T R A N S C R I P T

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the Victorian Government's Response to the COVID-19 Pandemic

Melbourne—Wednesday, 20 May 2020

Members

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WITNESS

Ms Tina Hogarth-Clarke, Chief Executive Officer, Council on the Ageing Victoria *(via videoconference)*.

The CHAIR: Welcome to the public hearings for the Public Accounts and Estimates Committee Inquiry into the Victorian Government's Response to the COVID-19 Pandemic. The Committee will be reviewing and reporting to the Parliament on the responses taken by the Victorian Government, including as part of the national cabinet, to manage the COVID-19 pandemic and any other matter related to the COVID-19 pandemic.

All mobile telephones should now be turned to silent. All evidence taken by this Committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you repeat the same things outside this forum, including on social media, those comments may not be protected by this privilege. You will be provided with a proof version of the transcript for you to check. Verified transcripts, presentations and handouts will be placed on the Committee's website as soon as possible. The hearings may be rebroadcast in compliance with standing order 234. We ask that photographers and camerapersons follow the established media guidelines and the instructions of the secretariat.

We invite you to make a brief opening statement of no more than 5 minutes. We ask that you state your name, position and the organisation you represent for broadcasting purposes, and this will be followed by questions from the Committee. Thank you.

Ms HOGARTH-CLARKE: Thank you. My name is Tina Hogarth-Clarke, and I am the CEO of Council on the Ageing Victoria. I want to thank you for inviting me to address this Committee today.

We have been encouraged by the State Government's willingness to engage with COTA Victoria throughout the COVID-19 crisis in an attempt to resolve some of the issues that are unique to older Victorians. Many of these issues that have been experienced by older Victorians are linked to or have been exacerbated by the digital divide. The Australian Digital Inclusion Index 2019 points to people aged 65-plus as being among the four groups that are Australia's most digitally excluded, and, according to the ABS, 45 per cent of people over the age of 65 do not use the internet. So older people have continued to face widespread ageism, particularly from those members of society who do not think that the economic costs of the lockdown are worth the lives that it has saved. So we value the opportunity to bring these and other important issues to the Committee's attention.

Older people who are not online have had difficulty obtaining reliable and up-to-date information throughout the pandemic, and so the establishment of the Victorian coronavirus hotline has been an important measure as it has created a low-tech solution to convey critical information and advice. The Government is currently liaising with COTA Victoria and other stakeholders to expand this service further. The Government has also been working with COTA Victoria and other stakeholders to distribute printed information to older people. So we reserve a high level of concern for older people who cannot access vital services and relief packages, such as rent relief, without completing an online form.

Earlier on older people struggled to access food and other essential items during the pandemic, and the establishment of a program to deliver these items to eligible older people in some way went towards addressing this problem. While many people have turned to digital platforms to connect to friends and family, older people who are not on line have continued to face increased risks of social isolation and loneliness. The Government is working towards addressing this issue through the expansion of their statewide COVID hotline and the community connection initiative.

It has also been heartening to see that the Government is exploring new ways of hosting this year's seniors festival within the current constraints. A number of activities will be delivered on line, while there is also a dedicated radio broadcast that will help ensure that nobody is excluded. We have expected the mental health impacts of the pandemic to increase the demand for mental health services amongst the ageing population for some time to come, so we welcome additional funding that has allowed for the expansion of phone services to ensure people who are not comfortable with or are not able to use online platforms can still get the support that they need. The Government is also to be congratulated for quickly recognising early on the potential for a lockdown to increase the risk of family violence. We are supportive of the extra funds that have been allocated, because they are sorely needed.

But what could have been done better? While the Government has handled matters relatively well, it did not seem adequately prepared to respond to a crisis of this nature and magnitude. Digital connection must be carefully factored into all future emergency planning to ensure information and vital services can be provided to all citizens in a timely manner. Older people have been framed as being homogenously vulnerable during the pandemic, and this has reduced the agency of older people and increased ageist attitudes in the community. Greater effort could have been taken to frame COVID-19 as a health risk for all of the community while still acknowledging the positive contributions of older people.

We regret that there has not been additional funding directed towards elder abuse as a specific form of family violence. Mass unemployment and related housing stress in the community are likely to increase behaviours that have become risk factors for elder abuse—for an example, adult children returning home to live with parents. It is also likely that older people will be subject to lockdown and distancing measures for a longer time than the rest of the community, and this will increase the future risk of elder abuse amongst older people who are more vulnerable, are dependent on others for care and could be under financial pressure. Older people from culturally and linguistically diverse backgrounds have been disproportionately impacted by many of the issues that I have just raised, and some have additional challenges as a result of pandemic-related racism.

The CHAIR: I am sorry to cut you off there, but the time for a presentation has expired.

Mr RICHARDSON: Thanks so much, Tina, for your presentation. We will come back to elder abuse, because I think it is a substantial issue through the COVID-19 restriction periods, and as we come into easing of restrictions as well, how we support those people going forward.

The Commonwealth is the primary regulator in aged care but the Victorian system is a significant provider of aged care as well. I am just wondering if you could reflect for the Committee on some of the rates of infection to this point in time in aged-care facilities in Victoria and what your view is on the level of infections, the rate of infections, as opposed to other states.

Ms HOGARTH-CLARKE: I think the rate of infections within aged care is directly linked to the rate of infection within the community, and I think that in Victoria the restrictions in controlling the rate of infection within the community have then ultimately had an impact on the rate of infection within residential aged care. A lot of the facilities have gone into a lockdown phase and so have been also assisted with preventing community access to facilities. They have also engaged in infection prevention measures. I know that the State Government in particular, within their facilities, have increased training et cetera in infection control, and that has also helped with reducing the likelihood of infection coming into aged-care facilities as well. You know, there has historically been low transmission within aged care, but it is related specifically to what is going on within the community.

Mr RICHARDSON: Going one step further around the risk profile, national cabinet had directives issued in relation to residential aged-care facilities that were enacted through the directives of the Deputy Chief Health Officer for facilities with no confirmed or suspected cases. Those restrictions required screening and infection controls and daily visits of up to two people for no more than 2 hours. We did see some facilities, though, completely lock people out, which caused a lot of distress to individuals and their families. In your view, do these restrictions strike the right balance between managing that risk but also that really important comfort, support and care from interaction with family and friends?

Ms HOGARTH-CLARKE: I think probably one of the major issues to reiterate is that we believe that with older people it is going to be a lot longer before the older community can return to some sort of normality, because they are at higher risk. We are expecting that these restrictions within aged care are going to stay for a long period of time. Having said that, that can then have a major impact particularly on this group who are frail and who have dementia within aged-care facilities. Sadly, particularly that group, but particularly those with dementia, have had a major, major impact. By restricting visits from family to that particular group, they will forget who their family are, and they may never, or not 'may', they will never recover those memories. I think that in particular that group is particularly vulnerable, and it is particularly distressing for families of those people.

I think too it is also important to remember that there is only about 40 per cent of residents in aged care who actually get visits, and there is still a large number that only get visits on a monthly basis. So we are not talking

about hundreds of people suddenly converging on aged-care facilities en masse. That would be wonderful if that was the case, but that has never been the case and it is unlikely to be the case. So I think that there should be that balance there. Some of the facilities that have eased off on their total lockdown are giving, rather than the 2 hours, only half an hour—and that is half an hour once a week to particular members—and for some it is half an hour once a fortnight. I do not think that there has been really that balance that has been struck between the mental health and wellbeing of residents and protecting them from the coronavirus.

Mr RICHARDSON: Going on from that, Tina, the Government has obviously announced the mental health and wellbeing package. You detailed the real damaging impacts of social isolation particularly on ageing residents and older Victorians. Can you tell us a little bit about how that support package will address or confront some of those social isolation issues and what your view is on how that package will be implemented?

Ms HOGARTH-CLARKE: If we are talking about what sort of impact that would have within residential aged care in particular, I think it will not have any impact because that this is about negotiating between families and Government and providers about what is appropriate access in an aged-care facility. If we take that group out of the equation, we have had conversations and been engaging with the community inclusion initiative within DHHS and looking at lots of the different packages. One of the challenges, as I mentioned earlier on, is the digital divide within this group, so the ways that we can access this group are through face to face, which obviously we cannot do now, through phone calls, through paper—that being the newspaper or printed, posting things out to them—through the television and through radio. So it has actually been extremely challenging about how you actually access that group and include that group that are not online. So the initiative, and particularly the mental health package that has been implemented, and working with DHHS with some of their initiatives I think are going to go a long way to that. So that is expanding the phone line, and that is also having community connectors within each of the communities so that we can sort of feed back some information and look at ways that individual communities can keep the rest of their older people engaged.

Mr RICHARDSON: As a broader cross-section of community, obviously noting the challenges for some, are there any examples of older people in our community embracing technology during this time? I have seen some residents in my patch either doing FaceTime or technology called GrandPad and connecting with a very simple interface with their family. Have you seen any examples where they have embraced some of those technological platforms to connect with their friends and family?

Ms HOGARTH-CLARKE: We have, yes. It is not only connecting with friends and family; we have noticed that those people that are online but are not really sort of internet savvy or online savvy are now learning how to increase that and participate in social media and videoconferencing. Within our own programs we have an educational program where early on in the piece we had a new group of students who are aged between 55 and 74 who are participating in a certificate III in individual support. They had two classes, and then the pandemic hit, so the classes were no longer face to face. We have managed to move all of the classes online. It took a while but we eventually got everybody, so they all now have iPads or laptops, and they are now doing their classes online. That has been a really good victory, and it just shows that even though some of them said, 'We can't do this; we're not going to do it', with encouragement they were able to do that. So that is our small, little group. We have seen many of our volunteers who are also in that older group, who receive emails and are sort of happy to google things but are not on social media and are not au fait with this sort of set-up, attend a Zoom meeting. We were able to get them online. So I think that for us it is a bit of a focus for us to see how many people that we can build that capacity for and that confidence to be able to utilise the online material.

Mr RICHARDSON: Fantastic. The Victorian Government is investing in combating social isolation and loneliness with the expansion of the coronavirus phone line to reach out to vulnerable people. I understand Council of the Ageing Victoria has also done some outreach to residents over the age of 80 years of age. I am wondering if you could give us a bit of a snapshot of what you have been hearing and some of the issues and challenges that have been identified.

Ms HOGARTH-CLARKE: Anybody that was on our membership database that did not have an email address we called. That was just under 600 people. Some of the issues were we were only able to contact I think about 50 per cent of the people, and that was due to some change in phone numbers et cetera et cetera. But the majority of those people said that they were doing okay but they were grateful for the phone call. But many of the issues that were raised by our members during those phone calls were, as we just spoke about,

frustration about visits to aged care. Some of them were feeling a bit isolated and lonely. There were also barriers to accessing transport and travel to appointments as well. There were concerns about whether they can use public transport et cetera or taxis as well. There were also concerns about difficulty accessing groceries—this was sort of earlier on; that was last month that we made these phone calls—difficulty accessing rapidly changing information and advice relating to the lockdown and social distancing measures and a lack of support to teach people how to use platforms like Zoom to connect with their family and friends. So they were sort of the main issues that came out of our phone conversations with our members.

Mr RICHARDSON: Thank you, Tina. I just want to take you in the remaining minutes to elder abuse. There has been an inquiry in a previous Parliament into this area, and we know that it is substantially under-reported. The risk factors are higher during this period of time, especially with the over-representation of intimate people to that person who is subjected to the elder abuse being commonplace. What are some of the supports and insights that you have into this issue and its prevalence? Have you received any more additional reports? Like, what is the snapshot that you are hearing in this space, and what do we need to learn as a community and as a Parliament for this report going forward in how we tackle this issue?

Ms HOGARTH-CLARKE: I think first of all it is important to note that elder abuse is a form of family violence, but older people do not relate to messaging around family violence because it tends to be a lot more about women and children and violence. So I think that the first lesson would be to recognise and acknowledge that, yes, it is a form of family violence but it needs separate messaging and needs separate education and acknowledgement from Government around that and what people can do if they are experiencing that.

The other issue that we find a lot with elder abuse is a lot of people do not actually register that what they are doing is elder abuse, so we put a lot of work and time and effort into educating the community as to what elder abuse is. You know, there is that sense of entitlement to Mum and Dad's money that they are going to inherit—that they should have it now—so it is that sort of education. We have found with our elder abuse hotline, similar to the reports that are coming back with family violence, we are not getting as many of the victims ringing us. But our phone calls have not decreased or increased; they have lengthened because we are having a lot more longer conversations with whoever is calling and we are tending to do a lot more secondary consultations with people rather than actually speaking to the victim themselves. So similar to family violence, I think it will be interesting when we look back on this time to be able to see that there will be that hidden bubble, I guess, that is bubbling up because, you know, the perpetrator is in the house with them during lockdown so they do not have that opportunity to contact us.

Mr RICHARDSON: So are you expecting an increase in cases coming forward as we see an easing in restrictions? What is your expectation?

Ms HOGARTH-CLARKE: Look, we are not quite sure. We have WEAAD coming up, obviously, next month and we usually find there is a bit of a spike in calls because of that education and that understanding of what elder abuse actually is. Though we have come a long way with educating the community about how to treat women and how to treat children, we just need to probably take that extra step about 'How do we treat our older people and what does constitute elder abuse?' so that that sort of then reflects in our calls.

I think that yes, after WEAAD we will see a bit of a spike, and I think that, as well, a lot of the referrals will start coming back through. We suspect that one of the biggest referrers is through the health system, and a lot of older people are not going to hospital and are not attending their GP appointments. That is usually an area where elder abuse is picked up, so when the restrictions ease and older people feel more comfortable with going back to those appointments I think that we might see a few more of those referrals coming through then.

Mr RICHARDSON: Thanks, Tina.

Mr LIMBRICK: Thank you, Ms Hogarth-Clarke, for appearing today. One of the things that you mentioned in your presentation was around the negative public image effects. I think the word you used was 'homogenisation'. Could you please expand a bit on what you mean by that?

Ms HOGARTH-CLARKE: So unilaterally saying that anybody over the age of 65 or anybody over the age of 70 is vulnerable is not actually correct, and I think, you know, in a lot of the media it has all been around protecting older people. That removes the agency of older people to be able to say, 'Well, hang on a second. I don't identify as being vulnerable. I don't identify as being in that particular group'.

Yes, older people have a tendency to be frail and have comorbidities that could be associated and put them at a higher risk, but then there are also younger people that fit within that category—people with diabetes, people with cancer et cetera, et cetera. Just lumping older people into that as being vulnerable I think has caused a few challenges.

The messaging earlier on too was very much about 'Older people, stay home. Do not go out; don't leave your homes, because it's unsafe'. So I think, you know, being maybe a little bit less about just lumping all older people into that and looking a bit more broadly at labelling sectors within the community that would be vulnerable rather than just lumping older people into that vulnerability category.

Mr LIMBRICK: Thank you for that. It does ring true that, like you say, people who are older will not want to necessarily identify with, or they do not identify with, this group being referred to in the report. The other thing that you spoke about, and you mentioned it again then, was agency. Are you talking here about older people being able to make their own decisions or having others speak on their behalf rather than speak for themselves? I have spoken to some people and they feel that the health decisions have been made to protect them and they feel like they have not really had a say in all of this. All these decisions are being made, and they say, 'Hang on, they're trying to protect me, but they haven't spoken to me about this'. Have you seen any of that happening?

Ms HOGARTH-CLARKE: Yes, and that is what we refer to with 'agency'. It is that othering process; it is making decisions unilaterally as opposed to engaging with specific areas. The coronavirus is more dangerous for certain groups of people, and just putting an age stamp on that is not that helpful within that. It is better to be able to say, 'Okay, these groups are particularly more vulnerable—people with disabilities, people with diabetes' and all the other sorts of areas that are coming up. Just saying, 'Anybody over the age of 65 or anybody over the age of 70 regardless of their health is more vulnerable' is reducing that agency and is reducing their ability to speak for themselves.

Mr LIMBRICK: Another issue which we have spoken about is access to care facilities. Do you feel like the restrictions from the Government were focused on the right areas, or do you think that there could have been more management of these issues at a local level or better guidance? How do you think that that worked or could be improved?

Ms HOGARTH-CLARKE: Do you mean specifically with visitations to residential aged-care facilities?

Mr LIMBRICK: Yes.

Ms HOGARTH-CLARKE: Well, I mean the restrictions were two people for 2 hours once a day. The reality is very few providers have actually allowed that, and the majority of the providers now are half an hour once a week. I think it is a balance between providers having an understanding of their staff, their staff capacity and their staff training and what sort of processes they could put in place to enable that contact and those visits in a safe way. I think the reaction is—and it has always been the reaction—complete risk mitigation and going into a lockdown. But because we have been going for a number of months now, I think they are starting to say, 'Well, hang on, this actually is not going to work for another six to 12 months or however long it's going to last. We need to start tentatively exploring different ways that we can do that'. But in the meantime we have had some extremely frustrated family members with I think the reluctance of providers to actually engage with family and to be a little bit more flexible with that blanket rule. Pretty much that directive is, 'Within 2 hours, you're out; you can't be here any more'.

So if you, for example, take somebody whose husband has dementia and is from a migrant family and his wife has been coming in every single day to sit with him, to calm him down, to feed him, what is going to happen to that particular person if they are left for six to 12 weeks with no contact? They are not going to be able to do FaceTime. They are not going to be able to do Zoom meetings. That just does not work in that situation. So what is actually happening to that man? So let us have a conversation about that particular person. We can put some processes and protections around that wife that wants to come in and spend the day with them—the same as with staff within the aged-care facility. I think that would have been a nicer balance and a more respectful balance.

Mr D O'BRIEN: Tina, just following on from Mr Limbrick's questioning, the code of practice—has that improved access for families to aged-care facilities?

Ms HOGARTH-CLARKE: I think it has. First of all, it is disappointing that we had to go to that step and put a code of practice in place. But I think what it has done is it has sort of allowed that conversation between families and the facility managers about, 'Okay, well, this is what we can do. We understand that you're protecting mum and dad or our family member, but we really want to have a visit and so we're prepared to do X, Y, Z in order to do that'—so, for example, getting a flu vaccine, washing your hands, having your temperature taken and adhering to the time constraints and working with them. It certainly has, I think—

Mr D O'BRIEN: Are there still a number of aged-care homes that are just not abiding by the code and really being quite conservative in their lockdown, if you like?

Ms HOGARTH-CLARKE: Yes.

Mr D O'BRIEN: A short answer; that is good. Continuing on the theme of aged-care facilities, we obviously had yesterday four—I would not call them outbreaks—cases at aged-care facilities. In terms of the naming of facilities, there has been a bit of inconsistency from the State Government on who is named and who is not. Do you have a view on that either way?

Ms HOGARTH-CLARKE: About whether you should or should not name the facility?

Mr D O'BRIEN: Yes. Whether a facility should be named and the public know or whether that in itself creates concern for families and the like.

Ms HOGARTH-CLARKE: No, not really. I cannot see how naming facilities would actually help. And I note too that with some of those facilities that have a suspected outbreak they are not confirmed. Somebody has tested positive, and further tests need to be done. I am probably not really in a position to be able to comment too much on the goings-on within aged-care facilities. Naming or not naming: I do not see a benefit either way, to be honest.

Mr D O'BRIEN: Well, I guess it is probably just from the perspective of both residents but also families in knowing whether there is a risk and whether they have the option of alternative accommodation arrangements or anything. But that obviously has not been a big issue for COTA?

Ms HOGARTH-CLARKE: No, and we tend not to get too involved in that side of it. The organisation OPAN tend to be a little bit more involved in that side of aged care. From our perspective it is more about facilitating visitation and helping that development of the code.

Mr D O'BRIEN: Likewise, I know as a result of the Cedar Meats outbreak there was a staff member at Doutta Galla aged care that tested positive. Do you have a broad view on how the Victorian Government has responded to positive cases that have involved older people?

Ms HOGARTH-CLARKE: Well, that is a really good example of a bit of a victory there, because the response was quite rapid. It is my understanding—and I have not kept up lately; this is from last week's conversations—that it has been limited to that one person and it had not spread throughout the facility. So that is a big tick.

Mr D O'BRIEN: Yes; great. Do you think that older people should be getting priority treatment for testing? Noting that we have had the blitz and pretty much anyone with a sniffle has been able to get tested, is there a case for additional priority?

Ms HOGARTH-CLARKE: No, I do not know how to answer that. I would just have a think about that one. I think within communities you sort of need to get a cross-section of data through testing. That is my understanding of what the testing is about. So I do not know whether older people should be prioritised. I think they potentially should be encouraged as well as downloading the app if they are digitally connected. I think they should just be included as a part of that general community, trying to contain everything within each of the individual communities.

Mr D O'BRIEN: You touched on this before, the potential mental health aspects of the restrictions, the social or the travel restrictions we have had. I think we have probably all had contact from all sorts of people but certainly older people who just like to go out and sit by the river and fish for a few hours. Have you had feedback or any actual analysis done on the mental health impacts of the restrictions so far?

Ms HOGARTH-CLARKE: No, we have not done much analysis around it, but anecdotally we have had through our phone calls some very distressed people saying, 'This is going on too long. I 'm now stuck in my home and I live by myself. What can I do?'. So I guess they are limited really to reading material, to television, to radio and to phone calls. So anecdotally there have been some concerns in that, and I think it is important to understand that for some of that older retired group in their 70s and their 80s the highlight of their week is to get on the community transport bus to go off to bowls or to bingo or whatever, to their knitting club or to just go down to the pub to have a drink with some friends. So if that is all you do and that is what you look forward to, it is very difficult for them to go, 'Well, now what do I do? What do I replace that with to get that same connection and to prevent loneliness?'. So that is a bit of a challenge, I think, for all of us.

Mr D O'BRIEN: Yes, it certainly has been. What has your engagement with the Victorian Government been like? Have you been able to talk to ministers, to departments, about your concerns?

Ms HOGARTH-CLARKE: Yes, absolutely, and we have been greatly encouraged actually by the willingness of lots of areas within government, ministers, to consult with us and to get a bit of an understanding about what are the specific issues for older people and what sort of information are we receiving and being able to feed into that. So, yes, we have had quite a bit of consultation.

Mr D O'BRIEN: Are there any particular issues that you have raised with the Government that are outstanding that you would like action on?

Ms HOGARTH-CLARKE: Just the elder abuse one. I think for us it is just reinforcing that for everything that you do to be inclusive there does need to be an inclusive platform which is not restricting things to being online. It is challenging; they are also expensive ways to communicate with people if it is not online and it is more that one-on-one communication. But other than that I think we are just working our way through what is needed and finding out from older people what it is that they want and what they expect and what they need.

Mr D O'BRIEN: Okay. Thank you very much for your time.

Ms HOGARTH-CLARKE: Thank you.

The CHAIR: Thank you very much to COTA for the work that you are doing and for sharing that with us here today and your other learnings as well. We appreciate you taking the time. The Committee will follow up on any questions which have been taken on notice in writing, and responses will be required within five working days of the Committee's request. We thank you for your time, and we will move to consideration of the next witness. Thank you.

Ms HOGARTH-CLARKE: Great. Thank you.

Witness withdrew.