

TRANSCRIPT

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 Patricia Sparrow, Chief Executive Officer, Aged and Community Services Australia (*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.

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We welcome you here today. We invite you to make a 5-minute presentation. We ask that you state your name, position and the organisation you represent for broadcasting purposes. This will be followed by questions from the Committee.

Ms SPARROW: Thanks for having me, everybody. My name is Patricia Sparrow. I am the Chief Executive Officer of Aged and Community Services Australia. We are a peak body representing not-for-profit aged-care providers, and when I talk about aged care I mean residential aged care home care—supporting people in their own homes—and retirement villages as well. Within Victoria there are 15 033 providers of aged care. Last year they provided 58 456 places in residential aged care and supported 223 615 Victorians to live in their own homes through home care packages, the Commonwealth Home Support Programme, transitional care and short-term restorative care. Victoria is characterised by some facilities that are also managed by the State Government, as you would know, and there are 178 of those facilities. That is a little bit about ACSA.

It has been, as you would be well aware from your own experiences and from evidence you have already heard today, there are particular features around COVID-19 for aged-care providers that make this a very difficult and challenging time for older Victorians and for aged-care providers alike. Overall what we want to say is that we think not only has the Australian Government manage things well and we have flattened the curve, the Victorian Government has performed really well, and Premier Andrews has provided particularly strong leadership.

There are a few things, I think, to take into account in the fact that this is probably the first time in a long time that we have worked as a national cabinet with State and Commonwealth requirements. Generally that has worked well. Sometimes, however, there has been a little bit of information that has been inconsistent or mildly different. If we look at some of the issues around visiting in residential aged care, we had Commonwealth guidelines and state directives that had slightly different temperatures, for example, to be taken. So small things like that, but at a time like this being really crystal clear and not having the confusion becomes really important.

The whole issue around visiting in residential aged care became a bit of a flashpoint and became a difficult topic, with many aged-care providers complying with what the Commonwealth requirements and the state directives were. Some went further and went into full lockdown, motivated entirely by the need to try and keep COVID-19 out of residential aged care. If we see what has happened overseas and even in some recent Australian examples, it is pretty awful once it gets in. And there were unfortunately some negative discussions in the media that possibly inflamed that, and it would have been better if they had not happened, but I think that is something that we have worked through now, and we have now got an industry code for visiting residential aged-care homes during COVID-19.

Generally there has been really good support from our members for the performance of DHHS and particularly the coronavirus hotline. Sometimes there is difficulty clarifying, but we would expect that to happen. There are questions that are not always answered as quickly as they can be, but we would expect that, given the swift and speed at which things are moving and changing. But we have had generally a good experience there.

Some of the bigger issues would be around access to PPE and the national and state stockpiles. There have been real issues for providers in making sure they have got enough PPE. And also one of the interesting ones from an aged-care perspective is the interface between aged-care services and the acute health system in particular, particularly whether or not people are going to be transferred to hospital or not if they are tested as COVID positive. Some states have had particular department and interorganisational groups to have regular meetings and to discuss those things and have involved the aged-care peak bodies. This has not been so much the case in Victoria, and we think that is something that would probably enhance what has been a pretty good response by the Victorian State Government to date. They are some of the major issues that have come forward. Perhaps the best thing I can do is allow people to ask questions, or if there is anything in particular you would also want me to cover off in terms of the aged-care providers' experience.

The CHAIR: Thank you so much. I will pass to Ingrid Stitt, MP, for the first questions.

Ms STITT: Thank you, Chair, and thank you, Ms Sparrow, for your attendance this afternoon. Look, I think we have seen relatively low infection rates in residential aged care in Victoria and obviously want to keep it that way.

Ms SPARROW: Yes.

Ms STITT: Can you explain for the Committee what sort of support and materials the sector has received from the department to keep outbreaks to an absolute minimum or to manage no outbreaks?

Ms SPARROW: Sure. So the aged-care sector, obviously every year we prepare for infectious diseases like the flu or gastro, so aged care was in probably a slightly better position than some other industries in that we, as soon as this started to happen, prepared and got pandemic plans in place and started working towards—but obviously coronavirus is different from the flu. A lot of the support that we have had has actually come through the Commonwealth Government because it has got its overriding responsibility for aged care, and they have put in place some additional funding to support the additional costs that providers are seeing. Where we have the most contact with states is around when there is an outbreak, which we have not had—an outbreak in Victoria—in the same way that we have seen in New South Wales, and mostly it has been through looking at the directives that the state has put out, being in contact with them. It has been more of an information kind of role, really, than actual supports to the experience that my members have had to date.

Ms STITT: You mentioned in your opening statement that there were a couple of teething problems, perhaps, with the visiting arrangements for aged-care facilities. Do you think that you are in a place now where the right balance has been struck between managing the virus and the wellbeing of aged-care residents?

Ms SPARROW: Well, I hope that we are, but I think it is a dynamic situation. One of our reflections over recent times is that as restrictions start to ease in fact aged care is more at risk, if you like. We really are the new front line, and it only takes one person to come in who is asymptomatic. So I think it is going to continue to be a continual balancing act to make sure that what is happening is reflective of making sure that people are being kept connected with their families but also that we are doing everything to keep COVID out of residential aged care.

That visitor code was a good piece of work and represented at a particular given point in time what was seen to be best practice or the best way that we could accommodate and balance both those of those things. It is due for review at the end of next week, and I think there is going to need to be ongoing review to make sure that we are keeping the balance right and that we are seeing what is happening in the community generally as the restrictions start to ease. So I think it is an ongoing conversation, and I think that we have to be very vigilant. We cannot afford to get complacent. So it is going to be an ongoing review and vigilance about what is happening in the community, what is happening with community transmission and therefore what the risk is going to be for residential aged-care residents.

Ms STITT: Yes, very good point. Obviously we are dealing with members of the community in aged-care facilities, where loneliness is already a huge problem, and we have heard some evidence today that there is a large proportion of aged-care residents that do not get visited in ordinary times, let alone the challenges that this pandemic must present. Can you give us a few examples of the kinds of initiatives that your members are undertaking to keep residents socially connected to family and friends?

Ms SPARROW: Unfortunately, I think the best estimate I have seen of people who do not have visitors is around 40 per cent of all people in residential aged care, which is a pretty shocking statistic really. There are a range of programs, including things like community visitor schemes and activity programs, that are in place to try and support those people who do not have family or friends visiting them.

Certainly many providers have been quite proactive around the kinds of visits and activities. Obviously using technology has been a major part of that, and we are lucky to live in the time that we do because people can do what we are doing now—we can Zoom, we can FaceTime, we can call. But providers have also been doing things like window visits, which still keep people separated but mean that you can see someone and talk to them on the phone. One of the things that particularly I have seen with one of our members down in Geelong—they have introduced visiting pods. I think in this case it was a shipping container that had been converted. It looks lovely—you would never know it was a shipping container. It has got a glass panel, and both the visitor and the person have got somewhere really nice to sit. Tea and coffee are brought to them. They can have a cup of tea or coffee together and have a chat, and as soon as that visit is finished they go in and they clean. There have also been lots of interesting kinds of activities that are being done, and one of the things about when facilities were locked down was that in that way you could allow people to be—and they are now as well—wandering around and continuing to do activities. I saw a wonderful barbecue when the weather was nicer where people were socially distanced and sitting outside. One of the staff members was an opera singer, and so he serenaded them while they had a barbecue. So I think they are doing all sorts of things to try and keep people connected.

Lots of things, we know, have gone online, and providers are taking advantage of those things too to try and expand the world. There have been lots of penpal correspondence-type things, particularly with schools or kindergartens who used to go in. So those things have changed shape, but providers have been trying to do all of those things to keep people connected with family and loved ones but also connected to the broader world.

Ms STITT: Thank you. Obviously the Commonwealth have the primary role in terms of funding the aged-care sector. We know through numerous inquiries that financial sustainability is an issue—

Ms SPARROW: It is.

Ms STITT: particularly for the not-for-profit sector. Maybe if you could describe the financial impact of the pandemic on your members that would be a good place to start.

Ms SPARROW: Yes; sure. And, look, you are quite right about some of the financial pressures that all providers are facing, particularly not-for-profits. So 56 per cent of all residential care facilities in metropolitan areas are operating at a loss. It goes to a pretty shocking 71 per cent in rural and remote areas that are now operating at a loss. Home care providers while they are doing marginally better are actually doing that by reducing their costs, and what we worry about is that the costs that are being reduced are not sustainable. So we do think that the industry was already vulnerable, and then we have had these additional costs hit us with coronavirus.

We put together a rescue package. We called it a rescue package for the Commonwealth Government to consider in terms of the kinds of support that we needed for a six-month period to make sure that we could do all of the things we needed to do to keep people safe and well through this whole period. We requested an additional \$15 per day per resident, and that was to cover the cost of things like the additional cleaning, the PPE, making sure the training was in place, some of the costs associated with visits. So what lots of providers have now is a concierge. So someone comes in, they check in, we do all the screening that we need to do, we take them to a designated area to meet with their family or we escort them out, and then we clean if it is a common area where people are sitting, or we clean in their rooms. So there are a lot of additional costs associated with that in residential care. The Government did provide recently \$205 million to support those costs, which we appreciate, but it is not near the \$15 a day, so we think that there is still additional support needed.

There are additional costs for home care as well, and sadly what we are seeing in the home care space across the country is that a number of people have been too scared to have workers come in. They are nervous about that because the workers do not show up in the full hazmat suit that they see people in on TV. So we have also been seeking additional costs for home care providers to try and make sure that people feel confident to receive

care at home, because we do not want people living at home unsupported. So there are additional costs in meeting the PPE and trying to support people to utilise technology et cetera that we think home care needs additional support with. The Government have not done any of that. They have done some other initiatives in home care but not anything directly for providers.

We also sought a technology fund. Many aged-care providers are able to do technology relatively easily, but as you can imagine, the demand for being able to connect like this has gone through the roof, so we were seeking some additional funding support to enable it to happen, which has not been forthcoming.

A big one has been around the workforce. We have got 350 000 workers across the country. They are doing an amazing job. They are on the front line with other health workers, which is sometimes not recognised in the same way. We have got a lot of casual workers who do not get paid if they do not come to work, and what we wanted to do was to support casual workers who have got families and bills to pay—that we would definitely be able to pay them so they can stay home if they need to self-isolate but also to backfill and bring in additional staff. Many providers are doing that anyway, which is great, but given the financials that I outlined to you earlier there is in some cases limited capacity or it is compounding what is a financial issue for providers. So we were also seeking that kind of support.

As I said, there has been some additional funding put in, mostly to residential aged care, and we are very appreciative of that, but we do not think it has gone far enough for providers.

Ms STITT: So the rescue package that you asked for, did you ask for that prior to the pandemic or was it in response to the pandemic?

Ms SPARROW: It was early in the piece in the pandemic, and once our members had started to experience what additional costs they could expect we did not want to put in a claim that did not bear any resemblance, so I think it went in in April—end of March, April—after people had started to experience the costs.

Ms STITT: And you said that you received an additional \$205 million from the Federal Government. What was the shortfall? What did you ask for? I think you said that it was a per resident figure, but what was the global figure that you asked for and the shortfall?

Ms SPARROW: Look, we think that the way that the Government did it equated to it being a different payment in regional areas than in metropolitan areas, and I might need to actually get you those figures, because the way they were calculated was a little bit different. Would it be okay if I took that one on notice and came back to you about exactly how they translated them?

Ms STITT: Sure.

Ms SPARROW: But it was significantly less than what we had asked for but important nonetheless, and the Commonwealth have provided a range of other—so if there is an outbreak, the national stockpile comes into play for PPE, so there is a range of other things as well. Perhaps what I could do is give you a bit of a run-down—if I can take that on notice—of what has been done and what we actually were requesting.

Ms STITT: That would be terrific. I have just got couple of questions on the workforce issue. You said that there is a workforce of 350 000 and you had been asking for some additional support, particularly around when people needed to self-isolate, and that obviously makes a lot of sense when you are dealing with an incredibly vulnerable cohort that these workers interact with.

Ms SPARROW: Absolutely.

Ms STITT: Was that in relation to both home care and residential care?

Ms SPARROW: Yes, and the way we did it was, it sort of was an ‘up to’, and we did some calculations about what it might be if a percentage of the workforce was off at any period of time. I can send to you the rescue package that puts forward what that was.

Ms STITT: Thank you. How are you handling volunteers in light of the pandemic and the restrictions on access to aged-care facilities and so on? I imagine that might be a bit of a challenge in the not-for-profit sector.

Ms SPARROW: It is. It is a challenge and different providers have done different things. Some providers actually did reduce volunteers coming in. Others treated them more as workers. They are subject to all the same screening as staff or anyone coming in. In some instances additional training was provided for volunteers. Providers have had to make decisions, and I think it is important to note that providers are on the ground, so they know what is happening in their local community. They know what is happening in the home, so they are making individual decisions about how they can best support and manage the volunteers. But obviously volunteers are really critical, and we value the work of volunteers. It is National Volunteer Week this week so a huge acknowledgement to them. Providers have done different things based on what they need to do in their services and how they best think they can manage it.

Ms STITT: Thank you. Just finally, I have got a little bit of time left, not much. How do you think the industry can attract the best staff to the profession?

Ms SPARROW: Look, there is a whole lot of work going on in the workforce space around making sure that it is a career that people want. It is a very fulfilling area to work in, but I think we do not talk about and think about aged care as a career and I think that is something we need to do better. There are all sorts of things you can do in aged care. I think we tend to focus on nurses, which is one part and a very important part, but we also need people in technology, we also need people in hospitality. One of the great advantages that we have got through this period where so many people have lost jobs in other industries is that we have got to triple our workforce by 2050. There is a whole lot of opportunities in aged care and we are hoping that we can use that as a positive out of what has happened to be able to retrain and re-skill and have more workers come in.

At ACSA we have a workforce and industry development unit, which looks at promoting careers in aged care and looks at attracting people in, including young workers. We did set up through the pandemic a workforce hub that enabled people who had been displaced from other industries to find people in aged care who were looking for additional workers, so we have got a range of things there. But what we have to do in aged care is we have to talk about what a great place it is to work in—all of the opportunities that are in there. We know that in some instances remuneration is not commensurate with the value of the work that people are actually doing, so there is a whole piece of work to do around pay and conditions as well. It is a big task and we have actually now got a national workforce industry council that is looking at all those things and trying to make sure we are in the best possible position. I think sometimes we are perceived in aged care quite narrowly, so we think about it as nurses and care workers. We do not connect it in with the broader health system, and I think that is an important thing that we need to do to give people career progression and growth through it.

Mr HIBBINS: Thank you for appearing today. You touched on it briefly, but I did want to ask specifically about home care providers, and you indicated some of the challenges there. Could you just elaborate on some of the challenges that home care providers are facing and how they are responding to the pandemic?

Ms SPARROW: Yes. So, I mean, they do have additional costs, similarly related to going to see people. I think the biggest challenge for providers has been people refusing services. People have not felt safe with them going in. The challenge for home care providers—in a way in residential care we actually have more control over the environment. What happens with home care workers is they are going into individuals' homes. So in terms of some of the issues around cleaning or who has been in the home and have people who have been in the home been screened, that is all out of the control of the home care provider. So they have to do additional work before they send people in. They might be talking to the individual who is getting care to find out if they are feeling well. That is an additional kind of thing that they are doing up-front. Sometimes if it is a person with dementia and there is not someone supporting them, that can be very difficult. There might be additional cleaning that needs to be happening when staff are coming in and out. But I think by far what providers have been talking about, along with PPE, is just their concern that many older Australians have been nervous and have not wanted the service to go in at all. That has been a big stress for people.

Mr HIBBINS: Has access to PPE been an issue at all for home care providers?

Ms SPARROW: Look, I think they are worried that they do not have enough. One of the things with home care is that you do not traditionally go in in a way that you might have to. They are good at infection control, but they do not use PPE in the same way that residential care does, so I think it has been an added stressor for them. As I said, people are seeing on TV people in hospital and people fully gowned and masked and then a worker comes to the door and is not like that, and the health advice is that they do not need to be. That has been

a real stress and a strain. I think there is education that needs to happen both for our workers, which we are trying to address, and also for the community about when you come in to do house cleaning what is appropriate and what is needed. But, yes, people have been concerned to make sure that they have got enough PPE so that if there is an outbreak or a COVID-positive person that they are potentially going in to see, that is there. As we know, PPE has been difficult to get and the prices kind of went through the roof for a period of time there.

Mr RIORDAN: Thank you, Ms Sparrow, for your contributions. Just interested in your thoughts. One of the things that has concerned me is in my electorate I have got quite a lot of aged-care facilities, and in my involvement in the past there is often this conflict between that person's room and that person's human rights and that person's being. As we know, there are many people in our aged-care facilities with a whole range of capabilities. We have sort of got these very blanket rules across the organisations that are really impinging more than on any other sector of the community about how they live. I know with some organisations—take smoking, for example—if you are still a smoker, there are all sorts of rules and regulations. There are all sorts of activities going on that people have really had dampened. Of course, like in all cohorts of people, there are extroverts and introverts and some people are really suffering. Do you think we will get a learning out of how much we can clamp down, like get that balance between the public health good and the rights of those people to still exist in a risky environment just like everybody else in the community has to live in a risky environment?

Ms SPARROW: I think that is a really important point, and it is something that we all do struggle with. I think there is the individual right and then, as you say, there is also the fact that there are a whole lot of people in a kind of congregate living. So I am hopeful that we will see, where we can, were there things we can do better that enable that. It is always going to be unfortunately in that sort of congregate care living a hard balance to strike, but hopefully we are learning every day as we are going through this about what things we can do and how we can do them better.

Mr RIORDAN: One thing that interests me greatly is you talked about the visiting pods in Geelong. I have not actually heard about that, but that was to me a very unique way. So is there something Government could perhaps be involved in? If we are worried about this type of pandemic in the future, is that something our aged-care sector needs to think about—how we might be able to maintain access with something like that?

Ms SPARROW: Yes, I think so, and I think this particular one, which was down in Geelong, was Multicultural Aged Care Services. I think they were on the news. Maybe I can send you a link to that so you can see, because it really is quite impressive. There are lots of interesting things for us to think about out of this whole experience, about what it does mean to us going forward and to change even for all of us in terms of the flu—not going to work if you are not well because of the flu, because of the impact that it has. And home care—the things that we might be able to do in home care that we have not done before that are more about keeping people connected using technology et cetera.

I think there have been changes in programs as well where providers have been given more flexibility about how they spend their funding. I think there are questions about: if we can do it in this period and it has got a good outcome for people, why would we not do it outside of the pandemic? So I think those are the sorts of conversations that will start to happen when things settle down a little bit more and we can look at what has happened and what has worked really well, like the pods, and how we potentially look at having more of those things as things settle down and we start to have those conversations.

Mr RIORDAN: Have you had any feedback on the compulsory flu vaccinations to enter aged care? Clearly that happening on 1 May is not anyone's fault in particular, but there is now a national shortage of flu vaccines. But for both staff and family members who may have been on a list—I certainly know in my electorate that people are on an indefinite waiting list to get access to the flu vaccine—what are you hearing about how people's quality of life, I guess, is being diminished by being excluded from facilities?

Ms SPARROW: I suppose there are two categories about that. Obviously we have had a lots of comments from people who are anti vaccinations generally about what the Commonwealth put in place, and families sometimes who have wanted to come in have been told that they cannot come in. That is a terrible situation for the family member and for the resident, but I think we have to understand why Government have done it.

You are right to say that there are still pockets where people have not been able to be vaccinated, and I think providers are trying to do the best they can. But there are some legal issues around where even if people are not

vaccinated they can come into the facility—to see if there is another way of facilitating visits. I know providers have been looking at that, and we have been talking to the lawyers about how that is interpreted. So there is more work to do in that, but we know it is causing concerns for a lot of families where that is the case.

Workers are a little bit different. There was an expectation, and I think the Federal Government announced it before, that all aged-care workers, unless there are medical exemptions, need to actually be vaccinated. Even before that announcement most workers were and most providers had programs in place to try and make sure that their workers were.

But I think it has been a unique year, as you were saying, with some of the shortages and the supply line challenges. But with a lot of the members now that we are talking to, particularly in terms of staff, I am not hearing huge widespread issues around that sort of pocket. There was a good initiative put in place with primary healthcare networks to try and make sure that aged-care providers' staff were vaccinated, but I think it is very stressful for families when they cannot come in. Providers have been trying to look at what they can do around that, but because of the way the directives et cetera are happening it is difficult and there is not a lot of room to move.

Mr RIORDAN: I think there is a fine balance to run between the human rights and individuals' rights and the—

Ms SPARROW: I know, and I absolutely appreciate what you are saying. I think, again, it is not the same as having a face to face, but this is also where we need to be using technology as much as we can to keep people at least connected that way.

Mr RIORDAN: Has your organisation met with the State Government or made representations, and if so, have you had all your concerns addressed or had a good hearing?

Ms SPARROW: We have had lots of contact through the helpline and found them really helpful. They do get back to us. I am just going over some notes here. The project management office that is in DHHS has been particularly helpful to us. We have been doing that by emails and seeking clarification, and they have been good. There have been some particularly good liaison and mutual support between us and the rural aged care and bush nursing liaison section of the project office. They have been terrific to deal with.

The one thing that we would say we have seen in some of the other states—because of course we are a national body—is, for example, in South Australia they have actually had meetings between health and aged-care peak bodies; that has not happened in Victoria. But what has happened and the contact we have had has been positive, and our members have reported that as well.

Mr RIORDAN: Okay. And my last question is around the home care packages, which you have touched on quite a lot.

Ms SPARROW: Yes.

Mr RIORDAN: Are you finding in this unusual time people who are perhaps progressing through their ratings in that because of the lack of visitors to their home who could perhaps report rapid deterioration or people—I think you identified—refusing to have people come by? Has there been difficulty in managing people's progression along the home care package funding sort of continuum, if you like?

Ms SPARROW: I do not know if I can answer that question really clearly; it might be something that I need to take away again and have a look at. But I know that what providers have been doing—and the Commonwealth Government have put some processes in place where it has happened that people have not wanted services—is there have been checks in place; providers have kept in touch. So while they have not been going in, they have been keeping in touch and making sure that people are doing okay, and there has been a service set up federally to do some of that work as well. I might need to check with some of our members about whether or not there have been any issues about people's progress, but I think the checking has been there. We know obviously there are still over 100 000 people waiting for packages and a smaller proportion of those, but still a large number of people, waiting for packages at a high level, which I understand is your question. I have not had any specific examples come to me from members where they have said that has been problematic, but it is something that I can ask and come back to you on.

Mr RIORDAN: Good. Thank you.

The CHAIR: Thank you. Thank you very much for appearing before our Committee today. The Committee will follow up any of the questions taken on notice in writing, and responses will be required within five working days of the Committee's request. That concludes our hearings for today, indeed for the fortnight, so we thank all of the witnesses who have appeared before us over that period of time. We thank Hansard and broadcasting and our Committee secretariat for the work that they have also put into these hearings. I declare this hearing adjourned. Thank you.

Ms SPARROW: Thank you.

Committee adjourned.