



The Aged Care Crisis in Australia's COVID-19 Success Story: A Commentary

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Abstract

The world took a beating from COVID-19, with no nation spared. Australia's response to the pandemic has been recognized as particularly successful, with the comparatively small total of COVID-19 related fatalities. However, these achievements in controlling the virus and keeping the economy buoyant are contrasted by significant failures, particularly the Federal and state governments' inability to contain the outbreak within the aged care sector. This commentary forms an understanding of the COVID-19 outbreak in Australia's aged care sector, drawing from articles published in the 'The Australian' newspaper. We focus on priorities, responses and management at different levels, observing subsequent impacts, not only on elders, but also on workers and the wider community. Our findings indicate that neglect of elders is a pre-existing cultural and social tendency that was exacerbated and also made visible through this pandemic. The media articles particularly vilified what they saw to be government inaction, failing to address issues of safety and regulation that already plagued the aged care sector prior to the pandemic, all of which were intensified by COVID-19.

Keywords: pandemic, older adult, public health, media, government, aged care worker

Introduction

In early 2020, global leaders scrambled to prepare and activate existing pandemic response plans (Georgeou and Hawksley 2020). Contrasting national responses to the spread of COVID-19 resulted in starkly different outcomes. The Global Health Index rated the US as most prepared (Cameron et al. 2019), but former President Donald Trump took no urgent action, insisting the virus would simply disappear (Rieger 2020). The US suffered the most widespread community transmission and greatest death toll per capita in the world (Schis-

menos et al. 2020), while Australian authorities took health recommendations seriously and instituted swift measures to protect the community. This was generally effective and at the time of writing (29 April 2021), we have seen a comparatively small total of 910 deaths from COVID-19 in Australia (DoH 2021). Despite this national success, the aged care sector was hard hit.

There were two significant aged care sector outbreaks in Australia. The first was in Sydney, New South Wales (NSW) during Australia's first wave of COVID-19, where just one home was widely reported on at the time: Newmarch House (The Lancet 2020). The second

outbreak was in Melbourne, Victoria, where the virus spread to several aged care homes, playing a considerable part in that state's struggle to contain a second wave of COVID-19. Reportage of the aged care crisis across Melbourne gave extensive coverage to the situation at another home called St Basil's, which came to epitomize the crisis across the sector (Gailberger 2020bc).

This commentary focuses on the COVID-19 outbreak in the aged care sector in Australia, and emphasizes the responses and management at different levels, as well as impacts on elders, aged care workers, and the wider community. To develop this paper, we analyzed 203 articles published in 'The Australian' from 1 March 2020 (marking the beginning of the first wave) until 15 August 2020 (marking the turn around when case numbers started to reduce). We chose 'The Australian' as our single media platform as it is one of the most widely accessible news sources, and the only nationally distributed newspaper in Australia. The following sections present reportage pointing to failures that caused and exacerbated the outbreak. These failures were attributed to: (i) the Federal government, which manages aged care; (ii) state governments, which manage health; (iii) the aged care sector, which did not respond effectively; and (iv) aged care workers, who were caught at the center of the crisis.

How it began: Management of the COVID-19 outbreak

Early in the pandemic, aged care workers and their representatives questioned the sector's capacity to respond effectively to pandemic conditions. Phill Tsingos, President of The Nurses' Professional Association of Queensland, flagged concerns about workers' capacity to handle the COVID-19 crisis without additional training or official advice specific to aged care. Other concerns he identified included facilities not being appropriately designed for pandemics (e.g., lack of air circulation systems) and not having access to suitable personal protective equipment (PPE) (Lunn 2020d). The NSW Nurses' and Midwives' Association also raised a warning at the beginning of the pandemic about the risk of COVID-19 spreading in aged care homes, citing vulnerabilities among elderly residents, shortage of registered nurses and lack of infec-

tion control training among staff (Lynch 2020). These concerns were widely over-ridden with confident claims of capacity from Federal and state governments and peak bodies. Patricia Sparrow, CEO of Aged and Community Services Australia, claimed that annual flu preparedness meant that infectious disease measures were already in place. Sean Rooney, CEO of Leading Aged Services supported her position, identifying the 2017 influenza outbreak as a trigger for updating infection control strategies with focus on "staffing provision and protocols, to contain the spread of viruses and maintain an adequate workforce" (Lunn 2020d). Despite this, COVID-19 was poorly managed in the aged care sector, demonstrating inadequate sector management and problems in coordination between Federal and state governments and aged care facilities management.

The first substantial aged care outbreak at Anglicare's Newmarch House spread from a worker, who had worked six shifts while unknowingly COVID-19 positive, causing nine infections among residents and staff. The NSW Health Minister, Brad Hazzard, claimed the worker had not been 'doing the right thing'. This drew broad criticism with Health Services Union State Secretary, Gerard Hayes, insisting "the government should not victimize people who might test positive for COVID-19" (Norington 2020). As the death toll rose to sixteen residents, the Aged Care Quality and Safety Royal Commission threatened to revoke Newmarch House's aged care license, issuing them with a Notice to Agree, contingent upon improvement of services, and not accepting new residents (Lunn 2020c). Hazzard issued an apology to families who had lost loved ones, but attempted to absolve his government of responsibility insisting that NSW was 'leading the world' in containing the virus outbreak (Lunn and Bashan 2020). Subsequently, NSW Police Minister, David Elliott, called the outbreak a 'natural disaster', dismissing any suggestion of criminal negligence (Gair 2020a).

Management shortfalls in the Newmarch House outbreak pointed to a poorly regulated aged care system extending beyond the one embattled facility. Aged Care Quality and Safety Commissioner, Janet Anderson, accused Anglicare Sydney (the Newmarch House operating body) of failing to intervene and being unresponsive as

they had waited six days before accepting staff assistance from the privately run Aspen Medical company to control the outbreak (Lunn and Gray 2020). Further, poor communication was identified as a key problem that ultimately resulted in the demise of some residents, with relatives complaining they had not been kept abreast of deteriorating conditions and had been excluded from decisions about their treatment (Bashan and Ore 2020). The deaths at Newmarch House highlighted several apparent inadequacies in service provision at that facility where residents reportedly endured 'nightmarish conditions' (Cornwall and Reid 2020).

Aged care workers: heroes or antagonists?

Aged care workers came under public scrutiny for spreading COVID-19 to their patients, resulting in several deaths (Ritchie 2020). At least two found themselves in a prolonged media spotlight, identified as potentially having indirectly spread COVID-19. Following the case of the nurse at Newmarch House (Bashan and Ore 2020), a Queensland nurse was found to be working while awaiting COVID-19 test results. The state's Chief Health Officer, Dr. Jeanette Young, accused the worker of peddling inconsistent disclosures regarding travel as she had failed to report a trip to Kuala Lumpur, Malaysia in late March 2020. At the time of the report, she was under investigation for possibly causing Australia's youngest COVID-19 death (McKenna 2020).

Meanwhile, aged care workers' own safety was compromised with circumstances that risked contracting the virus themselves (Hannan 2020). Understaffing and casualization of the workforce within the aged care sector were exposed as associated risks became evident, including workers being employed by multiple facilities and having no access to paid leave, making it financially unviable for them to miss shifts even if they were unwell (Hannan 2020; Sainty, and Parkes Hupton 2020). Victorian Health Minister, Jenny Mikakos, acknowledged this, saying "We know that we have a transient

workforce, a casualised workforce, working across many aged care facilities" (Stainty and Parkes-Hupton 2020). Shortages of aged care staff were addressed by the Federal government through re-deployment from private hospitals and interstate entities such as the Defense Force and Australian Medical Assistance Teams (Baxendale and Lunn 2020). Government rhetoric framed this in heroic terms, with Federal Health Minister, Greg Hunt, describing aged care workers as 'wonderful human beings' (Gailberger 2020a).

Much media attention was given to inadequacy in training, particularly among carers in private homes. Almost 70 percent of nursing home care workers trying to manage the outbreak had Certificate 3 qualifications,¹ requiring just six weeks' training (Lunn and Baxendale 2020). They were referred to as 'underqualified and inadequately trained' and many were not supplied with PPE (NCA Newswire 2020; Vinall 2020c). A United Workers Union survey of 1,000 carers found two-thirds felt unprepared to deal with a virus outbreak, and almost one-third said they had received no additional training in COVID-19 safety measures or how to use PPE (Hannan 2020; Lunn et al. 2020). Finally, as a response to Fair Work Commission findings, the Federal government provided eligible residential aged care employees access to paid pandemic leave (Lyons 2020). While this provision was welcomed, it was viewed as belated and narrow in scope with strict eligibility only reaching casual employees who work on a regular and systematic basis. Other concerns were the short-term limits (maximum three months), potentially inequitable rates, based on average earnings over the previous six weeks, and limits of scope, only approved until 29 March 2021. The risk remained that the most vulnerable would still fall through the cracks, and that staffing shortages would be unresolvable unless leave entitlement was extended to all (Hannan 2020; Lunn et al. 2020).

Since the outbreak of COVID-19 in several nursing homes in Australia, there has been an apparent increase in concern about the vulnerability of the nation's

1 [https://www.tafensw.edu.au/course/-/c/c/CHC33015-02/Certificate-III-in-Individual-Support-\(Ageing\)-/](https://www.tafensw.edu.au/course/-/c/c/CHC33015-02/Certificate-III-in-Individual-Support-(Ageing)-/). Protection means isolation and lack of social connectedness.

elders. In relation to this, several media articles documented a public exchange of opinions over whether visits to aged care homes should be partially or completely restricted. In response to several aged care homes completely banning visits to their residents, Prime Minister Scott Morrison alluded to the frailty of elders, cited detriment to their health and well-being, and suggested that such measures exceeded the recommendations of the National Cabinet (Lunn 2020a, f). In recommending that homes should remain open to allow short visits by a maximum of two visitors once per day per resident, the Prime Minister threatened to introduce regulations to ban home closures altogether, except where exemption is granted by application (Lunn 2020a).

Although some aged care homes adopted measures such as remote interactions over Skype to allay the apprehension of families, there were still concerns that institutions prioritized fortifying their facilities against COVID-19 over ensuring good mental health of their residents (Lunn 2020b). However, Aged and Community Services Australia chief executive, Patricia Sparrow, rebutted that the sector had worked hard at being compliant with the confusing government guidelines, restricting visitation privileges based on the residents' needs. She maintained that care providers remained committed to supporting the mental and spiritual well-being of their residents (Lunn 2020f). Other public figures, such as Mark Veitch, Acting Director of Public Health Tasmania, opposed Prime Minister Morrison's stance (Denholm 2020). Sean Rooney of Leading Aged Services suggested that Mr. Morrison's comments were confusing to nursing home providers as they seemed to contravene general recommendations for elders over 70 years to remain isolated (Lunn 2020h). Rooney's observation was based on the concern that allowing families to visit aged care homes would present a logistical blunder as they were not equipped with sufficient PPE to prevent the spread of the virus in the care facilities. Further, despite Morrison's admonitions and other dissenting opinions, peak bodies, including Aged and Community Services Australia, insisted that the aged care providers should be commended for their work (Lunn 2020a).

In contrast to such commendations, reports were

surfacing of staff in some homes providing insufficient care for residents, subjecting them to missed meals (Holland-Batt 2020; Reid, and Lunn 2020) and dirty bed linen (Cornwall and Reid 2020). These instances of neglect were compounded by poor technical knowledge of handling disease outbreaks, such as failure to properly use and dispose of PPE (Gair 2020b,c). The state of care for elders following the lockdown reportedly deteriorated with accounts of residents being malnourished, dehydrated, soiled, heavily sedated, and isolated in their room for entire days (Markson, 2020; Piovesan 2020; Vinall 2020a,b). Insensitivity in communication from aged care facilities to elders' family members was widely reported. Reportage also strongly criticized the decision made by Victoria's Department of Health and Human Services to refuse hospital admission to elders infected with COVID-19, choosing instead to sedate them (Markson 2020; Piovesan 2020).

Widespread neglect of elders has been exposed through this pandemic, indicating a culture that undervalues elders (Letters 2020; Shanahan 2020). The cultural embeddedness of this problem was highlighted by a public fracturing between Federal and state governments as the crisis in aged care peaked, with Victoria's Premier, Daniel Andrews, declaring nursing homes unsafe (Baxendale and Lunn 2020) and Federal government condemning of Andrews' lock down policies and their impact on the economy. The Prime Minister attempted to avert erosion of public confidence in the sector, insisting that aged care homes were doing a 'good job', citing that just 13 out of 430 homes across Melbourne required close monitoring (Lunn and Varga 2020). The media weighed in on this public spat, framing a rhetorical invitation for public judgement: "...whether the public believes the Victorian outbreak, the need for draconian restrictions and deaths of the elderly are Morrison's fault or Daniel Andrews's responsibility..." (Shanahan 2020), but clearly apportioning blame to the state's Labor response: "Are these hour-long daily briefings a masterclass in obfuscation or soliloquies in crisis theatre? The Premier's skill of bending words like Beckham, around a pesky press pack, to connect with the #IStandWithDan crowd is counterproductive. He simply deflects and confuses" (Editorial 2020).

Discussion

The aged care sector was sorely neglected long before COVID-19, with the pandemic only bringing to highlight the crisis. Prior to the pandemic, more than half of all aged care homes nationwide were operating at a loss, particularly those in rural and remote areas (Garcia 2020). Additionally, despite a growing demand for residential aged care, there has been inadequate expansion in the number of places available and in funding. This shortfall has been overseen by successive governments (Ergas 2020). Governmental neglect of economic losses suffered by the sector, and the growth of demand were highlighted by COVID-19, exacerbating an already critical situation (Lunn 2020g). Yet, this pattern of neglect continued throughout the pandemic with the sector continually side-lined by the government.

Although the Prime Minister announced that AU\$500 million of the AU\$2.4 billion health stimulus released by the Federal government would be allocated to support the needs of the aged care sector, aged care representatives were skeptical about the adequacy of this package given how severe the situation was. This skepticism was proved right, as the AU\$500 million financial package failed to remedy what the Royal Commission on Aged Care Quality and Safety's interim report termed 'system-wide problems' (Lunn 2020g). In a further discussion paper, the Royal

Commission highlighted the need for AU\$20 billion a year of investment in the aged care sector to implement improvements (Trincia 2020).

Some media articles indicated the need for changes in how aged care facilities are viewed if the sector is to be revitalized. Many aged care facilities are now viewed as being part of a 'highly privatized' sector, operating as large-scale organizations that prioritize profits over care (Lunn 2020g; Lunn, and Baxendale, 2020; Trincia 2020). Casualization of the workforce is also a result of this profit-driven business model. The private sector relied heavily on its workers to provide care for the elderly but did not equip them with adequate rights and resources (Lunn and Baxendale 2020; Lunn 2020g). In one instance, in the early outbreak period, care workers were asked to supply their own masks at work (Lunn

2020e; Lunn, and Baxendale 2020). There were also cases where facilities employed temporary visa holders who were paid at lower rates than other workers (Lunn and Baxendale 2020). In combination with inadequate staffing, poor infection control measures and PPE not supplied due to cost-cutting measures, it is unsurprising that the sector was rendered so vulnerable to the COVID-19 virus (Vinall 2020c).

The COVID-19 pandemic has highlighted several gaping inadequacies within the Australian aged care sector, which require a systematic and multilateral resolution. Our research at the Humanitarian and Development Research Initiative at Western Sydney University, aims to address these issues and reduce isolation-related vulnerabilities by developing innovative, locally based initiatives of care that support the ageing population. We are in the process of developing a community-driven initiative that supplements existing support structures at the local level. Having such local community connections in Australia could be particularly beneficial in activating localized support for older generations in peri and post emergencies, such as pandemics and weather extremes (Schismenos et al. 2021). This initiative could also find applications in more countries that have ill-prepared aged care sectors, and elders who experience social isolation. Importantly, adopting this approach will facilitate older people to age in their own homes and local communities in accord with their preference.

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