



# CONTENTS

---

|  |           |
|--|-----------|
| <b>EXECUTIVE SUMMARY .....</b>                                     | <b>1</b>  |
| Background .....   | 1         |
| Client Needs & Expectations .....                                  | 1         |
| Service Providers' Response.....                                   | 3         |
| Recommendations .....  | 3         |
| <b>1. INTRODUCTION.....</b>  | <b>4</b>  |
| <b>2. BACKGROUND.....</b>  | <b>4</b>  |
| <b>3. METHODOLOGY .....</b>  | <b>4</b>  |
| Telephone Survey Respondent Profile.....                           | 4         |
| Service Types .....  | 5         |
| Service Provider Focus Groups .....                                | 5         |
| <b>4. KEY FINDINGS .....</b>                                       | <b>6</b>  |
| How Clients Managed During COVID-19 Lock Down .....                | 6         |
| Client Needs and Expectations Post COVID-19 Lock Down .....        | 9         |
| Service Providers' Response to Client Needs and Expectations ..... | 10        |
| How Clients Stayed Informed During COVID-19 Lock Down .....        | 12        |
| Use of Technology During Lock Down .....                           | 13        |
| Service Providers' Response to Use of Technology.....              | 14        |
| After COVID-19 Lock Down .....                                     | 15        |
| Concerns on Easing Restrictions.....                               | 16        |
| Service Providers' Response to Client Concerns .....               | 16        |
| <b>5. DISCUSSION OF KEY ISSUES.....</b>                            | <b>16</b> |
| <b>BIBLIOGRAPHY.....</b>   | <b>18</b> |
| <b>APPENDIX .....</b>  | <b>19</b> |

# EXECUTIVE SUMMARY

## Background

A phone survey of 351 CHSP clients and three focus groups (metro, regional SA and CALD), with 17 CHSP service providers was undertaken in May-June 2020 to:

- Identify the needs and expectations of CHSP clients as SA emerges from the COVID-19 isolation restrictions
- Ascertain the capacity of CHSP service providers to respond to the needs and expectations of CHSP clients, including the identification of any barriers.
- Inform how CHSP clients had managed during COVID-19 lock down
- Provide details about their use of technology
- Comment on pre and post COVID-19 perceptions: What clients are looking forward to and any concerns they may have.

Reactivating Social Support Group programs is extremely time consuming and despite their best efforts, service providers are aware that these arrangements are not fully meeting the need of their clients.

## Client Needs and Expectations

When COVID-19 Restrictions end:

82% of clients will need their services to go back to how they were before the lock down. 9% indicated that they would need additional services, mainly one-off home maintenance services.

100% of clients receiving Social Support - Group services before the lock down period clearly stated their need to return to their group programs for the sake of their wellbeing.

## Service Provider Response to Client Needs and Expectations

Service providers stated that for most, a return to delivering Domestic Assistance services at full capacity will be relatively easily achieved, and that many clients have already reinstated their services.

The main issues are:

- Maintaining COVID-safe conditions for clients, staff and volunteers.
- Transporting older people to and from social support groups whilst maintaining COVID-safe protocols.
- Providing meals and beverages: an integral component of many social support group programs due to SA Health regulations which forbids the serving of these in Council-owned facilities.
- Safely re-engaging volunteers into Social Support Groups programs – many of these groups are reliant on volunteers to provide transport and meals and as a majority of volunteers are older and therefore considered vulnerable, they are reluctant to return.

Service providers are actively seeking creative ways to address these issues including:

- Adopting staged approaches
- Holding smaller groups
- Reducing the length of time of groups, enabling more than one 'shift' per day.
- Providing food that clients can take away with them when they leave the group.
- Encouraging clients to find and use alternative transport options, including providing taxi coupons for use with local taxi drivers.
- Focussing on reactivating groups that aren't dependent on transport – ie those activities that clients usually attend via their own means.
- Continuing to provide social support via regular phone calls using volunteers.
- Brokering services to other agencies

The biggest challenge facing service providers now as COVID-19 restrictions are lifted is the reinstatement of Social Support – Group.

52% of clients indicated they had felt more lonely during isolation and this was higher for CALD clients (78%) and ATSI clients (86%).

## How Clients Managed During COVID-19 Lock Down

The majority of clients managed quite well in a number of areas including accessing information, receiving the support and services they needed to live well, looking after their health and well-being, and knowing how to access medical treatment if they needed it.

- 47% of clients had received regular phone calls from their service provider
- 91% of them agreed that this communication had provided some comfort and they felt safe, reassured and connected to the service.

Of those who had suspended domestic assistance services during lock down:

- 75% had relied on others including partners and family members to undertake domestic tasks.
- 56% had also been "doing it themselves".
- 14% had been "doing without".
- 62% stated that these arrangements could not continue after lock down, mainly as family members had to return to work or other commitments, or that it had impacted negatively on their own health.

While many clients had stated that they could manage in a practical way, this was not the case regarding loneliness. **52% of clients indicated they had felt more lonely during isolation and this was higher for CALD clients (78%) and ATSI clients (86%).**

### Staying Informed During COVID-19 Lock Down

- 95% of clients relied on television to stay informed about the COVID-19 situation.
- 47% received calls or newsletters from services providers.
- 35% relied on the radio.
- 34% relied on family members.

Nearly 30% said they were interested or maybe interested in learning about technology.

## Use of Technology during COVID-19 Lock Down

- 19% visited the Commonwealth Department of Health website and 18% visited the SA Health website.
- 31% had a telephone consultation with a GP or other medical practitioner.
- 9% had an online consultation with a GP or other medical practitioner.
- 19% had used on-line shopping.
- 30% had used on-line banking.
- Although over half had used a mobile phone, only 14% had used the internet to access information, thereby not fully utilising the smart phone function of their device.

**60%** used some type of technology of which 52% used a mobile phone.

Amongst the 40% who did not use technology:

- 46% did not have any devices.
- 44% were not interested in owning or using a device.
- 41% stated they don't understand how to use technology.
- 6% stated they couldn't afford a device.
- 73% indicated they were not interested in learning about technology and its uses at home for shopping, banking, telehealth or social interactions.

## The Future - Looking Forward to:

Overall, the majority (72%) of clients are looking forward to socialising again. This was higher for CALD clients (88%) and ATSI clients (86%).

- 65% are looking forward to going out again.
- 47% are looking forward to seeing family.
- 34% are looking forward to buying whatever they want from the shops.
- 33% want things to return to how they were.

## The Future - Concerns

Clients are also worried:

- 46% are concerned that the coronavirus will still be around and /or there won't be a vaccine for a while.
- 21% are concerned that things will be more expensive.
- 19% fear an economic recession.
- 15% that there will be a high unemployment rate.

## Service Providers' Response

---

The aged care sector is well aware that older people are more likely to be disadvantaged if they have not embraced the use of technology, therefore service providers were not surprised by the number who had stated they were not interested in learning about technology, as this correlated with their own experiences.

Although most clients had stated they were not interested in learning about technology, service providers considered it positive that nearly 30% had said “yes” or “maybe” during a time of uncertainty and change. This presented an opportunity for the future especially as there exists new devices specifically designed for those who find navigating ‘traditional’ devices overwhelming, and that have such features as one touch audio and video calls, messages, emergency alerts, shared calendars and photo sharing.

Service providers are aware of the anxiety that some clients are experiencing due to the easing of restrictions, and will continue to communicate with them through phone calls, newsletters and in other ways to reassure them that reinstatement of services including social support groups will be undertaken in a COVID-safe manner.

Service providers would like the Department of Health to be aware that reinstating COVID-safe CHSP services is time consuming and requires considerable resources for planning and implementation. This has both financial and reporting implications. They would also like the Department to be aware that the new flexibility arrangements enabling them to re-allocate funding between service types has been appreciated, however, funding for service types is often allocated to staff and vehicle expenses and therefore not easily directed to other service types or options. There are concerns that clients will expect this flexibility to be an ongoing feature of CHSP post COVID-19 recovery.

## RECOMMENDATIONS

---

The research undertaken for this project has identified that the CHSP sector is facing the following major issues:

- Confusions around the State Government restriction requirements that need to be met by CHSP providers for the reinstatement of Social Support-Group programs that are COVID-safe (meet Australian Government and SA Government restrictions)
- Reinstatement of Transport needs of clients that are COVID-safe (meet Australian Government and SA Government restrictions)
- Lack of utilisation/future uptake of technology by CHSP clients restricting the access to urgent and current information of both State and Commonwealth health updates/warnings
- Resilience of CHSP clients – many are experiencing loneliness and anxiety about the future.
- Potential shortage of volunteers as some are anxious about returning to their roles.

### It is recommended that:

1. The Australian Government Department of Health advocates and provides advice to the SA Government on how to best support the unique needs of older people who need to return to their social support programs, and that there is collaboration between the relevant SA Government Departments and the CHSP sector to identify ways to overcome identified barriers.
2. That additional resources be made available to the CHSP sector to address the COVID-safe transport needs of older people during the COVID-19 recovery period, to enable them to re-connect with their social networks.
3. That resources be made available to the CHSP sector to address the wellbeing and resilience needs of CHSP sector including staff, volunteers, clients, carers and their broader communities.
4. That resources be made available to the CHSP sector to facilitate access to programs such as ‘Tech Savvy Seniors’ and ‘Be Connected’ involving the provision of one-to-one or individualised support in a small group setting to provide older people with more opportunities to learn about technology and its uses at home for shopping, banking, Telehealth and social interactions.

# 1. INTRODUCTION

During this unpredictable time, Australians are experiencing restrictions in their movements and the ways in which they can connect with other people.

Never before have there been so many rules that dictate how people are to go about their daily lives, and it is older people have borne the biggest brunt of these restrictions, having been identified as vulnerable and at higher risk of succumbing to COVID-19.

The Commonwealth Home Support Programme (CHSP) provides support for frail older people to live independently at home. This report explores the impact of these extraordinary rules on this vulnerable cohort, and the ways they had been supported by CHSP service providers during the Australian COVID-19 lock down period.

## 2. BACKGROUND

In May 2020, the State-wide Network of South Australian Collaborative Projects recognised the need to develop a COVID-19 recovery response for the CHSP sector.

A project was developed to:

- Identify the needs and expectations of CHSP clients as SA emerges from the COVID-19 isolation restrictions
- Ascertain the capacity of CHSP service providers to respond to the needs and expectations of CHSP clients, including the identification of any barriers pertaining to this.
- Inform how CHSP clients had managed during COVID-19 lock down
- Provide details about CHSP clients' use of technology
- Comment on pre and post COVID perceptions: What clients are looking forward to and any concerns they may have.

## 3. METHODOLOGY

The project was overseen by a Working Group comprised of four Collaborative Project Officers (from Barossa, Eastern Metro, Northern Metro and Western Metro).

It involved a telephone survey of CHSP clients undertaken by CHSP service providers who were recruited by Collaborative Project Officers from 10 of the 12 Collaborative Project regions in SA. In addition three focus groups were held with service providers via videoconference.

This report provides a comprehensive summary of the key findings and includes *verbatim* quotations from clients and service providers. The survey questionnaire is included as an Appendix to this report.

## Telephone Survey Respondent Profile

A total of 351 CHSP clients were interviewed by phone during the period 11-21 May 2020.

Of these, 65% resided in metropolitan SA, 20% were Culturally and Linguistically Diverse (CALD) and 2% were of Aboriginal or Torres Strait Islander (ATSI) descent. 61% of the total were female.

Table 1 shows the breakdown of survey respondents by age, gender and ethnicity; Table 2, the breakdown by Collaborative Project regions.

| Age            | ALL | CALD | ATSI |
|----------------|-----|------|------|
| 50-4           | 1%  | 2%   | 1%   |
| 65-70          | 9%  | -    | <1%  |
| 71-75          | 16% | 11%  | <1%  |
| 76-80          | 17% | 14%  |      |
| 81-85          | 17% | 33%  |      |
| 86-90          | 14% | 17%  |      |
| 90+            | 7%  | 9%   |      |
| Age not stated | 18% | 15%  |      |
| Gender         |     |      |      |
| Male           | 39% | 32%  | 86%  |
| Female         | 61% | 68%  | 14%  |

Table 1: Survey Respondents age, gender and ethnicity

| Regional SA       | %   | Metro          | %   |
|-------------------|-----|----------------|-----|
| Adelaide Hills    | 2%  | Eastern Metro  | 10% |
| Barossa           | 12% | Northern Metro | 24% |
| Far North         | 3%  | Southern Metro | 16% |
| Fleurieu Region   | 3%  | Western Metro  | 15% |
| Murray Mallee     | 12% |                |     |
| Yorke & Mid North | 3%  |                |     |
| <b>TOTAL</b>      | 35% |                | 65% |

Table 2: Respondents by Collaborative Project region

### 3. METHODOLOGY CON'T

#### Service Types

- Nearly half (48%) of all clients surveyed were receiving Social Support – Group of which 67% were receiving no other services. Of these 69% were CALD clients.
- A third (32%) of the total were receiving Domestic Assistance.
- 15% were receiving Social Support –Individual.
- 29% had requested services be suspended during the COVID-19 lock down period.
- 28% had received home maintenance or home modifications of which 8% had only received a one-off service in the past 6 months.
- Smaller proportions received allied health, nursing and respite services.

Table 3 shows the number of CHSP clients in South Australia by service type compared with the Recovery Response project survey sample.

It is quite evident that the survey sample was skewed towards those who received Social Support – Group.

This is because that particular cohort of clients were more likely to have requested calls from service providers *in lieu* of being able to attend their social support groups during the lock down period.

It is also worth noting that some of the interviewers recorded clients who received Social Support – Group as also receiving Meals and Transport, which is inaccurate as these were included as part of the Social Support – Group service.

This inaccuracy may explain the large proportion of clients who received these service types\*.

|                             | n= SA CHSP CLIENTS | % SA CHSP CLIENTS | % CLIENT SURVEY |
|-----------------------------|--------------------|-------------------|-----------------|
| CALD                        | 16,642             | 19%               | 20%             |
| ATSI                        | 1,846              | 2%                | 2%              |
| Allied Health & Therapy     | 7,779              | 9%                | 6%              |
| Domestic Assistance         | 33,349             | 38%               | 32%             |
| Flexible Respite            | 2,279              | 3%                | 3%              |
| Home Maintenance            | 16,860             | 19%               | 16%             |
| Home Modification           | 1,702              | 2%                | 3%              |
| Meals                       | 3,484              | 4%                | 14% *           |
| Nursing                     | 1,988              | 2%                | 3%              |
| Personal Care               | 5,612              | 6%                | 1%              |
| Social Support - Group      | 8,465              | 10%               | 48%             |
| Social Support - Individual | 8,433              | 10%               | 15%             |
| Transport                   | 14,871             | 17%               | 18%*            |
| TOTAL n=                    | <b>88,412</b>      |                   |                 |

Table 3: SA CHSP Client data compared with survey data. Source: Aged Care Data Snapshot, 2019

#### Service Provider Focus Groups

Following the survey, three focus groups were held via video-conference with CHSP service providers.

These were conducted on 1 and 2 June 2020. Consisted of Regional SA, Metro SA, and CALD SA groups.

A total of 21 service providers participated, representing 17 organisations and six Collaborative Project Officers also participated.

Pertinent client survey data was presented to their respective groups, followed by discussion focussed on:

1. Is there anything surprising from the data?
2. Are you able to respond to the needs and expectations of clients, ie those wanting to return to service delivery as it was pre-COVID-19?
3. How are you addressing the need to return to social support groups?
4. Have there been any issues around this, eg volunteers, staffing capacity, etc?
5. Was there sufficient information available about the conditions required to enable return to social support groups?
6. Is there anything else you want the Department to be aware of?

The responses from service providers are also reported in the following section of this report.

The following CHSP service providers were represented in the focus groups:

|                                |                        |   |
|--------------------------------|------------------------|---|
| Baptist Care                   | City of Marion         | Gawler Care and Share                     |
| Barossa & Light Home Assist    | City of Murray Bridge  | German-speaking Aged Services Association |
| Barossa Village                | City of Prospect       | Italian Cultural Centre                   |
| Bene Aged Care                 | City of Salisbury      | Meals on wheels                           |
| Chinese Welfare Services of SA | Country Health Connect |   |

## 4. KEY FINDINGS

The survey results show that most clients were able to manage quite well in a practical sense during the COVID-19 lock down period.

They were presented with a range of statements and asked to indicate how strongly they agreed or disagreed.

Comments included:

Of the 9% who disagreed or strongly agreed, they stated:

Those who disagreed or strongly disagreed provided the following reasons:

### How Clients Managed During COVID-19 Lock Down

The telephone survey of CHSP clients revealed a degree of resilience amongst a cohort of older Australians who have experienced much during their lifetimes including war, economic recession, migration, careers, raising families, grief and loss.

96% agreed or strongly agreed that ***“I have been able to access all of the information about the COVID-19 situation that I need.”***

- ▀ “There’s too much information”;
- ▀ “I find it depressing”;
- ▀ “Overkill with all the information”

86% agreed or strongly agreed that ***“I have been able to get all the services & support I need to live well.”***

- ▀ Not really, I haven't been able to get to my appointments and shopping without my neighbour, and I do not like to use services that I'm not familiar with such as xxxx. I've had bad experiences.”
- ▀ “It has affected the way I live as I have not had my floors vacuumed.”

A slightly larger proportion - 88% - agreed or strongly agreed that ***“I have been able to look after my health and wellbeing as I usually would.”***

- ▀ “It took away my support worker and my yoga.”
- ▀ “This has prevented me from attending the vital fitness activities I usually attend.”
- ▀ “I feel my health is declining as I cannot go anywhere.”
- ▀ “I am stuck in my home. The only contact I have is with my letterbox.”
- ▀ “I have been unable to see specialists and doctors. Everything is via phone. I’m not confident with the care provided by professionals as they are unable to see me.”
- ▀ “I am unable to access my dentist.
- ▀ “I’m waiting for shoulder surgery.”

## 4. KEY FINDINGS CON'T

### How Clients Managed During COVID-19 Lock Down CON'T

Other comments included:

Three quarters (75%) of respondents stated that they had relied on partners and family members to undertake domestic tasks during the lock down period.

Half of those who had relied on Social Support- Individual for shopping stated that family members were doing it for them. A few relied on neighbours and friends, and some used online shopping:

Some also went shopping themselves despite restrictions:

A number who had been attending exercise classes had found alternatives:

Those not able to attend social support groups called on friends and neighbours as well as family members to fill the void:

Nearly all – 96% - confidently agreed or strongly agreed that ***“I knew how to access medical treatment if I needed it”***, with a number of them commenting that family would support them to do this if necessary.

- Telehealth is not as good as face-to-face.”
- “I had phone appointments with my medical specialist.”
- “I know how to contact the hospital, and the chemist delivers my medicine.”

56% of clients receiving Domestic Assistance also indicated that they had ***“been doing it myself”***. Comments included:

- “I’m managing myself, my daughter works and helps when possible.”
- “My daughter visited from interstate to provide assistance during this time.”
- “My daughter has been helping with bathrooms and vacuuming. I’ve been doing light things myself.”
  
- “I’m using online shopping, have switched to chemist delivery, and am talking about other options with my support worker on phone.”
  
- “I have been going to the shops weekly to get items. My son has also helped when he can but not often.”
  
- “I have been walking around the garden.”
- “Also going for short walks and trying to maintain my exercise.”
- “As I’m not able to attend group & hydro, I will now be doing exercises at home.”
  
- “I have been in contact with my bus buddies via phone on a regular basis.”
- “I have been ringing friends. I drop sermons and news letters from church and Probus to members who can't get out.”
- “I keep in touch with family and friends, and use facebook for entertainment.”

## 4. KEY FINDINGS CON'T

While many did manage quite well, not all clients were as robust, and there were a few comments about the anxiety caused by the situation including this one from a CALD woman aged in her late 80's.

While most clients indicated that they could manage in a practical way, this was not the case regarding the loss of social connection.

Males (40%) more than females (26%) were not affected by the forced social isolation:

### How Clients Managed During COVID-19 Lock Down CON'T

- “I am too frightened to go anywhere because of the virus. I cannot go out. I do not want anyone in my home. I am so lonely. It is hard for me to hear on the phone. My daughter answers the phone and visits me every day.”

Over half (52%) agreed or strongly agreed that *“I have been feeling more lonely since being in isolation.”* This was higher amongst CALD clients (78%) and ATSI clients (86%). The older cohorts of 81-85 years and 90 plus years of age also recorded a higher proportion – 60% and 65% respectively as shown in Table 4.

*“I have been feeling more lonely since being in isolation”*

|              | STRONGLY AGREE / AGREE | NEUTRAL | DISAGREE / STRONGLY DISAGREE |
|--------------|------------------------|---------|------------------------------|
| ALL          | 52%                    | 17%     | 31%                          |
| CALD         | 78%                    | 6%      | 16%                          |
| ATSI         | 86%                    | 14%     | 0%                           |
| MALE         | 55%                    | 5%      | 40%                          |
| FEMALE       | 58%                    | 16%     | 26%                          |
| 65-70        | 32%                    | 24%     | 44%                          |
| 71 -75       | 47%                    | 16%     | 37%                          |
| 76-80        | 50%                    | 15%     | 35%                          |
| 81-85        | 60%                    | 13%     | 27%                          |
| 86-90        | 53%                    | 17%     | 30%                          |
| 90+          | 65%                    | 17%     | 18%                          |
| Age unstated | 40%                    | 25%     | 35%                          |

Table 4: Loneliness by age, gender and ethnicity

- “I have found social isolation very difficult”
- “I am feeling very isolated and very lonely ... nothing to do at home”
- “I am bored and cannot go anywhere, or see anyone.”
- “I am able to contact friends but miss going out with family & friends.”
- “I’m a former farmer - used to being on my own. Been a farmer and truck driver all my life and don't feel impacted by the social isolation.”
- “I’m too busy to feel lonely.”

There were many comments from clients stressing their need to return to social groups. The large number of those who were feeling lonelier is perhaps not surprising given the size of the sample of clients who prior to lock down were regularly attending social support groups.

## 4. KEY FINDINGS CON'T

When asked about their service needs when COVID-19 isolation ends.

62% of Domestic Assistance clients stated that their arrangements could not continue once restrictions were lifted as they were struggling to do it themselves, and/or family members would not be available:

Those receiving other services such as Home Maintenance, Social Support – Individual and Personal Care also stated that they would need their services to be reinstated for a number of reasons:

Those who had been attending exercise classes recognised their value:

Not surprisingly, given the number of clients who were feeling more alone, 100% of those receiving Social Support - Group clearly stated they needed to return to their groups as they were missing the social and cultural connection.

### Clients Needs and Expectations Post COVID-19 Lock Down

82% of clients stated that they will need their services to go back to how they were before COVID-19 as the arrangements they had in place during lockdown could not continue.

- "Some of this work which I have been doing lately has been affecting my pain levels."
- "I struggled to manage."
- "I need my cleaning lady back. She does more than cleaning its social too. I miss her."
- "I need my cleaner as I can't use the vacuum cleaner it's too difficult for me."
- "My family won't help with the cleaning."
- "My family all work and they are helping me out for the time being."
  
- "My son will be going back to work soon and I don't like to ask my neighbour to help out too much so I really am in need of the services I receive .... to get me to my appointments, food shopping and to groups."
- "My daughter has a business and lives over 2 hours away."
- "I am unable to maintain my gardening on my own. I have had both knees worked on and recently had surgery on my right knee."
- "I need to continue with personal care from my provider to give my wife a break."
- "I would like to get back to my routine of shopping and social support and the ability to have transport to get to various venues."
- "I want to go to the shops and not order over the phone for home delivery. I'm not able to drive so would appreciate assistance with shopping."
  
- "I'm coping OK but looking forward to getting back into the exercises to help with balance and vertigo."
  
- "I need to go back to my social groups again to see my friends. It is so lonely."
- "I am missing my friends at the German social groups. I am forgetting how to speak German. I miss the German food."
- "The bus trips are very important for my mental health. The staff are understanding and it is a safe environment to talk without being judged."
- "I'm looking forward for the social group to restart so I can get out of the house. I'm very bored."
- "I have relied on the Men's Shed for many years and have great friends there. I've missed them, and I'm uncertain about how the program will be affected after this all ends. I hope that the program won't be affected by distancing, and that we can return and start meeting weekly again."

## 4. KEY FINDINGS CON'T

---

### Service Providers' Response to Client Needs and Expectations

Discussion during focus groups indicated that service providers were not surprised by the data from the client survey, as many had maintained regular contact with clients via phone to check on their welfare and to discuss their support needs, both current and future.

Most service providers had maintained pre-COVID-19 service delivery levels during lock down, albeit with some modifications. All had instigated COVID-safe practices, for example, not accepting cash co-payments nor requiring a signature from clients. Those who continued to deliver in-home services had adopted a process of contacting clients beforehand to enquire about the client's health and to assure them that the care worker was also healthy.

One regional SA service provider was able to fill the void left by another provider that had suspended Social Support – Individual services, by re-deploying staff to do the shopping for those clients left without a service. While one provider had ceased their Transport service due to social distancing requirements, another had continued to offer transport to medical appointments, however for one person only.

This wasn't really an issue as many medical practitioners were not allowing carers to sit in on appointments during the lock down period. That same provider reported that they were preparing to reinstate the service that allowed carers to once more travel with clients, as their volunteer drivers were comfortable with this move back to 'normal'.

Service providers affirmed that a return to delivering Domestic Assistance services at full capacity would be easily achieved. While one provider conveyed that a large number of their clients had requested services be suspended, others reported that most domestic assistance clients had already requested reinstatement of services. In fact, many had reinstated their services after suspending them for only a short time. This change of mind was attributed to the regular contact providers had maintained with their clients during the lock down period, during which they reassured clients that services could be delivered safely.

Due to the large number of older volunteers considered vulnerable, one state-wide provider modified their meals service, providing frozen meals twice weekly *in lieu* of the pre-COVID number of five hot meals per week. Since recently reinstating services they have received significant positive response from both clients and volunteers. Not only are clients appreciative of the return of hot food, but both volunteers and clients are enjoying the renewed social contact. That same provider described being overwhelmed by applications from 4,000 people seeking to volunteer for the organisation.

**Not all service providers had the same experience.** Reinstating Social Support-Individual services was going to be a challenge for one large metropolitan provider, as they had relied heavily on volunteers to take clients shopping and to medical appointments pre-COVID, and had to cease these services during the lock down period as most of their volunteers were considered vulnerable. As many volunteers are still reticent about returning, the provider will need to broker services to another agency whilst they recruit additional volunteers. This was likely to have a significant financial impact on the organisation.

**By far, the main challenge facing service providers was addressing the issues around the reinstatement of Social Support - Group.**

During lock down, as directed by the Department of Health and aided by the increased flexibility arrangements, providers had been innovative in trying to fill the void of suspended social support programs. A number had redeployed their volunteers and staff from face-to-face contact to calling clients by phone. One provider had maintained a schedule of calling clients at the same time that they would usually be attending a small social group, so that a routine of some social contact was maintained: *"Clients would get their cup of tea ready for the call .."*

**Another provider organised virtual social support groups for those clients who had capacity to utilise technology.**

## 4. KEY FINDINGS CON'T

### Service Provider Response to Client Needs and Expectations CON'T

When asked about the information available regarding the conditions required to enable return to face-to-face social support, service providers acknowledged that there had been, and to a certain degree there still remained, some confusion.

This arose from inconsistent messages received from different sources, including from their own Fund Agreement Managers. On 21 May the Australian Government Department of Health issued a statement regarding the return to face-to-face social support groups, directing providers to State Government guidelines. It appeared that this information was missed or misinterpreted by some who maintained that vulnerable people were still excluded from the lifting of restrictions.

However, overcoming the confusion about the return to social support programs was less daunting than addressing significant issues, including:

- Getting clients to understand that it's not a 'return to normal' but a restricted, modified service being offered, with quite rigid protocols in place.
- Reinstating social support groups while maintaining SA State Government COVID-safe conditions for clients, staff and volunteers, for example, maintaining a cleaning regime in between any surface contact which severely limits many group activities (bowls, scrabble, chess, dancing) that has any regular body or item contact.
- Providing meals and beverages: an integral component of many social support group programs. At the time of the focus groups, SA Health restrictions forbade the serving of food and beverages in local council facilities which are used by many providers for their social support programs.
- Transporting older people to and from social support groups. This was considered the number one barrier for several service providers. At the time of the focus groups, to comply with social distancing it was possible to safely accommodate only 4 people in an 11 seater bus, rendering it unviable for many to run their usual social support groups. The requirement to thoroughly clean vehicles between trips is also a barrier due to financial costs and lack of human resources to undertake the tasks.
- Safely re-engaging volunteers into programs – many providers rely on volunteers to run social support, including providing transport for clients to groups in their own vehicles. As a majority of volunteers are older and therefore considered vulnerable, some are anxious and reluctant to return, further exacerbating the transport issue.

Service providers are actively seeking creative ways in which to address these issues including:

- Adopting staged approaches
- Reducing the length of time of groups, enabling more than one 'shift' per day.
- Providing food that clients can take away with them when they leave the group.
- Encouraging clients to find and use alternative transport options, including family members, providing taxi coupons for use with local taxi drivers.
- Virtual social support groups.
- Holding smaller groups
- Focussing on reactivating SS-G's that aren't dependent on transport – ie those activities that clients usually attend via their own means.
- Continuing to provide social support via regular phone calls using volunteers.
- Brokering services to other agencies.

**Providers discussed that as services are reinstated it is challenging to predict the impact on budgets and reporting requirements.**

Before reinstating suspended services it is necessary to review service plans, and some clients may take the opportunity to request changes of care workers, requiring further time and effort. Also, services cannot be reinstated as they were before lockdown, as everyone now has to operate in the new COVID-safe way. Despite the wishes of clients, it is not possible to return to "how things once were."

**As one service provider stated, and was agreed with by others: "It is quite quick to suspend services, but it takes three times as long to put them back in ... and six times as long to put back social support groups."**

Service providers have appreciated the new flexibility arrangements enabling them to re-allocate up to 100 per cent of their funding between their funded service types in 2019-20 and 2020-21, however they expressed concern that clients would expect that this would be an ongoing feature of CHSP.

## 4. KEY FINDINGS CON'T

The survey also sought to explore how clients stayed informed during the lock down period.

Table 5 shows that the majority (95%) of clients relied on television to stay informed about the COVID-19 situation.

### How Clients Stayed Informed During COVID-19 Lock Down

Nearly half (47%) of all survey respondents identified their service provider as one of the ways they had been kept informed about the COVID-19 situation. This was higher amongst CALD clients (73%) and ATSI clients (100%).

Overall, 91% of clients agreed that the communication by phone had provided some comfort and they felt safe, reassured and connected to the service.

Over a third (35%) relied on the radio and on family members for information. Less than a fifth (19%) visited the Commonwealth Department of Health website, and even less (18%) visited the SA Health website to obtain information about the COVID-19 situation.

25% of males were informed via newspaper compared with 16% of females, while females were more likely to use social media than males (14% and 4% respectively).

**How have you been keeping informed about the COVID-19 situation?**

|   | ALL | MALE | FEMALE | CALD | ATSI |
|---|-----|------|--------|------|------|
| Television                                      | 95% | 95%  | 96%    | 93%  | 100% |
| Service provider – newsletter or phone call     | 47% | 45%  | 49%    | 73%  | 100% |
| Radio   | 35% | 36%  | 35%    | 53%  | 14%  |
| Family members                                  | 34% | 27%  | 39%    | 46%  | 29%  |
| Friends/Neighbours                              | 22% | 19%  | 23%    | 22%  | 29%  |
| Newspaper                                       | 19% | 25%  | 16%    | 19%  | 0%   |
| Internet  | 14% | 17%  | 12%    | 6%   | 0%   |
| Social media - facebook, Twitter, Instagram etc | 10% | 4%   | 14%    | 3%   | 14%  |
| The local paper                                 | 6%  | 10%  | 5%     | 10%  | 0%   |
| Italian Radio & Newspaper                       |     |      |        | 4%   |      |

Table 5: How have you been keeping informed about the COVID-19 situation

## 4. KEY FINDINGS CON'T

The use of technology by clients during lock down was another area of interest.

Devices were used for the purposes shown in Table 6. Some clients used more than one device and for more than one purpose.

“I used technology for playing games, meeting up in zoom with my local spiritual congregation and communicating with friends.”

Amongst the 40% who did not use technology:

### Use of Technology During Lock Down

Overall, 60% of survey respondents stated that they had used some type of technology during lock down. This was significantly higher for the 65-70 year age group at 88% compared with 40% of those aged 86 plus.

Over half (52%) of respondents used a mobile phone. This was the same for both males and females. Use of a tablet was the next most popular device at 19%, followed by lap top and desk top computer, both 15%.

| What did you use the device/s for?                                   | ALL |
|--|-----|
| Keeping in touch with family and friends                             | 80% |
| Keeping up to date with the news                                     | 31% |
| Doctor consultation – phone  | 31% |
| Telehealth/doctor consultation – on line                             | 9%  |
| Following interests and hobbies eg facebook groups, u-tube tutorials | 29% |
| On-line shopping   | 19% |
| On-line banking  | 30% |
| Playing games  | 3%  |

Table 6: Use of technology by CHSP clients during lock down

The use of on-line banking by 30% of clients may have been enabled by the Australian Banking Association (ABA). During the COVID-19 lockdown, many bank branches closed and small retailers limited the use of cash to reduce the risk of spreading the disease.

The ABA was quick to respond to the needs of a large cohort of older Australians who relied on cash transactions, and issued debit cards to approximately 600,000 customers free of charge.

<https://startsat60.com/money/banks-debit-cards-passbook-holders>

- 46% did not have any devices (38% male and 52% female)
- 44% were not interested in owning or using a device
- 41% stated they don't understand how to use technology, this was significantly higher at 71% amongst CALD clients.
- A small proportion (6%) stated that the cost of owning a device was a barrier

## 4. KEY FINDINGS CON'T

### Use of Technology During Lock Down

Overall, nearly three quarters of clients indicated they were not interested in learning about technology and its uses at home for shopping, banking, telehealth or social interactions.

Of the 28% who said “yes”, “maybe” or “unsure” regarding the suggestion to learn how to use technology, the most interest was expressed by:

- ▀ “Why should I?”
- ▀ “I don't like technology don't think it's safe and I don't like social media.”
- ▀ “I am too old for technical stuff.”
- ▀ “I'm too old; the language and jargon is confusing.”

Those who had used devices during COVID-19 lock down; and those aged 71-75 and those living in regional SA (20%, 19% and 18% respectively). This is shown in Table 7.

**Would you be interested in learning about technology and its uses at home for shopping, banking, telehealth or social interactions?**

|        | ALL | MALE | FEMALE | 65-70 | 71-75 | 76-80 | 81-85 | 86-90 | 90+ | AGE UNSTATED | CALD | METRO | REGIONAL | USED TECH | DID NOT USE TECH |
|--------|-----|------|--------|-------|-------|-------|-------|-------|-----|--------------|------|-------|----------|-----------|------------------|
| No     | 73% | 70%  | 73%    | 81%   | 68%   | 68%   | 78%   | 83%   | 74% | 67%          | 76%  | 73%   | 70%      | 62%       | 86%              |
| Yes    | 15% | 15%  | 15%    | 16%   | 19%   | 13%   | 15%   | 8%    | 9%  | 17%          | 14%  | 15%   | 18%      | 20%       | 8%               |
| Maybe  | 10% | 12%  | 8%     | 3%    | 11%   | 15%   | 3%    | 6%    | 4%  | 11%          | 6%   | 9%    | 8%       | 14%       | 4%               |
| Unsure | 3%  | 3%   | 3%     |       | 2%    | 2%    | 3%    | 2%    | 9%  | 5%           | 2%   | 2%    | 5%       | 3%        | 3%               |

Table 7: How Interest in learning how to use technology

### Service Provider Response to Use of Technology During Lock Down

There was a lot of discussion by service providers, particularly during the metro focus group, around the responses of clients to using technology.

The COVID-19 lock down had highlighted the value of technology, as it had enabled people to work from home, to remain socially and globally connected and to shop for groceries and other items.

It was apparent that those who did not have access to technology would be more disadvantaged than those who did during the lock down period.

The aged care sector is well aware that older people are more likely to be disadvantaged if they have not embraced the use of technology, therefore service providers were not surprised by the number who had stated they were not interested in learning about technology, as this correlated with their own experiences.

One provider observed that; *“The ones that used technology during this time and linked in with on line shopping etc were those who were already a little tech savvy, and the ones who didn't, well, it was not the right time, it was in the too hard basket.”*

**It was agreed that the timing was probably not right to suggest the learning of new skills, especially as many would need assistance to show them how to use the device but they didn't want anyone coming into their house to show them**

- ▀ “They would probably love to be taught about it one-on-one with someone they trust, but that's not possible right now.”
- ▀ “Maybe in a couple months they'll be more open to taking that next step.”

## 4. KEY FINDINGS CON'T

Service providers found it interesting that very few clients had identified the cost of owning a device as being a barrier to using technology.

In fact several clients had stated that they only used their phone for making calls. One service provider used the following analogy:

Although most clients had stated they were not interested in learning about technology, service providers considered it positive that nearly 30% had said “yes” or “maybe” during a time of uncertainty and change.

Clients were asked about what they were most looking forward to when COVID-19 restrictions were lifted.

In addition to a large number of comments about returning to socialising were these comments:

### Service Providers' Response to Use of Technology During Lock Down CON'T

However, this was consistent with their own findings when contacting clients regarding using the CHSP underspend to purchase technology-based personal monitoring systems or technology devices.

Despite being offered the opportunity to purchase a device up to the value of \$1,000, a large proportion had declined on the basis of “not being interested”.

Another observation was that while half of those who had used technology during the lock down period owned a mobile phone, only 14% had used the internet to access information. This suggested that they were using their phone for calls only and not utilising the smart phone features.

► “It’s like them saying “I’m not interested in using a car. I’ll keep using my horse because I know how to use my horse,” even though the car would be more comfortable and would provide them with more capability.”

This presented an opportunity for the future especially as new devices are now available specifically designed for those who find navigating ‘traditional’ devices overwhelming, and that have such features as one touch audio and video calls, messages, emergency alerts, shared calendars and photo sharing.

### After COVID Lock Down

Overall, 72% of clients were looking forward to socialising again. This rose to 88% of CALD and 86% of ATSI clients. 65% were looking forward to going out again and nearly half (47%) were looking forward to seeing family.

A third were looking forward to buying whatever they want from the shops and the same number just “want things to return to how they were”.

- “I want to hug my grandkids.”
- “To get in the caravan and go for a trip somewhere.”
- “Looking forward to going for a walk along the beach with my wife. We would do this regularly before COVID-19.”
- “The virus has not really had any impact on me. I am a bit sick of hearing and reading it all the time. I potter around my home. I miss my wife who passed away recently.”
- “I’m really looking forward to the library being open again.”

## 4. KEY FINDINGS CON'T

Clients were also asked if there was anything that concerned them about the easing of restrictions.

Other concerns included:

### Concerns on Easing Restrictions

A small proportion (12%) stated they had no concerns. Nearly half (46%) were concerned that the coronavirus will still be around and /or that there won't be a vaccine for a while.

There were concerns about the economic impact including that things will be more expensive (21%), that there will be an economic recession (19%, and that there will be a high unemployment rate (15%).

- “I’m worried when social isolation ends there is going to be a second wave and we will have to go back and self-isolate again,”
- “Just hoping that people will continue to do the right thing regarding to social distancing etc.”
- “I’m not concerned for myself but for my grandchildren and their generation.”
- “I worry if the government can afford all these hand outs and we have to pay it back somehow, maybe through increased taxes.”
- “Nothing. The government knows what they are doing - we will follow their direction. We've done well.”
- “I’m really looking forward to the library being open again.”

### Service Providers’ Response to Client Concerns

During the focus groups with service providers it was apparent that they are well aware of the concerns that some clients have regarding the easing of restrictions.

Service Providers will be continuing to communicate with them through phone calls, newsletters and in other ways to reassure them that reinstatement of services, including social support groups, will be undertaken in a COVID-safe manner.

## 5. DISCUSSION OF KEY ISSUES

The survey of CHSP clients and focus groups with CHSP service providers has provided valuable insight into the impact of the COVID-19 lock down period on some of South Australia’s most vulnerable older people.

Of most concern is the consequences of social isolation on the health and wellbeing of CHSP clients as the links between loneliness and poor physical and mental health outcomes are now well established.

The Australian Psychological Society (APS) defines loneliness as “.....a feeling of distress people experience when their social relations are not the way they would like. It is a personal feeling of social isolation.” (Source: [Australian Loneliness Report](#), Australian Psychological Society (APS) & Swinburne University of Technology, November 2018)

APS also states that, based on previous studies, prior to COVID-19 pandemic one in four Australians were lonely, however a recent survey revealed that “..... loneliness could be increasing nationally, with the majority (57%) of Australians feeling lonely and isolated more often since the outbreak of COVID-19.” (Source: [Psychologists warn loneliness is a looming health issue](#), Australian Psychological Society, (APS) 6 May 2020)

The survey responses of CHSP clients reflects this increase of loneliness.

## 5. DISCUSSION OF KEY ISSUES CON'T

---

Further to this, an on-line article in [The Lancet](#) in May 2020 addressed the issue of self-isolation for older people: *“Self-isolation will disproportionately affect elderly individuals whose only social contact is out of the home, such as at day care venues, community centres, and places of worship. Those who do not have close family or friends, and rely on the support of voluntary services or social care, could be placed at additional risk, along with those who are already lonely, isolated, or secluded.”* It went on to say *“Urgent action is needed to mitigate the mental and physical health consequences.”*

The article goes on to identify online technologies as one mitigation strategy to provide social support and even *“... cognitive behavioural therapies... to decrease loneliness and improve mental wellbeing”*, however it acknowledges that there might be disparities in access to or literacy in digital resources, which we know holds true for 40% of the surveyed CHSP clients who, during lockdown, did not use technology for any purpose. (Source: [COVID-19 and the consequences of isolating the elderly, The Lancet, Vol 5, March 2020](#))

These survey results regarding the use of technology were not surprising and equate with a study undertaken by the Australian Government’s e-Safety Commission in May 2018. The ‘Understanding The Digital Behaviours Of Older Australians’ report, states *“This research highlights that there are significant barriers to increasing current levels of internet use, including lack of interest, lack of access, cost-related and lack of knowledge, about how to use devices and how to perform tasks online.”* (Source: [Understanding the digital behaviours of older Australians, Australian Government Office of the eSafety Commissioner, May 2018](#))

The report also found that older people would prefer to learn how to use technology off-line. This was supported by service providers who agreed that *“They would probably love to be taught about it one-on-one with someone they trust, but that’s not possible right now.”*

Telehealth has been used successfully in rural and remote areas and accessibility was increased to include metropolitan areas during COVID-19 lock down, so it would appear that it is here to stay, therefore it is important that older people become familiar with technology to maintain their health. (Source: [ABC, 2020](#))

If additional resources were made available, ‘Tech Savvy Seniors’ and ‘Be Connected’ are two programs that could be further explored and made available to CHSP clients, especially if new technology products that have been specifically designed for older people are used.

**The biggest barrier to meeting the needs of a significant number of CHSP clients, that is, their desire to “have things go back to how they were”, to see old friends again, to share culture and a meal and to have a laugh - are the social/physical distancing restrictions that are currently in place.**

- The SA Government needs to be aware of the impact of the new COVID-safe ‘normal’ that we all have to abide by, and to collaborate with the CHSP sector to address the unique situation of older people who desperately need to return to their social support programs.
- Furthermore, additional resources are required so that providers can comply with the COVID-safe protocols regarding physical distancing and cleaning when providing the bus transport that clients need to enable them to re-connect with their social groups.

**While many CHSP clients are keen to return to their groups, a number are experiencing a degree of anxiety about the future, as are older volunteers.** The coronavirus is still in the world and a vaccine will unlikely be available for a while yet. Service providers are doing their utmost within current constraints to continue supporting the social needs of older Australians which they know contributes significantly to their mental health and overall wellbeing, **however resources are stretched to the limit.**

**The resilience and wellbeing of the CHSP sector should be a priority in the COVID-19 recovery phase, and additional resources need to be made available to address the wellbeing and resilience needs of staff, volunteers, clients and their broader communities to ensure that the health and wellbeing objectives of the CHSP are achievable even during this extraordinary time.**

## BIBLIOGRAPHY

---

[\*Aged Care Data Snapshot 2019—fourth release\*](#), Australian Government Department of Health

[\*Commonwealth Home Support Programme \(CHSP\) Manual 2020–2022\*](#), Australian Government Department of Health, updated July 2020

[\*COVID-19 and the consequences of isolating the elderly\*](#), *The Lancet*, Vol 5, May 2020

[\*Half a million ‘vulnerable’ Aussies to be issued debit cards amid Covid-19\*](#), Jessica Galley, *Starts at 60*, April, 2020

[\*New Australian research reveals health toll of increasing loneliness\*](#), Australian Psychological Society, November 2018

[\*Psychologists warn loneliness is a looming health issue\*](#), Australian Psychological Society, May 2020

[\*Social isolation and loneliness\*](#), Australian Institute of Health & Welfare, Sept 2019

[\*The rise of telehealth in the coronavirus pandemic could lead to a permanent shift in healthcare\*](#), ABC News, May 2020

[\*Understanding the digital behaviours of older Australians\*](#), Australian Government Office of the eSafety Commissioner, May 2018

## CHSP CLIENTS COVID-19 - RECOVERY NEEDS & EXPECTATIONS - SURVEY – MAY 2020 QUESTIONNAIRE

|   |   |
|---|---|
| <b>INTERVIEWER TO COMPLETE THIS INFORMATION</b>   |   |
| <b>Service Provider Information – please complete</b>   |   |
| Name of Organisation <input type="checkbox"/> Metro <input type="checkbox"/> Regional SA  |   |
| Name of Interviewer   |   |
| Date of Interview   |   |
| Collaborative Project Region:   |   |
| <b>Client Information – please tick applicable boxes</b>  |   |
| Male <input type="checkbox"/>   | Female <input type="checkbox"/>   |
| Other <input type="checkbox"/>  | Age ..... CALD <input type="checkbox"/> ATSI <input type="checkbox"/>   |
| <input type="checkbox"/> Client requested reduced, suspended or ceased services during COVID-19<br><input type="checkbox"/> Client was <u>only</u> receiving Social Support – Group, before COVID-19 isolation restrictions started<br><input type="checkbox"/> Client has received only one off <u>service</u> eg gutter clean, window clean, home modifications in the past 6 months  |   |
| <b>Service Types received before COVID-19</b>   |   |
| <input type="checkbox"/> Allied Health & Therapy Services<br><input type="checkbox"/> Domestic Assistance<br><input type="checkbox"/> Goods, Equipment, Assistive Tech<br><input type="checkbox"/> Home Maintenance<br><input type="checkbox"/> Home Modification<br><input type="checkbox"/> Meals<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Other Food Services | <input type="checkbox"/> Personal Care<br><input type="checkbox"/> Flexible Care<br><input type="checkbox"/> Social Support - Individual<br><input type="checkbox"/> Social Support - Group<br><input type="checkbox"/> Specialised Support<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Respite<br><input type="checkbox"/> Other, please specify |

### INTERVIEWER'S SCRIPT

Good Morning/ Afternoon, this is ..... from .....

How are you today?, etc etc.

I'm calling you to ask if you'd like to be part of a survey we're doing so we can find out how you been managing during COVID-19 isolation so we can let the Commonwealth Government know what our clients need as the restrictions are eased.

It will take about 10 – 15 minutes. Are you willing to be surveyed, please? Your privacy is protected as we won't be recording your name or address, or any other information that will identify you.

|   |  |
|---|--|
| <b>1. The first few questions are about your experience at home when isolating during COVID-19.</b>   |  |
| <b>How have you been keeping informed about the COVID-19 situation? (UNPROMPTED. SELECT AS MANY AS ARE STATED. ONLY GO TO Q2 IF SERVICE PROVIDER IS SELECTED)</b>   |  |
| <input type="checkbox"/> Television<br><input type="checkbox"/> Radio<br><input type="checkbox"/> Newspaper<br><input type="checkbox"/> The local paper<br><input type="checkbox"/> Friends/Neighbours<br><input type="checkbox"/> Family members   | <input type="checkbox"/> Service provider – newsletter or phone call – <b>GO to Q2</b><br><input type="checkbox"/> Social media - facebook, Twitter, Instagram etc<br><input type="checkbox"/> Internet<br><input type="checkbox"/> Can't recall<br><input type="checkbox"/> Other, please specify |
| <b>2. Did this communication from your service provider make you feel safe, reassured and connected to the service? (UNPROMPTED)</b>  |  |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> Unsure <input type="checkbox"/> Rather Not Say <input type="checkbox"/>  |
| <b>3. ONLY ASK THOSE CLIENTS WHO REQUESTED REDUCED or SUSPENDED SERVICES DURING COVID-19 OR WHO WERE ONLY RECEIVING SOCIAL SUPPORT – GROUP, BEFORE COVID-19 ISOLATION RESTRICTIONS STARTED</b>  |  |
| <b>This question is about how you have been managing without the service/s you used to receive before the COVID-19 pandemic. (UNPROMPTED)</b>   |  |
| <b>a) What have you put in place to fill the gaps?</b>  |  |
| <input type="checkbox"/> Wife/husband/partner does it for me<br><input type="checkbox"/> Daughter/son/other family member does it for me<br><input type="checkbox"/> Friend/Neighbour does it for me<br><input type="checkbox"/> I've been doing it myself<br><input type="checkbox"/> I've been going without<br><input type="checkbox"/> I've been keeping in touch with group members in other ways, please specify<br><input type="checkbox"/> Rather not say/ unsure <b>go to Q4</b><br><input type="checkbox"/> Other, please specify |  |
| <b>b) Can this continue when social isolation ends?</b>   |  |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> Maybe <input type="checkbox"/> Unsure <input type="checkbox"/>   |
| Optional Comment  |  |

**4. Still thinking about your experience while isolating, we'd like to know how the COVID-19 situation has affected you. Please state if you agree or disagree with the following statements. The choices are: Strongly Agree, Agree, Neutral/Unsure, Disagree or Strongly Disagree**

a) I have been able to access all of the information about the COVID-19 situation that I need.

Strongly Agree     Agree     Neutral/Unsure     Disagree     Strongly Disagree

Optional Comment

b) I have been able to get all the services & support I need to live well.

Strongly Agree     Agree     Neutral/Unsure     Disagree     Strongly Disagree

Optional Comment

c) I have been able to look after my health and wellbeing as I usually would.

Strongly Agree     Agree     Neutral/Unsure     Disagree     Strongly Disagree

Optional Comment

d) I have been feeling more lonely since being in isolation.

Strongly Agree     Agree     Neutral/Unsure     Disagree     Strongly Disagree

Optional Comment

e) I knew how to access medical treatment if I needed it.

Strongly Agree     Agree     Neutral/Unsure     Disagree     Strongly Disagree

Optional Comment

**5. The next few questions are about your use of technology while you were isolating. Did you use any technology devices such as a mobile smart phone, or a tablet such as an ipad, or a computer or laptop for anything at all while you were isolating? (UNPROMPTED. SELECT AS MANY AS ARE STATED)**

Yes – choose from below, then go to Q 6

Mobile smart phone

Tablet, eg ipad

Lap top

Desk top computer

No – **Go to Q 8**

Rather not say/ can't recall – **go to Q8**

**6. Did you use any of this technology to visit either of these websites? (READ FIRST TWO)**

the Commonwealth Government Department of Health website

the SA Health website,

No, didn't visit either site

Can't recall

**7. What (else) did you use the devices for? (UNPROMPTED)**

Keeping in touch with family and friends

Keeping up to date with the news

Doctor consultation – phone

Telehealth / doctor consultation –on line

Following interests and hobbies eg facebook groups, u-tube tutorials

On-line shopping

On-line banking

Choose not to say

Other, specify below

**GO TO Question 9**

**8. What was your reason for not using any devices or technology? (PROMPT IF NEEDED)**

I don't have any devices

I'm not interested in owning or using any devices / I don't need them

I can't afford to buy devices

I can't afford to pay for the internet/phone plan

I couldn't get a device in time before isolating

There is no reliable internet where I live

I don't understand how to use technology/devices

Other, specify below

**9. Would you be interested in learning about technology and its uses at home for shopping, banking, telehealth or social interactions?**

Yes  No  Maybe  Unsure

Optional Comment: .....

**10. The last few questions are about the time when social isolation comes to an end. What is it that you are you most looking forward to? (UNPROMPTED. SELECT AS MANY AS ARE STATED)**

- Being able to go out again
- Being able to see family again
- Being able to socialise again
- Being able to buy whatever I need from the shops
- Having things go back to how they were
- I'm not looking forward to it
- Don't know/ choose not to respond
- Other, specify below

**11. Thinking about the future when social isolation comes to an end, is there anything that you are concerned about? (UNPROMPTED, SELECT AS MANY AS STATED)**

- That the coronavirus will still be around /there won't be a vaccine for a while
- That the additional pension/Centrelink benefit will come to an end
- That there will be a high unemployment rate
- That there will be an economic recession
- That things will be more expensive / I won't be able to afford them
- Don't know/ choose not to say
- Other, specify below

**12. This question is about the services you receive from us and what you will need from us when social isolating ends. Which of these statements best reflects your needs? I'll read them all and then you can choose the one that best suits you. (READ EACH STATEMENT, SELECT THE ONE CHOSEN BY THE CLIENT & RECORD THE SPECIFIC DETAILS IN THE SPACE BELOW)**

- I will need my services to go back to how it was before COVID-19 isolation. (Explain below)
- I will need more services. (Explain below)
- I will need less services. (Explain below)
- I will need different services. (Explain below)
- None of the above/ Other (Explain below)
- I'm not sure

**Comment**

**13. Please tell me if there is anything else you need to support you during this time. (UNPROMPTED)**

**14. And, the last question - is there anything else you'd like to comment about? (UNPROMPTED)**

**THANK YOU FOR YOUR TIME**