COVID-19 Forum 3

Will the road to recovery be
paved with casualties?

Executive Summary

The third of our COVID-19 community forums was held just before the uptick in community transmission rates caused the Victorian state government to selectively reimpose Stage 3 isolation restrictions.

Interestingly, many of the issues raised by participants in the forum presaged the gaps and failures of policy that have now been identified as contributing to increased community transmission.

This includes recognising the logistical (as distinct from behavioural) challenges of maintaining social distancing in public places, the absence of clarity and consistency on social restriction advice, the lack of guidance on how to manage interactions within the home, official equivocation around the protective value of face masks and the need for a strategy to protect the vulnerable as economically driven community interaction resumes.

The forum also identified common community concerns including an increase in stress and anxiety associated with public outings, confusion about the safety of children at schools and a sense among the vulnerable that they have been left to their own devices to protect their ongoing health and safety.

These findings reinforce the lessons from previous forums that the real value in community consultation is its ability to pre-empt potential policy gaps, unintended consequences and perverse policy outcomes before they occur through active engagement with the people who are at the front-line of those policy initiatives.

Introduction

On Tuesday 16 June, Health Issues Centre (in partnership with other state-based consumer peak bodies) hosted the third forum in a series of COVID-19 forums – 'Will the road to recovery be paved with casualties?' The aim of the forum was twofold:

- to hear from expert speakers about health, economic and social issues arising as the community is reopened
- to prompt discussion from consumers about their experiences, concerns and recommendations.

One hundred and eighty-nine people took part in the virtual forum. Health Issues Centre CEO Danny Vadasz facilitated the event. Three guest speakers each gave a brief talk/presentation followed by questions from the group. Participants were then assigned to virtual breakout rooms for further discussion. The following brief report provides a summary of the consumer feedback from the day.

Guest speakers

Prof Brett Sutton (Chief Health Officer for Victoria) spoke about the nature of COVID-19 and gave an update and overview of the governments' strategy for controlling the virus.

Prof Johnathan Karnon (Deputy Director of Flinders Health and Medical Research Institute and a leading Health Economist) discussed telehealth, emergency department presentations and areas of the economy that have been hardest hit by the pandemic.

Luke van der Beeke (Founder of The Behaviour Change Collaborative and a behaviour change expert) spoke about the challenges of a management strategy reliant on mobilising humans – noting the Australia had fared well during the COVID-19 crisis despite this difficulty.

For further details please refer to the video recording and event summary.

Consumer feedback

In total, there were 20 breakout groups with between 4-7 participants in each group including a facilitator. Each group was asked to consider four questions to prompt discussion:

- We are relying for protection on social distancing, hand sanitizing and the COVIDSafe app. How well are they working for you and the people around you? How well will they work as we re-open workplaces, entertainment hubs, public transport etc.
- Should we be taking additional precautions e.g. facemasks? Practicing social distancing within our homes? Further shielding sick and vulnerable people?
- Do you have any concerns that promoting economic recovery will increase the risks to public health? E.g. reopening pubs/cafes, returning to work, sporting events, travel.
- Anything else?

Sixteen groups provided an overview of their discussion and a summary of the key points is presented following.

Social distancing

There was a strong general sense that social distancing had worked well up until recently with people putting the collective good in front of individual needs. However, there was a clear consensus that that

> *'People are behaving like "it's all over."'*

has changed and current behaviours were putting more vulnerable people at higher risk. Several comments indicated the need for ongoing and greater understanding and communication about the importance of social distancing to protect all in the community.

> *'We need to get a better balance of people's understanding as to why it's important to maintain social distancing, it's not just about you!'*

In public venues
Difficulties

- Maintaining distance in public venues (e.g. supermarkets, outdoor spaces).
- A lack of consistency in guidelines and instructions.
- Public confusion or different interpretations of guidelines and restrictions.
- A lack of oversight and/or monitoring – including no avenues for reporting breaches.
- Increased fear, stress and anxiety when accessing community due to people not observing social distancing.
- Buildings are not designed for social distancing – lifts, offices, etc.
- Concerns about public transport (especially once people return to work in larger numbers).
- Need for more than signage – changes to the physical environment would be more effective (e.g. lines on footpaths indicating distance).

'Shops don't have enough information or directions on social distancing. It is confusing for consumers. Some shops have four people standing in one line while others will allow six to stand in a line for grocery shopping. More clarity must be given to business owners in terms of social distancing.'

Working well

- Shopping early when less people around.
- Online shopping for groceries (cost implications though).
- Examples given of a local government area providing innovative community events to offer care and support (WA – "Home But Not Alone", Driveway Disco, Easter eggs given out by a local fire brigade).

At home
Concerns

- There was an understanding about the importance of maintaining physical distancing within the home but concerns and some frustrations about managing it (e.g. restrictions on physical greetings including telling family and friends not to hug or kiss them).
- There was some confusion about having children at school (difficult to implement distancing measures) and then managing appropriate social distancing at home.
- The limitations of dictating what happens within an individuals' home was also raised.

Recommendation

- There was an obvious need for more information as to how to safely social distance in the home.

In workplaces
Working well

- Support for working from home.

Concerns

- Apprehension about returning to work within the CBD.

Recommendation

- It was noted that staff training on COVID-19 awareness would be useful for both commercial and community services. (e.g. https://covid-19training.gov.au/login)

Communicating whilst maintaining social distancing
Working well

- Access to platforms such as zoom has allowed connection and helped with isolation although not everybody benefits.

- Funding assistance to enable community groups to establish online communications – without support this may not be available to all groups.

Concerns
- Not everybody has digital access (including economic means, knowledge, ability).
- Telehealth does not suit everyone – many people prefer face to face services.

Recommendation
- Need to provide assistance to smaller community groups to have access to technology to enable virtual activities.

Vulnerable people

Concerns were expressed that vulnerable people were being left behind and that there was not adequate support and resources available to them at this time.

> *'There is a concern that vulnerable people, especially those isolating due to health reasons or fear of contracting the virus are falling through the cracks. What is the back-up plan to ensure these people can access appropriate help and support if they do not have anyone else?'*

> *'There should be a greater focus on inequity and assisting the vulnerable so that the gap between the 'haves' and 'have nots' doesn't widen. '*

Concerns
- Although it was acknowledged that we still need to shield the most vulnerable, *there was a clear sense that with the decrease in social distancing, it was now 'the responsibility of vulnerable groups to protect themselves'.*
  - An emphasis on choice for vulnerable people – people need clear guidelines and information to enable an informed choice about risk.

> *"I have to manage my health – I have to be my own advocate – yet all of a sudden in some things my voice has been silenced."*

- Current and future effects of isolation on vulnerable people were highlighted including psychological (e.g. people fearful of going out, mental health impacts) and physical effects (e.g. health issues – basic hygiene, increased levels of bedsores).
- The need to increase visibility and awareness of the most vulnerable was noted. As was the role everyone in the community can play in decreasing risk to vulnerable people by taking more protective action (i.e. not going into work if symptomatic).

> *'Will the mental health impact outweigh the impact of COVID-19?'*

- Impact of the reduction in government support through Jobseeker/Jobkeeper – what other supports will be made available?

Care services
- Failure to provide carers with masks (due to affordability) meant carers are not wearing masks or avoiding taking clients to medical appointments.
- Withdrawal of home care services has created a very isolating environment for some vulnerable people.
- Risk of neglect - some vulnerable people have felt that they cannot afford to tell carers about illness because the risk of neglect is too high.

Access to supplies
- PPE and hygiene products were difficult to access and expensive (especially for those living off a pension or who are not NDIS recipients).
- Costs for supplies have increased (include delivery) whilst Centrelink payments have not.
- Difficulty accessing some medications that have been bought in bulk.

Adverse impacts
- Impact on support systems once the community reopens – many volunteers are part of vulnerable groups – how will some services operate?
- Experience of discrimination.
- Increase in domestic violence due to isolation.

Facemasks

For many participants, facemasks were viewed as an important element in managing the virus but not a universal solution. There was some confusion around individual versus public health messages. Prof Sutton addressed this stating that with the current low levels of community transmission there was not enough evidence to warrant mandating masks. However, he also stated

> *'If an individual wants to have one you can but it is confusing as the directive is not to have a mask.'*

that advice may change based on evolving conditions and the wearing of masks on an individual basis (or in crowded areas such as on public transport) would not be discouraged.

Pros
- May be useful to create a physical barrier – people avoiding closer contact.
- Help to stop people touching their faces.
- There was support for people to use masks if they were comfortable to.

Issues
- May be uncomfortable or impractical (e.g. with glasses).
- Concerns with effectiveness and/or lack of appropriate use.
- May give a false sense of security if everyone is wearing them.
- What people think about those wearing or not wearing masks - e.g. is someone infectious, complacent, feeling compelled to wear a mask to make others comfortable.
- Concerns over the level of environmental waste and infection spread from poorly disposed of masks.
- Difficulty talking to people wearing masks (compare with rules on no helmets/ face coverings in banks).
- Financial considerations if masks are made compulsory.

Recommendations
- Consistency of information required about benefits/ limitations/ purpose/ efficacy/ utility of masks (including at large gatherings, public transport, home, international travel/ planes) and disposal.
- Information on most effective face covering to use in different circumstances (e.g. music therapy, singing groups, exercise groups – are face shields preferable to masks?).
- Information needs to meet various education and interpretation levels.
- Where to buy? How to make?
- Suggestion that good masks should be given to everyone (as experienced in some countries).

Fatigue and complacency

One of the biggest concerns voiced was that initial compliance has been replaced by complacency. This related to both individuals who may not perceive their risk to be as high as others (e.g. general population, younger people/teenagers) and businesses that may be trying to balance economic need against health protections. It was

> *'The big challenge will be convincing the public that this is not over. People need to be educated and constantly reminded about the risks.'*

proposed that the small size of the first wave and the easing of restrictions have contributed to a false sense of 'crisis averted or over'. It was recognised that the potential for backlash from the community around lack of willingness to return to restrictions if/when infections increase was very real. At the

time of writing this report (less than two weeks since the forum was held), Melbourne was indeed experiencing a resurgence of COVID-19 infections and was heading back into a partial lockdown. Fatigue and complacency (or the community's ability to push through) will be critical in determining whether the curve can be flattened for the second time.

Inconsistency and priorities for reopening the economy

Concerns

- That government will bow to economic pressures (and the vocal majority) and deviate from health advice (e.g. exemptions for international business travellers, football, international students) when deciding what and when to open business/ services.

> *'The need to get back to normal, for economic reasons, feels too much about money over people.'*

- Shops and cafes are opening whilst important community services (especially those for vulnerable people – e.g. peer support, volunteer run groups, pools for hydrotherapy) remain closed.
- Different restrictions on different industries – e.g. higher restrictions in hospitality compared to retail.

Prof Sutton discussed the issue of prioritising what businesses to open and when. He stated that whilst the government was acutely aware of the economic hardship experienced, decisions of what to reopen and when was passed through a public health lens with the health and safety of the community being the key factor behind all decisions.

> *'(Some community services) are closed **because** of recommendations for vulnerable people to remain in self-isolation and because they are in locations that aren't reopening to the public (such as in retirement villages, nursing homes, health services etc). It's vital that messages about getting back to using health services take this into account – people want to return to services but they aren't able to yet!'*

COVIDSafe app

There were mixed sentiments about the app including:

- support for the potential of the app (e.g. protest marches, as people become more social)
- reticence to download it due to privacy issues or believing not enough people would engage with it
- concerns over how or when it works (e.g. android/ iPhone, needing Bluetooth turned on)
- awareness that after a strong introductory campaign there was little communication from government on its' uptake or effectiveness.

Hand sanitizing/hand washing

Working well

- Having hand sanitizer available throughout the community was seen to be very helpful.

Issues

- Some hand sanitizer doesn't have an anti-viral component so will not be effective.
- Easy to forget to sanitize and touch contaminated areas.
- Difficult to get people to change behaviour.
- Unable to know how effectively people are sanitizing or cleaning.
- Different conditions can affect people's willingness to wash hands (e.g. person using a wheelchair).
- There was concern raised as people touch the nozzle on public sanitizers.
- The need for consistent guidelines was noted (e.g. in different shops).

- Cost implications.

Consumer engagement

- Recognition that the crisis involved reverting to "standard/traditional power" with a lack of engagement with the community.
- Overlooking of the importance of consumers' input during COVID response.
- There have been inconsistencies with consumer engagement between different state governments and their consumers with some states heavily involving consumer (i.e. QLD) and others having minimal to no involvement.

Communication and information needs

Recommendations

- Consistent policies and guidelines for social distancing and sanitizing in public spaces followed by education – shops, public transport, other public venues.
- Greater understanding of the virus and its' impacts are required to combat complacency.
- Information and reminders about how to live within the 'new normal' environment.
- Information for specific groups – e.g. vulnerable communities – people with disabilities, elderly community – need to give people the ability to assess risk and make personal decisions.

> *'There appears to be a lack of understanding about the medium / long term risks and obligations we will all have to live with in the 'new normal' environment. We need more guidance for what this means in various settings, i.e., workplaces, homes, entertainment, etc.'*

- Information and engagement with Culturally and Linguistically Diverse communities.
- Clearer messages about schools – 'safest place for children to be, and yet parents have to drop children outside the building and are not allowed in'.
- Information about all aspects of masks.
- Need consistency of health messaging from government.

Mode

- Need multiple modes of communication - mass media, web-based information, information to community centres, libraries, supermarkets etc.
- Alternative modes of communicating will be necessary with the close of local newspapers.
- Use of local government websites.
- Ensure information is provided in formats that cater to different levels of health literacy.

Positives

Despite the tumult and impact that the virus has had and will continue to have on our way of life for some time, several people highlighted some positive aspects. Some examples:

Personal
'Really enjoyed the quiet - even silence'
'It's been lovely being less busy and not having to travel so much'

Environmental
'Air quality improved with less people traveling with cars'

Government
'Big government saved us this time – not private business. Would be great if this led to introduction of universal basic income – would have been worth the economic effects if it had led to that.'

Community
'...some people offering improved generosity and support to friends, neighbours etc.'

Conclusion

Forum participants were keen to be constructive partners with government in combatting COVID-19 contagion but felt that they had not been offered the opportunity of partnership. Many felt that instead, governments limited their communication to directives regarding compliance without bothering to understand the real pressures and barriers consumers faced in their everyday lives.

Rather than chiding breaches of protocol as evidence of poor citizenship, authorities need to listen to the experiences and challenges faced by well-intentioned consumers who have to juggle an idealised version of responsible behaviour with the practicalities of servicing their everyday obligations and survival needs.

We needn't be surprised at cluster outbreaks at abattoirs, within large cohabiting families, in residential age care facilities or among sub-contracted, under-trained security staff overseeing stringent quarantine provisions. If we took the time to talk to the people experiencing those circumstances, they would have forewarned us that our assumptions and miscalculations would most likely produce "own goals".

It's time for COVID-19 authorities to recognise that communication is not a one-way information flow, that experts in epidemiology or economics or governance aren't sufficient to frame socially executable strategic responses and that irrational behaviour, whether panic buying or non-adherence to social restrictions, results from a lack of trust, clarity and collaboration rather than wilful stupidity.

To ignore the collective wisdom of community input as a contribution to the pool of expertise we need to combat COVID-19 is not only counterproductive, it smacks of hubris.