travel times, surge and specialist staffing, sick leave for casual employees and digital upskilling for both workers and

clients) make it difficult to maintain essential services and supports.

Aged care staff are likely to experience compounding financial, personal and work-related pressures as a direct result of COVID-19 and public health measures. This may include significant role shifts and changes in care routines.

There is greater risk of market failure in an already volatile sector. Aged care providers now face the dual challenges of lower uptake of services (due to client concerns around COVID-19) and higher costs. Some that are already struggling financially may exit the market entirely. Alternatively, the cost of services could increase, placing undue pressure on lower-income older people and those with high or complex care needs.

Older people's health and wellbeing

Social distancing measures will have an ongoing impact on the physical and [mental health and wellbeing of older people](#), including increased risks of mental illness, disruptions to management of chronic health conditions, functional and cognitive decline and feelings of isolation.

Many providers and advocacy groups have already noted increased instances of family violence (including financial, psychological and physical abuse and neglect), exacerbated by a cocktail of risk factors such as quarantine, social distancing and reduced access to supports and community services.

Residential lockdowns may create issues around safety and personal freedoms, and these challenges are exacerbated for clients with histories of institutionalisation in the justice, custodial or mental health systems.

The most at-risk older people are living in the community in private rentals. Nationally, some [660,000 older people do not own their own homes and are at risk](#). The BSL is aware of greater numbers of older people who use house-sitting or couch surfing as a temporary housing solution and have been displaced due to COVID-19. The most recent Anglicare Australia rental affordability snapshot demonstrates housing issues persist through this crisis, with [only 3.2% of national properties surveyed being affordable to pensioners even with the COVID-19 supplement](#).

Policy and program responses to date

As of June 2020, the Commonwealth has invested significantly in COVID-19 related measures for the aged care system. This has included \$446m in temporary funding for workforce supports across both Home and Residential Care, comprising

- \$234.9m for 'retention bonuses' (paid in two instalments of up to \$800 for direct care workers and \$600 for home care workers)
- \$78.3m to support continuity of workforce supply in residential care
- \$26.9m for a (temporary) 30% increase in the Residential Viability, Home Care Viability and Homeless Supplements and other supports
- \$92.2m for Home Care and CHSP (including meals on wheels, shopping and meal delivery services for people in self-isolation and support where package funds have been exhausted)
- \$12.3m to support additional My Aged Care staffing costs.

In total, almost \$650m has been invested to support older people and to insulate the aged care sector against COVID-19.

Various other policy announcements outside the aged care sector also affect older persons. For example, the Commonwealth has invested \$769m in subsidised telehealth and \$10m for an enhanced Community Visitors Scheme. The Commonwealth has also changed superannuation rules to allow people suffering financial distress due to COVID-19 to access \$10,000 from their accounts now and again in the next financial year if needed. However, this is likely to have long-term consequences for the superannuation system and low-balance superannuants (including self-funded retirees).

While greater resourcing for aged care is welcome, Commonwealth spending [represents a relatively small package for a sector already struggling with significant systemic issues](#)—approximately a 3% increase on previous funding commitments. Prior to the COVID-19 health crisis, over [56% of all aged care providers were operating in deficit](#). Moreover, increased funding needs to be accompanied by system reform.

Additional measures to ensure adequate care in the short-term

More is needed to address the multilevel issues and impacts of COVID-19. Key actions in the short- and medium-term include:

- **Introduce Interim Home Care Packages.** Older people requiring care should have access to interim funds to purchase essential supports. Access to Home Care Package is crucial, helping arrest health and/or cognitive decline and ensure people receive meals and other essentials.
- **Block-fund case management.** Case management is essential for many older people, particularly those who are disadvantaged, and should be block funded so as not to diminish the funds available for direct services. Case management would support service navigation tasks, help people avoid or manage crises, and enable immediate relief and flexibility while providers are identifying the best care options.
- **Support providers to meet the additional staff and resource costs required to deliver safe, high-quality services while COVID-19 remains a threat.** Extra costs include sending community support workers in pairs for home program delivery, dedicated and specialist teams to care for clients who have contracted COVID-19, reassuring concerned clients that continued care is not only safe but important, and the inflated prices of PPE.
- **Invest in developing the skills and capacity of the existing Home and Residential Care workforces, including infection control and PPE procedures.** Recent BSL research has argued for greater recognition of the skills and talents of aged care workers. In addition, reforms to working conditions to promote workforce longevity are needed. Personal care workers are a pillar of the aged care workforce. However, even skilled and well-trained staff may not have clinical backgrounds and require new training in clinical tasks. Work-related training and ongoing professional development have been in decline since 2012. Greater funding for training would support providers to develop and roll out appropriate training.
- **Ensure income protections for aged care staff forced to isolate due to COVID-19.** Employment conditions for many aged care staff are highly precarious. For example, some 78% of Residential

Care workers are employed part-time and 10% on a casual or contract arrangement. In Home Care, 14% of workers are on casual contracts and only 11% are employed full-time. Some workers may face the difficult choice between being paid and remaining home to either limit risks or self-isolate. Income protections would enable staff to stay at home without unfair financial burden on either providers or vulnerable staff.

- **Expand social, financial and healthcare services for older people experiencing homelessness or housing insecurity.** The BSL recommends enabling 'ageing in place' through multilevel solutions, with housing at the centre of responses.

After COVID-19: directions for reform for an equitable and inclusive aged care system

The impact of COVID-19 on the aged care sector confirms the need for more equitable access to care, underpinned by systematic reforms to address persistent structural problems.

Initial responses to COVID-19 showcase the importance of developing community capacity, complemented by strong case management and person-centred care. Ideally, care should be available on a continuum to enable broad-based access for all older people.

Our vision is for equitable and inclusive communities in which all older people, irrespective of means or background, can access high-quality aged care, services and supports. To achieve this vision, post-COVID-19 recovery efforts should include the following strategies and service-level reforms:

- **Developing new age-appropriate social housing and supported accommodation options for at-risk older people.** High rents, declining social housing stock and an inability for renters to modify their homes compound the challenges faced by older renters. Accordingly, there is a significant and growing need to build more age-appropriate housing. Greater availability of social housing could perform a similar role to retirement living for people with limited financial means. In the BSL's view, supported housing models could enable independent living in small, community-based centres, where home care can be delivered. Such a model would act as an intermediary step

before residential aged care and support at-risk older people to age healthily in their communities.

- **Improving workforce conditions and resources available to develop staff.** Investment in the workforce is critical for quality care and sector sustainability. Yet many staff are poorly paid for the work they perform. To match projected sector growth, while also improving the standard of care, new workers will need to enter and remain in the profession with clear career pathways and professional development opportunities.
- **Promoting innovative place-based models of care.** [Ageing in place is a noted preference for many older people](#), who want to [maintain connections with their friends, families and communities as they age](#). However, many older people are excluded from high-quality aged care and defining what a good life looks like for them. Reforms should ensure that aged care promotes social connections, and complementary policies should foster age-friendly communities to reduce service dependence. Specialist supports and services, including accommodation, are also required to meet the needs of some older people experiencing disadvantage. [The latest COVID-19 advice from the UK recommends devolved, community-centred approaches that rely on local solutions \(and volunteers\) to support at-risk older people](#). 'Ageing in place' strategies should include stable accommodation and case management services to enable people to live in the community with dignity and agency.
- **More effective market stewardship by government**, including: clear, accessible and relevant information, active regulation and monitoring of markets and supplementing of 'thin markets' by commissioning specialist services to meet community need.

COVID-19 challenges notwithstanding, we must not lose sight of the much-needed reforms to the Australian aged care sector, to ensure that all older people have access to the care and services they need.

References

Anglicare Australia 2020, *Rental affordability snapshot national report April 2020*, viewed 1 May 2020, <<https://www.anglicare.asn.au/docs/default-source/default-document-library/rental-affordability-snapshot-2020.pdf>>.

Brotherhood of St Laurence (BSL) 2020, *Submission to the Royal Commission into Aged Care Quality and Safety: creating a fit-for-purpose aged care system that supports the most disadvantaged*, BSL, Fitzroy, Vic.

Global Centre for Modern Ageing 2020, *Finding a silver lining: insights from an expansive study into Australia's response to COVID-19*, viewed 4 May 2020, <https://mcusercontent.com/d0a57511520e9c54577d6d0a6/files/2159ef38-c6d5-42e1-bf69-bc7953cb333a/COVID_19_Research_Report_Silver_Lining_FINAL.pdf>.

Hart, A, Bowman, D & Mallett, S 2019, *Improving the health of older age care workers*, BSL, Fitzroy, Vic..

James, A, Rowley, S, Stone, W, Parkinson, S, Spinney, A & Reynolds, M 2019, *Older Australians and the housing aspirations gap*, AHURI final report 317, AHURI, Melbourne.

Low, LF 2020, *Report: COVID-19 in nursing homes and policy responses in Australia, 24 March 2020*, International Long Term Care Policy Network, viewed 10 June 2020, <<https://itccovid.org/2020/03/24/report-covid-19-in-nursing-homes-and-policy-responses-in-australia/>>.

Mavromaras, K, Knight, G, Isherwood, L, Crettenden, A, Flavel, J, Karmel, T, Moskos, M, Smith, L, Walton, H & Zhang, W 2017, *The 2016 National Aged Care Census and Survey – The aged care workforce, 2016*, Department of Health, Canberra.

Ong, R, Wood, G, Cigdem, M & Salazar, S 2019, *Mortgage stress and precarious home ownership: implications for older Australians*, Final report no. 319, AHURI, Melbourne.

Royal Commission into Aged Care Quality and Safety 2019a, *Interim report: neglect—vol. 1*, Royal Commission into Aged Care Quality and Safety, Adelaide.

— 2019b, *Navigating the maze: an overview of Australia's current aged care system*, Royal Commission into Aged Care Quality and Safety, Background paper no. 1, Adelaide.

Stewart Brown 2019, *Aged care financial performance survey: aged care sector report, 30 June 2019*, viewed 30 April 2020, <<https://www.stewartbrown.com.au/images/documents/StewartBrown--FY19-Aged-Care-Financial-Performance-Survey-Report.pdf>>.

Published in June 2020 by
 Brotherhood of St Laurence
 67 Brunswick Street
 Fitzroy, Victoria 3065
 Australia
 ABN 24 603 467 024
 Phone: (03) 9483 1183
 Web: www.bsl.org.au



Brotherhood
 of St Laurence

Working for an Australia free of poverty