

Stories into Evidence: Covid-19 adaptations in the Victorian community services sector



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EXECUTIVE SUMMARY

The COVID-19 pandemic has caused profound social and economic dislocation. This report documents the Victorian community services sector's response to the first six months of the crisis. In particular, it identifies adaptations to service delivery and practice, and emergent changes in service-user demand and community need. The purpose of the report is to inform recovery and reform, including opportunities to embed or scale innovation, and identify areas requiring deeper investigation and co-design between government and the community sector.

The report has been jointly produced by the Future Social Service Institute (FSSI) and the Victorian Council of Social Service (VCOSS), as part of a project funded by the Victorian Department of Health and Human Services (DHHS). It draws on qualitative data gathered from interviews with over fifty Victorian community service organisations across all sub-sectors, conducted between July 2020 and September 2020.

The most significant adaptation to emerge from the crisis is the sector-wide shift to primarily digital service delivery to minimise the risk of virus transmission. In order to ensure continuity of services, organisations moved with incredible speed and agility to a range of digital modalities. While this has worked effectively as a short-term measure in response to a crisis situation, and many organisations have advised that they are likely to move to a blend of face-to-face and digital modalities as restrictions begin to lift, they also said there is an urgent need to understand more about the situations and cohorts for which digital service delivery is appropriate. More research will be required to fully scope the impact on service users in terms of accessibility and cost, alongside investigating digital service delivery's effectiveness and impact.

Most organisations have transitioned to some form of remote working arrangements, enabling benefits such as increased flexibility in work hours and efficiencies related to reduced travel. In some instances, the increased flexibility has enabled the

introduction of extended service delivery hours. While this has helped maintain effective continuity of services, organisations noted that this will have financial and industrial relations implications if these changes are pursued permanently. In circumstances where staff and/or clients continued to attend offices or service delivery sites, some organisations instituted staggered shifts – alongside working from home arrangements – to reduce the number of people onsite at any given time, thereby supporting a COVID-safe work environment and compliance with public health directives. Their experience provides the broader community sector with a foundation for the development of 'worker bubbles' that now feature in the Victorian Government's industry roadmaps. Some organisations have enhanced their governance structures, enhanced communication pathways, and implemented new approaches to risk management, intake, and the triaging of at-risk clients.

The widespread rollout of digital communication platforms has been an enabler for increased collaboration across the sector. Virtual meetings, intranet hubs, networks, and communities of practice have made it easier to draw people together. Peak bodies and local networks have also played a key role in facilitating connectedness across the sector.

The crisis has highlighted the sector's ability to listen and respond to the needs of service-users, and the value of their deep connections and knowledge of their communities. Organisations have engaged local place-based communities or communities of interest (for example, disability advocates) in valuable exchanges of information and knowledge, with some investing in the production of high-quality communication resources to disseminate vital health information to local communities.

The COVID-19 pandemic has prompted an impressive display of agility within the community services sector. The period has been characterised by more efficient decision-making processes enabled by high-trust relationships, enhanced information sharing,

and a reduction in red tape. This has resulted in faster, more effective responses to service-user needs. Whilst this shift has been instrumental in the sector's agile response, a period of reflection and evaluation will be required to assess the efficacy of changes made during the crisis and consider who has missed out on support.

Before the pandemic hit, many community service organisations were struggling to reconcile increasing costs with inadequate funding and revenue. The past six months have placed increased pressure on organisations' budgets and some are concerned about their ability to meet escalating community need, particularly as organisations lose valued staff as a consequence of short-term contracts and funding uncertainty.

The impact of the pandemic upon the Victorian community has not fallen evenly. The elderly, the young, women, people with

a disability, CALD communities, asylum seekers, temporary visa holders, and international students have been disproportionately affected and a number of organisations have pivoted to prioritise emergency material aid and other supports for these cohorts. There have been flow-on impacts for carers.

As the crisis lengthens, there is a picture emerging in the sector of increased complexity of cases and greater acuity of service-user needs. In addition, many in the sector are concerned about how the reduction and eventual ceasing of the JobKeeper Payments and the Coronavirus Supplement, alongside rising unemployment, will place greater demand on their services, as more people find themselves in financial difficulty.

Key Themes

Digital service delivery: benefits versus risks	Workforce transformation and implications	Approaching the social cliff
Faster, more effective decision-making	Working with Government	Rapid increase of high-value professional collaboration
Communication and community engagement	Differential impacts	Ethical decision-making

Recommendations

1

A fair indexation formula incorporating wage rises, the anticipated superannuation guarantee increase, portable long service leave levy and the different costs of delivering services in rural and remote areas is needed to guarantee CSOs are sustainable and effective into the future.

2

A new Rolling Implementation Plan is needed to advance the 10-Year Community Services Industry Plan in light of COVID-19 – DHHS and HSHPIC should identify which areas need to be prioritised and funded, noting the urgent need to fund:

- Workforce demand modelling to better understand and plan for the response to surge in service demand as restrictions ease.
- Community service organisations in the areas of technology, digital infrastructure and staff training moving forwards.

3

Fund further research and knowledge transfer in relation to key COVID-19 adaptations, in order to assist recovery and reform:

- The benefits and risks of digital service delivery.
- The impacts of remote work on employers and employees.
- New approaches to risk management, intake and triage.
- The impacts of the pandemic on the volunteer workforce and the service delivery capacity of the sector.
- The experiences of service-users during this time to evaluate the impact and efficacy of the service and practice adaptations which have been implemented.

4

Provide an industry support package that enables the community services industry to meet the new and emerging COVID-safe industry-wide measures required by the Victorian Government.

INTRODUCTION

Victorian community service organisations (CSOs) have responded with impressive agility to the service challenges posed by COVID-19 in the first six months of the pandemic's trajectory.

The sector has pivoted quickly, adapting traditional service delivery models to ensure continuity of essential supports to existing and new service-users. An industry centred almost universally on face-to-face service delivery completely reconfigured operations, standing up new digital platforms in days and weeks, rather than months and years. CSOs devised innovative ways of meeting new and emerging consumer needs within a rapidly changing environment.

The sector's response to the pandemic is all the more remarkable considering the context from which it has arisen. The community services sector has long experienced a challenging operating environment. Key systemic issues that have impacted the sector's capacity (as distinct from capability) pre-pandemic – such as low indexation, insecure funding and short-term contracts, insecure work and casualisation, workforce shortages, and the cost of reform implementation – have amplified the impacts of COVID-19. CSOs currently find themselves at the centre of a perfect storm. Decisions made by government over the coming months will determine how Victoria will emerge and recover.

This report covers the three-month period between July 2020 and September 2020. It captures the sector's ability to adapt to a rapidly changing environment, challenging long-standing assumptions about culture and capability. It also engages with the issue of emerging demand, exploring the challenges faced by the sector currently, and highlighting the importance of rigorous future planning.

The report focuses on 9 main themes: approaching the social cliff; differential impacts of the pandemic; digital service delivery; workplace transformation and workforce implications; rapid increase of high-value, professional collaboration; ethical decision-making; communication and community engagement; faster, more effective decision-making; and working with government.

Much of COVID-19's trajectory is unknown. However, we can be certain that it will have long-tail social and economic impacts. The coming months – and years – are set to place increasing pressure on Victoria's community services sector. It will be necessary to invest in ongoing monitoring of workplace adaptations, workforce fatigue, and community demand, and to concurrently address the cost of the sector's COVID-19 adaptations and pre-COVID funding concerns. A sustainable community services sector will be the cornerstone of social and economic recovery.

CONTEXT

Whilst in the midst of one of the worst bushfire seasons on record, Australia found itself facing a new crisis when Melbourne confirmed the country's first case of COVID-19 on 25 January 2020.¹ The Commonwealth and State governments acted swiftly, introducing a range of measures to “flatten the curve” and with the intention of keeping people safe.

In response to the decline in economic activity and employment, the Commonwealth Government introduced the JobKeeper payment on 30 March 2020, with payments made in the first week of May 2020.² The \$1,500 fortnightly payment was made to businesses and not-for-profits to support them to retain employees during the pandemic. Alongside the JobSeeker Payment (the new Newstart Allowance), a \$550 per fortnight Coronavirus Supplement was also introduced until 24 September 2020.³

To continue to support households and businesses, the Commonwealth Government announced on 21 July 2020 that it would extend the JobKeeper Payment for a further six months until 28 March 2021.⁴ The support provided is being reduced from \$1,500 per fortnight to \$1,200 per fortnight from 28 September 2020 and to \$1,000 per fortnight from 4 January 2021.⁵ Lower payment rates will also apply to those that worked fewer than 20 hours per week from 28 September 2020.

The Coronavirus Supplement is also being reduced from \$550 per fortnight to \$250 per fortnight as of 25 September 2020 and will continue until 31 December 2020.⁶ The impact of this reduction of \$300 fortnight on household budgets is likely to be keenly felt, with many struggling to make ends meet.

1 Ministers Department of Health. (2020). *First confirmed case of novel coronavirus in Australia*. Accessed 3 September 2020. Available here: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/first-confirmed-case-of-novel-coronavirus-in-australia>

2 Australian Government, JobKeeper Payment – Frequently Asked Questions, https://treasury.gov.au/sites/default/files/2020-04/JobKeeper_frequently_asked_questions_2.pdf

3 Australian Government, Services Australia, Coronavirus Supplement, <https://www.servicesaustralia.gov.au/individuals/services/centrelink/coronavirus-supplement>

4 Australian Government, Treasury, Economic response to the Coronavirus, <https://treasury.gov.au/coronavirus/jobkeeper>

5 Australian Government, Extension of the JobKeeper Payment, https://treasury.gov.au/sites/default/files/2020-08/Fact_sheet-JobKeeper_Payment_extension_1.pdf

6 Australian Government, Services Australia, Coronavirus Supplement, <https://www.servicesaustralia.gov.au/individuals/services/centrelink/coronavirus-supplement#:text=The%20Coronavirus%20Supplement%20of%20%24550,a%20tax%20deduction%20for%20you>.

METHODOLOGY

This project was commissioned by the DHHS with the purpose of identifying successful adaptations to service delivery and practice and changes in service-user demand within the Victorian community services sector in response to the COVID-19 pandemic. As part of the project, FSSI and VCOSS were asked to identify the enabling role of government, including the opportunity to scale innovation.

The report draws on qualitative data derived from interviews conducted with CSOs between July 2020 and September 2020 across family violence, housing and homelessness, alcohol and other drugs, child and family services, young people and justice, mental health, community health, Aboriginal Community Controlled Organisations (ACCOs), aged-care and disability.

Over three months, 43 interviews were conducted with approximately 100 participants from over 50 different organisations located across metropolitan Melbourne and regional Victoria. Additional information was gathered through discussions held at online sub-sector forums. All interviews were conducted using a video-conferencing platform and participants ranged from CEOs and senior executives to practitioners and frontline workers.

The key research questions covered were:

- 1 What are you doing differently in service delivery and practice as result of the COVID-19 response?
- 2 What is the impact of these changes?
- 3 What aspects of the changes would you seek to keep and/or extend?
- 4 What do you see as the enablers or barriers for the changes that have occurred, and to embedding these changes?
- 5 What are you aware of in terms of changes to service demand and community needs?

An action research approach was adopted, with regular sense-making Huddles convened with the FSSI Friends and Fellows group, a group of key RMIT researchers and experts in the field. These sessions provided a forum for the research team to discuss key findings with external researchers, test and interrogate emerging themes, and design future research directions. A workshop was held with participants to test the themes and receive feedback on any further adaptations or changes in demand.

The community services industry is a large and diverse sector. During the project, we identified the need to delve further into lived experience, including (but not limited to) the lived experience of service users and of carers.

In relation to service-users, it was our intention to include the views of service users at the outset of the project, however, this was disrupted by the introduction of the second lockdown. CSOs are keen to work with VCOSS and FSSI to facilitate this as restrictions lift.

In relation to carers, we know that unpaid carers have faced a raft of new challenges during the pandemic. Lockdowns have made their work both harder and less visible, and many of those who balance their caring role with paid employment have lost income and seen cost-of-living pressures increase. While the trajectory of the pandemic is unknown, we note that, even as restrictions ease, there will be unpaid carers who continue to shoulder an increased load (for example, those who care for someone who is immune-compromised). It will be important to document and understand these impacts, as part of the COVID-19 policy response.

APPROACHING THE SOCIAL CLIFF

Australia has entered its first recession since 1991.⁷ As at 17 September 2020, Australia's unemployment rate is at 6.8% or just under 1 million people.⁸ In Victoria, unemployment is at 7.1%.⁹ According to Treasury forecasts, the second lockdown in Victoria is expected to increase unemployment to 10% by the end of the year, and cost the national economy between \$10 billion and \$12 billion.¹⁰

With rising unemployment and a reduction in the JobKeeper Payment and Coronavirus Supplement, more people are likely to struggle to make ends meet. Before the pandemic, around 3.24 million Australians (13.6%) were living below the poverty line of 50% of median income.¹¹ This includes 774,000 children (17.7%) and 424,800 young people (13.9%).¹² Once these payments end, it is expected that more Victorians will find themselves living below the poverty line.

Many CSOs report that they are barely coping with the current levels of demand and are concerned about what will happen as community need intensifies in the months to come. Organisations are beginning to see a new type of client that has not traditionally used their services before. They expect this to increase as income support payments reduce and eventually cease, more people lose their jobs and hours at work, and more households face financial insecurity.

Organisations are also concerned that restrictions have disrupted help-seeking behaviours, and pre-existing clients and new clients will be further along the continuum of need when they engage/re-engage with services. This will require more intensive support from workers, with an increase in caseloads expected.

CSOs reported that they are also experiencing financial pressures. Many have outlaid significant capital to increase cleaning, purchase personal protective equipment and buy laptops and mobile phones for staff. They have also lost sources of revenue during the pandemic, including from fundraising. Prior to the pandemic, most charities were already in a lean financial position.¹³ While most charities are revenue neutral at the end of each year, they often have little in reserve to access in times of crisis.¹⁴ Historically organisations are also more likely to spend their resources on service delivery, instead of on backend organisational capability.¹⁵

7 ABC News, Australian recession confirmed as COVID-19 triggers biggest economic plunge on record, <https://www.abc.net.au/news/2020-09-02/australian-recession-confirmed-as-economy-shrinks-in-june-qtr/12619950>

8 Australian Bureau of Statistics, 6202.0 - Labour Force, Australia, Aug 2020, accessed at <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6202.0Main+Features!Aug%202020?OpenDocument>

9 Australian Bureau of Statistics, 6202.0 - Labour Force, Australia, Aug 2020, accessed at <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6202.0Aug%202020?OpenDocument>

10 Katharine Murphy, The Guardian, Victoria lockdown to push Australia unemployment to 10% and cost national economy up to \$12bn, 6 August 2020 <https://www.theguardian.com/australia-news/2020/aug/06/victoria-lockdown-to-push-australia-unemployment-to-10-and-cost-national-economy-up-to-12bn>

11 Davidson, P., Saunders, P., Bradbury, B. and Wong, M. (2020), Poverty in Australia 2020: Part 1, Overview. ACOSS/UNSW Poverty and Inequality Partnership Report No. 3, Sydney: ACOSS.

12 Davidson, P., Saunders, P., Bradbury, B. and Wong, M. (2020), Poverty in Australia 2020: Part 1, Overview. ACOSS/UNSW Poverty and Inequality Partnership Report No. 3, Sydney: ACOSS.

13 Social Ventures Australia and the Centre for Social Impact (2020) Will Australian charities be COVID-19 casualties or partners in recovery? A financial health check. Social Ventures Australia.

14 Cortis, N., Lee, I., Powell, A., Simnett, R. & Reeve, R. (2015) Australian Charities Report 2014 Centre for Social Impact and Social Policy Research Centre, UNSW Australia

15 Social Ventures Australia and the Centre for Social Impact (2020) Will Australian charities be COVID-19 casualties or partners in recovery? A financial health check. Social Ventures Australia.

These specific COVID-19 expenses have occurred at a time when organisations are already being required to absorb additional costs such as the Portable Long Service Leave levy. For some, the end of JobKeeper and the uncertainty around the ongoing federal funding of the Equal Remuneration Order, loom as financial cliffs. Many government contracts have been extended for only three months, awaiting the delayed State Budget in late 2020.

Government funding for social service organisations has remained indexed at two per cent per annum over the past six years. However Fair Work Australia last year raised the minimum wage by three per cent, and other costs, like the anticipated increase to the superannuation guarantee, continue to rise. This is a challenging environment for community organisations to operate in as they face reduced income, cost pressures and COVID-19 outlays.

These cost pressures have staffing implications, contributing to the precarious nature of the workforce. This has been highlighted as a key risk during the pandemic, with many staff on short term or fixed term employment contracts. This increases churn in the sector, and the loss of expertise and skills impacts service delivery. It also impacts the sector's capacity to operate safely, in line with the Victorian Government's COVID-safe industry roadmaps. The aged care sector has provided a stark illustration of the precarious nature of vital care and social assistance roles, a consequence of which is a highly mobile workforce and increased risk of virus transmission.

With low rates of indexation, and increasing costs, government funding for community sector service providers significantly lags behind the true cost of delivering services. Underfunding CSOs leads to reduced support for vulnerable community members. This ends up costing government more, as the window for early intervention diminishes and the system is oriented to expensive crisis responses that don't resolve underlying needs.

A fair indexation formula incorporating wage rises, the anticipated superannuation guarantee increase, Portable Long Service Leave levy and the different costs of delivering services in rural and remote areas is needed to guarantee CSOs are sustainable and effective into the future.

DIFFERENTIAL IMPACTS OF THE PANDEMIC

While there have been a number of cohorts of people impacted, Victoria's second wave of the pandemic and tough lockdown measures have been especially hard on children, young people, women and families. Organisations discussed the very different ways these groups have experienced the pandemic.

Children

The sector has been concerned about the lack of visibility of at-risk babies, infants and toddlers in the COVID-19 environment. Universal services that usually have visibility of children have not had the same line of sight (for example, maternal and child health, general practice, childcare and kindergarten). This has put increased pressure on child and family services. These services have pivoted to digital platforms where possible, and made COVID-safe adjustments for children, parents, carers and workers in circumstances in which face-to-face engagement remains essential. Even so, services noted that it has “never been easier to be invisible”.

COVID-19 has also impacted on children's engagement with early childhood education and schooling. While childcare, kindergarten and school remained open to vulnerable children, the children of essential workers, and some students with disabilities, the majority of Victorian children have not experienced continuity of onsite learning this year. Participation in early learning supports the social, emotional, language and cognitive development of young children and their school readiness. There is a risk that some children who were already developmentally vulnerable will have fallen further behind because they have not been onsite at childcare or kindergarten.

For school-aged children, the early insights from remote and flexible learning present a mixed picture – some students have thrived, others have not. According to the Grattan Institute, many disadvantaged students will have fallen further behind their peers due to the school closures. Some parents have not had the capacity to provide the support children need to successfully navigate remote learning (particularly for those with English as a second language), prompting increased anxiety and stress within families as they juggle competing commitments. Additionally, COVID-19 has put the spotlight on pre-existing issues related to poverty and disadvantage that impact education participation and attainment – for example, digital exclusion, overcrowded or precarious housing, or children's caring responsibilities for a sibling or parent.

Service providers working at the interface of community services and education have seen increased rates of education disengagement during the pandemic. There are concerns that schools and support services will face significant challenges re-engaging these children and young people.

There are also emergent concerns that families have delayed routine vaccinations during the pandemic because they are concerned about catching the virus.¹⁸ While the majority of maternal and child health services have transitioned to remote service delivery, this is an example of a service type where remote delivery does not easily substitute for face-to-face interaction.

16 Grattan Institute, COVID catch-up Helping disadvantaged students close the equity gap, June 2020, <https://grattan.edu.au/wp-content/uploads/2020/06/COVID-Catch-up-Grattan-School-Education-Report.pdf>

17 Sydney Morning Herald, The kids who will never return to school after COVID-19, 12 April 2020, <https://www.smh.com.au/national/the-kids-who-will-never-return-to-school-after-covid-19-20200411-p54j0e.html>

18 Premier of Victoria, Vaccinations Vital To Keep Our Children Safe, 30 August 2020 <https://www.premier.vic.gov.au/vaccinations-vital-keep-our-children-safe>

Young people

High rates of job loss and reduction in entry-level positions are prompting organisations working with and supporting young people to fear a generation of young people being pushed into long-term unemployment. Recessions hit young people the hardest, and there are fears that as the recession deepens, there will be generational impacts.¹⁹ Thousands of young people are missing out on JobKeeper payments. Many have lost jobs in retail and hospitality industries. School leavers will be competing against more qualified and experienced people for a limited number of jobs.

Concerns have been raised about how the pandemic has reduced the number of protective factors around young people, such as onsite attendance at school and participation in sport. Service providers are reporting a sense of a hopelessness from many young clients who are feeling deeply pessimistic about the future. This is a discernible shift in the youth services space, which, anecdotally, is usually characterised by optimism and future-focus.

Youth services are reporting an increase in the need for individual client follow-up, support plans, and referral pathways since the second lockdown. Anecdotal reports suggest there has been a doubling in demand for AOD services for young people, and reports of increased poly-drug usage within this cohort. Alongside this, there has been growing demand for youth counselling services and mental health referrals. High-risk clients are falling through the cracks in homelessness services due to the impact the crisis has had upon outreach services.

Women

Women have disproportionately experienced the social and economic impacts of COVID-19. In the first six months of the pandemic, women have been more likely to lose their job or suffer reduced hours than men. According to the McKell Institute, since March 2020, there has been a 7.1% decline in the number of Victorian women in jobs and as of July 2020, the rate of female job loss was almost five times the rate for men.²⁰ A number of the hardest hit industries are female-dominated including accommodation and food services, and arts and recreation.

While women are over-represented in the industries hardest hit by industry shutdowns, women's labour market participation is also affected by the increased burden of unpaid care. For those that are employed, many are reporting increased stress and anxiety related to the supervision of their school-aged children's remote learning, caring for preschool children, and/or caring for other family members, alongside juggling paid work.

Many of those who have retained employment in the healthcare and social assistance sector during this time are juggling client-facing work such as family violence response or providing AOD services in their home, while also caring for children. These challenges are magnified by the broader industry challenge of low-pay and insecure work.

There have been reports of a surge in demand for mental health services by women, who are facing increased stresses from working, caring and performing daily tasks/chores in an increasingly bleak economic and jobs environment.

19 The Conversation, Recessions scar young people their entire lives, even into retirement, 21 May 2020 <https://theconversation.com/recessions-scar-young-people-their-entire-lives-even-into-retirement-137236>

20 McKell Institute, The Impact of COVID-19 on Women and Work in Victoria, <https://mckellinstitute.org.au/research/articles/the-impact-of-covid-19-on-women-and-work-in-victoria/>

CSOs also report that there has been an increase in women experiencing family violence, with an increase in the severity and complexity of incidents being reported. This increase in new complex clients has required immediate safety planning and risk assessment, placing pressure on organisations and workers.

Alongside this, some service providers reported that there are women who are deferring or completely withdrawing from some forms of social assistance and support due to increased caring responsibilities. There are concerns that some women, particularly single mothers, are not getting access to timely supports due to the increased burden of home learning supervision. As restrictions ease, the reduction of this burden may have implications in terms of waiting lists.

Families

The pandemic has increased tension within families due to uncertainty and anxiety about the future, fear of job loss, financial insecurity, and the “pressure cooker” of lockdown. Many families have lost employment or experienced a reduction in hours and wages.

During the second lockdown, many families have lost their usual childcare supports, both formal and informal, and have been struggling with the additional burden of supervising remote schooling and juggling work commitments. In particular, single mothers report that the lack of access to childcare and on-site schooling were increasing stress and anxiety within their family.

While some families are benefiting from increased support through the Coronavirus Supplement, concerns remain about how they will be able to put food on the table and pay rent when this is reduced and ultimately withdrawn. While childcare was made free for three months from April, the reintroduction of fees in July also had an impact on family budgets.

There is also growing complexity of need within families, which ranges from significant family violence to financial insecurity and urgent need for basic material aid such as food vouchers.

DIGITAL SERVICE DELIVERY: BENEFITS VERSUS RISKS

Community services are essential services. Service providers responded at pace to shift to digital service delivery where possible and appropriate, to ensure continuity of support and compliance with public health directives. While this has worked effectively as a short-term measure, its impact on workers and service-users – including the therapeutic relationship – is not yet well understood.

CSOs have experimented with a range of service delivery adaptations including video conferencing (using platforms such as Zoom and Microsoft Teams), telephone appointments, use of telehealth platforms, the introduction of web (online chat) services, text-messaging, online education programs, and virtual group work. Anecdotal evidence suggests that digital adaptations have provided greater flexibility and access to designated services for some cohorts of clients during this time, but this has not been the case for all. Most said they will be building digital services into service offerings, but note that this will be additional to face-to-face services. The intention is to expand choice for clients in terms of how and where they engage with support.

“What’s been absolutely consistent is that there are groups of people and groups of problems for which an entirely remote set of options will never be appropriate.”

(CEO – Child and family services organisation)

Not everyone in the Victorian community has access to the technology and data needed to engage with digital services, and some lack the required level of digital literacy. CSOs have introduced a range of measures to address this digital divide, fearing the rapid shift to digital service delivery may further marginalise the marginalised.

“If we don’t connect vulnerable consumers with the means to participate in the digital service economy then they are going to fall further through the cracks and be more marginalised.”

(Manager – Housing and homelessness organisation)

CSOs have acted quickly, purchasing devices and data for clients, and investing resources in building digital literacy where needed. The provision of smartphones and basic training in digital literacy empowers clients to access telehealth and other service appointments. This has placed a significant financial burden on organisations, placing increasing pressure on budgets and existing resources.

The rapid introduction of digital adaptations has prompted a cultural shift within the sector, encouraging organisations to question previous assumptions about digital service delivery.

“The crisis itself has smashed through a number of cultural issues in relation to service delivery and utilisation of technology.”

(CEO – Community services peak body)

Prior to the pandemic, there was a widespread distrust of digital service modalities. Most organisations and practitioners favoured face-to-face services and were reluctant to introduce digital options. A lack of peer reviewed research into their efficacy and their impact upon the therapeutic relationship is a significant barrier to change.

“There has been a traditional bias against using digital means for service delivery within the sector, and a worry or concern that it won’t be as good as that direct, physical, face-to-face contact.”

(Manager – Community services organisation)

When the crisis hit, organisations were forced to adopt a range of digital service adaptations to maintain continuity of essential services. Many were surprised to find some service-users more receptive to digital offerings than anticipated.

“We as an organisation, and maybe as a community, have underestimated the people we support.”

(Manager - Housing and homelessness organisation)

Some cohorts have embraced the flexibility and convenience of digital options, disproving the notion that face-to-face services are always preferable. Organisations report that for some clients, digital adaptations have been welcomed as a valuable addition to service offerings. In this respect, the crisis represents an opportunity for organisations to broaden the scope of their services and better meet the needs of the Victorian community.

“There is a really strong opportunity to open up the avenues of service access for people.”

(Manager - Community health organisation)

However, other cohorts have struggled in the new service environment and it is clear that digital delivery should be considered complementary to, rather than a substitute for, face-to-face models.

“Digital service delivery is another tool in our toolkit. Digital service delivery is complementary to what was being done before. It is an additional service that has been added to pre-existing services. Now it is a matter of working out the best balance of the various options to best meet the client’s needs and increase efficiency.”

(Manager - Housing and homelessness)

Most CSOs believe they will continue to offer a blended model of digital service delivery and traditional face-to-face services once they move beyond the COVID-19 recovery phase.

“When things return to whatever normality we achieve, we shouldn’t wind back the opportunity to use digital service delivery... It provides an opportunity to extend the reach and give people more options and choice in the services they receive.”

(CEO - Community services peak body)

There has not yet been time for a rigorous evaluation of the impacts of the digital service adaptations adopted in response to the crisis. Due to challenges posed by stay-at-home orders introduced in early July, we were unable to interview service-users about their experiences during this time, and minimal research has been conducted in this area. Further investigation is required to ensure the voices of service-users inform all sector planning and decision-making moving forwards.

The crisis has also dispelled the myth that digital service delivery is more cost effective than traditional face-to-face services. Whilst digital modalities provide a different form of service, they are not a cheaper option. Any cost efficiencies gained via benefits such as the reduction of travel time appear to be offset by the increased scaffolding required around digital appointments. Our research suggests the shift to digital service delivery has increased workloads during this time rather than reducing them.

One frontline youth worker interviewed indicated that her caseload had grown substantially since the introduction of digital service delivery. Prior to the pandemic, she would support 12-15 clients on average, but by mid-August her case load had risen to 21. A number of other organisations reported increased staff workloads due to more frequent client contacts, therapeutic group programs being adapted to one-on-one digital delivery, increased frequency of client risk assessments, and increased staff meetings/debriefing sessions.

“People are busy. People are at home, really flat out, doing the work. I was chatting to one case manager the other day and she said that she is actually having more contact with clients now than she was previously. While previously she might speak to clients once a week, she’s now speaking to clients three or four times a week, or sometimes more.”

(Manager - Community services organisation)

One area where the rapid uptake of digital technology appears to be having a positive impact is that of professional collaboration. The convenience of teleconferencing has led to an increase in case-planning meetings and cross-agency collaboration. In the child and family welfare and youth sectors, the convenience of online platforms has been specifically cited as the reason for more frequent case planning meetings.

The introduction of new digital modalities is also enabling greater access to some cohorts, including some young people. Organisations are embracing platforms such as Instagram Live, G suite and coassemble to engage with young people. This has required service staff to skill-up in new digital platforms to ensure ongoing connection with clients.

Despite these benefits, there are risks associated with digital service delivery. Organisations are aware that it is not appropriate in every situation, nor for all clients. While it can work well in some contexts where there are established relationships with service users, there are concerns that it is not particularly effective in identifying new clients. For example, at this time, the research team has not heard of any digital service delivery models that provide an adequate substitute for face-to-face assertive outreach models that proactively find and connect people to support. Additionally, there are questions about how it may impact engagement with new clients, where there has been no face-to-face contact.

CSOs indicate that it can often be difficult to build rapport and establish therapeutic relationships with new service-users via digital modalities. Maintaining relationships with some existing clients can also be difficult. It can be challenging to accurately gauge a client's state of being and to read non-verbal cues via digital consultations or over the telephone.

Feedback from counsellors working in the alcohol and other drug sector indicate that telehealth is not appropriate in all situations, particularly in complex cases where a closer engagement with the client is required. A person's motivation to change and position in their recovery journey may also influence their capacity to engage with digital service delivery.

“Readiness to change is necessary for telehealth to be successful.”

(CEO – Youth services organisation)

There is an urgent need for outreach to vulnerable people at risk of being left behind due to the shift to digital service delivery. This has been particularly challenging in the COVID-19 environment.

Concerns were raised by some CSOs about privacy and security challenges for organisations associated with conducting appointments via digital modalities. These include concerns about the security of client data, privacy risks for both staff and clients when virtual consultations are conducted within people's homes, the risk of workers encountering volatile situations during phone or video calls, and greater risks surrounding duty of care when working virtually with young people in their own homes.

“It is not just about whether the means of communicating are secure... it's also about when and how and where you have communications with people that provide them with an opportunity to manage their own flow of critical information.”

(CEO – Child and family services organisation)

A number of organisations also expressed concern about the increased risk associated with the rapid roll-out of digital service options. Some fear that adaptations made as part of the crisis response require more comprehensive risk assessment moving forward.

“For the most part I’ve no doubt that the rapid roll out of telehealth and other technological means for improving rapid and accessible service delivery is an asset both to clients and agencies; my concern is that we will stumble blindly into the unreflective use of such; technologies have a way of determining practices that I suspect most people are oblivious to, defaulting into the notion that they are inert objects we use for more-or-less conscious intentional purposes.”

(Director – Community services organisation)

Experiences differed significantly between the various subsectors, with family violence and child and family services facing more barriers to the implementation of digital modalities than other subsectors such as mental health. One mental health organisation attributed the success of the subsector’s rapid transition to digital service delivery to targeted support from the Victorian Government and DHHS:

“They’ve done a great job in terms of stabilising the sector and keeping things going and providing investment where it has been needed. One of those things was the provision of a telehealth platform for community health organisations.”

(CEO – Mental health organisation)

Rural and regional areas

In regional and rural locations, digital service models are seen as more convenient by many clients due to the elimination of travel time. They also have the capability to provide access to a wider demographic. For example, one organisation indicated that there are some areas in the Wimmera Region currently inaccessible to outreach workers due to the physical distances involved. The use of digital service delivery has the potential to open up these areas.

CASE STUDY

Dialling in for dietetics

The dietetics program at Primary Care Connect in Shepparton has historically experienced a high ‘no-show’ ratio for appointments. When the pandemic hit, the program shifted from face-to-face service delivery to a telehealth approach, and service hours were extended. This has removed the barrier of travelling time for clients and provided the opportunity for people to attend appointments before and after work, enabling easier access to services. One client even spoke to his dietitian whilst driving a tractor on his farm. These adaptations have significantly reduced ‘no shows’ and enhanced client engagement within the dietetics program.

The shift to digital platforms is also benefiting workers in these areas, making it easier to attend meetings with colleagues in Melbourne or other regional areas. One organisation observes that this has helped “democratise” meetings, which are now held using on-line platforms instead of some workers teleconferencing while others attend in person.

One regional organisation reports that digital service models have always been crucial to service delivery in a rural and remote context, however are not appropriate for all clients in every engagement (such as young children and family violence clients).

Telephone and video services

Some organisations reflected that, prior to the pandemic, they considered phone and video contact to be inappropriate for casework or therapeutic contact, but have been surprised to find it useful in some circumstances. Many believe they will retain some elements of digital service delivery moving forward.

In the alcohol and other drugs sector, organisations reported that forensic clients are more likely to engage with services since the introduction of phone appointments. At one organisation, the 'complex adult forensic clients show rate' was previously around 45% for appointments. Since the move to telephone consultations during the pandemic, the 'show rate' for this cohort has increased to around 75%.

There are concerns within the sector that some digital modalities adopted at pace during the crisis response require more rigorous interrogation around ethical considerations – for example, video conferencing is providing access to peoples' private lives and spaces that we have never had access to before. Similarly, while organisations took care to apply a risk lens in the rapid deployment of digital platforms, the sector has identified safety as an area requiring even deeper consideration once we move from crisis to COVID-safe and COVID-normal. For example, some organisations reported low uptake in video consultations for very vulnerable clients across family violence and AOD during the first and second waves of the pandemic. Those working with young people expressed concerns about how adaptations such as video conferencing are aligning with duty of care.

There are safety concerns in family violence around using video conferencing platforms, with organisations reporting that most appointments are conducted via telephone. Telehealth platforms are sometimes used if the risks can be successfully mitigated, and face-to-face with appropriate safety precautions is used where digital delivery is deemed unsafe. Organisations report developing a number of safety questions for digital delivery that clients are asked at the start of a call to help determine if it is safe to continue with the conversation.

Web chat services

In the family violence sector, two organisations interviewed have introduced online web chat to provide an alternative access point for clients during the crisis. The new services were developed in response to a significant reduction in call numbers when stay-at-home orders were introduced. This sparked concerns that clients were no longer able to make contact via the traditional channels.

CASE STUDY

Web chat

Safe Steps Family Violence Response Centre is Victoria's state-wide 24/7 service for women and their children experiencing family violence.

When Victoria's initial lockdown began, Safe Steps expected a significant increase in calls, but instead they began to drop. It was not long before staff suspected they had a serious problem. They knew people still needed help, but the lockdown had made it harder for many to access it.

As direct calls continued to fall, third party calls began to rise, with community members desperate to access help for family, friends, and neighbours trapped in lockdown with their perpetrators. It quickly became apparent that the normal intake channels had become an obstacle for some clients.

Safe Steps knew a solution was needed quickly and within six weeks they had their web chat service up and running, with a suite of planned responses for staff members to ensure conversations stayed in scope.

Initially, web chat was expected to be a soft entry point into help-seeking. Instead, approximately 50% of contacts to date have been escape enquiries from clients in high-risk situations needing to leave immediately.

Workers have also been surprised to find a number of clients returning multiple times, gleaning a little more information about how to safely leave their family violence situation each time they engage. Young people have also been accessing the service, seeking support with incidents of parental coercion or violence.

Web chat is currently averaging 15 contacts per day, and providing an alternative entry point to Safe Steps' existing service. If additional funding can be secured, service availability will be extended into the evening.

Text messaging services

Some organisations working with young people are experimenting with text messaging to increase engagement with young people who are uncomfortable communicating via other digital modalities. Research suggests that it is providing access to some clients that would have been difficult to access otherwise due to current restrictions on outreach services. Further research is needed to better understand the potential of text messaging as a service delivery tool.

CASE STUDY

Tina's story (text messaging)

Jenny is a case worker with Melbourne City Mission's *Finding Solutions* program. When the pandemic hit, she struggled to maintain contact with a young client at risk of homelessness. Tina was sixteen and her family situation was complex. She was undertaking remote learning due to severe social anxiety and was reluctant to engage with Jenny after her initial face-to-face intake session just prior to the first lockdown. She had seen news reports about COVID-19 and was scared of catching the virus. Jenny suggested video

conferencing or telephone calls instead but Tina wasn't comfortable with either option. Fearful that she might disengage entirely, Jenny proposed text messaging, an idea which struck a chord with Tina.

Every Wednesday afternoon for the next three months, they spent an hour chatting via text messages. Tina enjoyed these appointments, feeling more comfortable communicating with Jenny in writing than speaking to her over the phone. She liked having time to reflect on what she wanted to say, and not having to worry about trying to read visual or audio cues. They worked together in this way for three months, after which time all the issues she had raised were resolved and the case was closed.

Virtual group work

Organisations report that a number of programs including playgroups and men's behaviour change programs have been adapted to online delivery. Virtual playgroups appear to have been well-received by service-users, providing a point of social connection at a time when many parents in the community are feeling isolated.

However, many organisations have struggled to successfully transition group programs due to the limits of available technology. Some have judged the security risks associated with available online group platforms to be too high and either placed group programs on hold, or shifted them to one-to-one delivery where appropriate. Some people have dropped out of group programs during the transition to digital delivery, and will need to be picked up again once face-to-face services resume.

Attempts to transition therapeutic groups to the virtual environment have been less successful. Organisations report greater success when a group has initially met prior to COVID-19 and had the opportunity to begin to build relationships face-to-face. Establishing

new groups in the virtual space has been very challenging. Behavioural change group programs have been particularly challenging to transition to the digital environment. Digital group sessions may not have the same efficacy as face-to-face in the behaviour change space due to a reduction in peer accountability.

CASE STUDY

Men's behaviour change programs

Anglicare adapted its men's behaviour change program to an online platform. While some organisations making this adaptation have changed their model from group engagement to 1:1 engagement in the COVID-19 environment, Anglicare has sustained a group model, with a reduction in participants per group from fourteen to eight, to maximise participation and ensure a therapeutic environment. While participation in the program has been high and attendance has been higher than in a face-to-face model, one of the downsides of running the program online is that participants report the loss of opportunity to have one-on-one conversations with each other during a tea break or the walk back to the car. Pro-social peer connection is an important part of supporting peer accountability, and is part of the theory of change of men's behaviour change programs. The program is also more labour intensive for workers as practitioners have to work harder at creating an inclusive space for discussion. Like other family violence work, it also creates challenges for staff who are bringing family violence discussions with perpetrators into their homes.

Online education programs

CSOs reported increased demand for online education programs during this time, particularly in the areas of financial counselling and job readiness programs. Organisations report that virtual delivery has increased access and convenience for some clients, particularly women with caring duties who may have struggled to attend face-to-face programs.

CASE STUDY

Stepping Stones for Small Business

The Brotherhood of St Laurence's Stepping Stones to Small Business Program provides refugee and migrant background women with opportunities to increase their economic participation through education, mentoring and support towards setting up a small business or by providing pathways to education and employment. As a result of COVID-19, the program was adapted to digital delivery. Prior to the pandemic, the program had started to increase digital literacy among participants and staff through encouraging the use of online platforms and supporting those who required additional support by referring them to online digital literacy courses. Moving the program online has enabled a number of women to participate, who otherwise would have had difficulty because of their caring responsibilities, location and transport barriers. Staff have found that the online platform has benefited a number of women, and a mixed delivery option for workshops will be adopted going forward.

Whilst virtual options appear to be working well for some people, others require more scaffolding than digital training can provide. One organisation noted that many of their clients need the trainer as a moderator sitting next to them to make the training work

effectively. There are fears that this shift towards online education may reduce traditional delivery methods and disadvantage some members of the community.

Organisations have also raised concerns about security risks associated with the technology, especially in relation to children and young people. One organisation reported placing its tutoring program on hold so a comprehensive risk assessment could be completed.

Further research should be undertaken to investigate the benefits and risks of digital service delivery, including the factors that have led to an increase in show rates, and the efficacy of telephone and digital engagement versus face to face appointments, and the ethical implications.

Therapeutic relationships

Many services have reflected that the adoption of digital service delivery during the emergency phase of COVID-19 has raised important questions about whether digital delivery alters the nature of the therapeutic relationship, which has traditionally involved forging rich therapeutic alliances with clients through ongoing face-to-face meetings.²¹

In the early stages of pandemic response, adaptation appears to have been weighted towards maintaining contact with at-risk service users and ensuring continuity of essential supports. That is not to say that there has been no consideration of the impacts of adaptation on the therapeutic relationship. Rather, the point is that we are in an active learning cycle, and there is recognition that,

as we move out of crisis towards recovery, it will be important to dedicate more time to considering the therapeutic relationship in order to determine if or where specific adaptations are sustained or scaled. The pandemic has revealed that there is limited literature on the therapeutic relationship in an online environment in a social and community services context. More research is needed.

Social work is one of the community sector disciplines that, pre-COVID-19, emphasised the need for a practice-led approach to the adoption of information and community technology tools, rather than a 'managerialist' approach.²²

Some of the organisations we interviewed indicated concerns that some things might be missed or obscured in the online environment. Similarly, the research literature identifies one of the risks of digital engagement as misinterpretation of body language, possibly posing a risk to clients, as cues for emotional distress may be missed.²³ It could also threaten effective safety planning for a client, as their identity, location or meaning of language may be unknown or misinterpreted.²⁴

However, the literature highlights one of the benefits of digital engagement is that it could enable workers to expand their reach, conducting assessments and counselling to isolated groups in the community, including those living in rural and regional areas, and those with a disability or reduced mobility.²⁵ Different forms of technology such as email or text messaging could also be used as a way of reaching clients that may feel too embarrassed about their issues to engage in a therapeutic

21 Reamer, Frederic. (2014). Clinical Social Work in a Digital Environment: Ethical and Risk-Management Challenges. *Clinical Social Work Journal*. 43. 10.1007/s10615-014-0495-0

22 Lia Bryant, Bridget Garnham, Deirdre Tedmanson, Sophie Diamandi (2015) Tele-social work and mental health in rural and remote communities in Australia *International Social Work* 1-13, DOI:10.1177/0020872815606794

23 Rick Csiernik PhD, RSW, Patricia Furze MSW, RSW, Laura Dromgole BSW, MSW (Candidate), RSW & Giselle Marie Rishchynski BSc, BSW (2006) Information Technology and Social Work—The Dark Side or Light Side?, *Journal of Evidence-Based Social Work*, 3:3-4, 9-25, DOI: 10.1300/J394v03n03_02

24 Rick Csiernik PhD, RSW, Patricia Furze MSW, RSW, Laura Dromgole BSW, MSW (Candidate), RSW & Giselle Marie Rishchynski BSc, BSW (2006) Information Technology and Social Work—The Dark Side or Light Side?, *Journal of Evidence-Based Social Work*, 3:3-4, 9-25, DOI: 10.1300/J394v03n03_02

25 Rick Csiernik PhD, RSW, Patricia Furze MSW, RSW, Laura Dromgole BSW, MSW (Candidate), RSW & Giselle Marie Rishchynski BSc, BSW (2006) Information Technology and Social Work—The Dark Side or Light Side?, *Journal of Evidence-Based Social Work*, 3:3-4, 9-25, DOI: 10.1300/J394v03n03_02

relationship.²⁶ Not only can a digital platform be less intimidating for some, it can also promote greater freedom of expression as clients may feel emotionally safer to discuss sensitive issues.²⁷ This is consistent with some of the observations made in this report.

One of the challenges identified by the literature is the 'professional generation gap' between new practitioners and more established and experienced workers.²⁸ The ability of workers to confidently use technology and communicate online impacts the effectiveness of the interaction. A different skill set is needed to conduct interactions online in comparison to the delivery of face-to-face services.²⁹ Training is therefore needed to ensure practitioners have the skills they need to deliver these services effectively.

Overcoming the 'digital divide'³⁰, alongside addressing sociodemographic factors that impact the use of technology (e.g. socio-economic status, geography, language and age), is also needed if the sector is to more readily embrace ICT.³¹

Resourcing and digital capability

The sector has moved at an extraordinary pace that belies the underlying challenges and risks for many organisations. For example, many Boards and Executive teams have been required to sign-off on substantial investments in digital infrastructure, new technology and/or associated staff training at the same time they are on the precipice of government funding cliffs. The impacts are sector-wide, but

particularly pronounced in smaller and mid-size organisations that were more constrained in their ability to invest in infrastructure pre-COVID-19 compared to larger organisations, due to systemic funding challenges described in the introduction of this report. As part of the roadmap for industry recovery and the transition to COVID-safe and COVID-normal, this is an area where the sector will require targeted government investment and support going forward.

Organisations have also significantly invested in personal protective equipment and other resources to ensure that staff can work safely and continue to deliver services. Again, this has stretched a sector that already had major funding challenges pre-COVID-19.

“85,000 face masks, 150 thermometers, 50,000 pairs of gloves, 2,500 face shields, 200 laptops, 150 monitors. All this infrastructure effort to get services positioned to operate in the new normal.”

(CEO – Child and family services organisation)

“We had to buy a lot of laptops really fast. It was really complicated and it was really expensive.”

(CEO – Child and family services organisation)

Expectations, requirements and guidelines around testing, personal protective equipment (PPE) and cleaning have changed rapidly throughout the pandemic period, as we learn more about the virus and the places of transmission in Victoria. While this is

26 Rick Csiernik PhD, RSW, Patricia Furze MSW, RSW, Laura Dromgole BSW, MSW (Candidate), RSW & Giselle Marie Rishchynski BSc, BSW (2006) Information Technology and Social Work—The Dark Side or Light Side?, Journal of Evidence-Based Social Work, 3:3-4, 9-25, DOI: 10.1300/J394v03n03_02

27 Lia Bryant, Bridget Garnham, Deirdre Tedmanson, Sophie Diamandi (2015) Tele-social work and mental health in rural and remote communities in Australia International Social Work 1-13, DOI:10.1177/0020872815606794

28 Rick Csiernik PhD, RSW, Patricia Furze MSW, RSW, Laura Dromgole BSW, MSW (Candidate), RSW & Giselle Marie Rishchynski BSc, BSW (2006) Information Technology and Social Work—The Dark Side or Light Side?, Journal of Evidence-Based Social Work, 3:3-4, 9-25, DOI: 10.1300/J394v03n03_02

29 Rick Csiernik PhD, RSW, Patricia Furze MSW, RSW, Laura Dromgole BSW, MSW (Candidate), RSW & Giselle Marie Rishchynski BSc, BSW (2006) Information Technology and Social Work—The Dark Side or Light Side?, Journal of Evidence-Based Social Work, 3:3-4, 9-25, DOI: 10.1300/J394v03n03_02

30 Whereby some members of the community have limited or no access to computers or minimal computing skills and limited broadband/data access.

31 Lia Bryant, Bridget Garnham, Deirdre Tedmanson, Sophie Diamandi (2015) Tele-social work and mental health in rural and remote communities in Australia International Social Work 1-13, DOI:10.1177/0020872815606794

understandable, it has at times left the community sector under prepared and confused. For example, when advice about the types of masks some community service providers should be using changed, updated information was uploaded to the DHHS Funded Agency Channel, but not otherwise disseminated. The new requirements took effect immediately, with no transition period. Consequently, organisations were technically in breach the moment the new advice was published. They were left scrambling to source alternative PPE in a highly competitive market, while bearing the cost of holding new, non-returnable stock that was suddenly rendered out-of-date.

Training in the safe and effective use of PPE has been another pain point for the sector, particularly the best-practice use and management of masks. Some staff, who have not previously worn PPE during the delivery of frontline services, are unfamiliar with mask-wearing, and could inadvertently put themselves or their clients at risk of infection, without adequate training about appropriate usage.

The introduction of a dedicated email portal for PPE requests was welcomed by organisations, providing a clear avenue to securing vital safety equipment. Organisations working on the locked-down public housing estates also valued the provision of training from hospital staff with extensive experience donning and doffing PPE.

Community service organisations will require increased funding in the areas of technology, digital infrastructure and staff training moving forwards.

“There needs to be a rethinking of how funding to the sector works so organisations feel comfortable putting some money away for investing in the future. It needs to be seen as an investment in innovation.”

(Manager - Housing and homelessness organisation)

WORKPLACE TRANSFORMATION AND WORKFORCE IMPLICATIONS

In March, when COVID-19 case numbers began to rise rapidly across Australia, the majority of Victorian CSOs acted swiftly to safeguard the physical health and safety of staff and clients and ensure continuity of essential supports for existing service-users.

Organisations instituted a range of service and practice adaptations including:

1. Streamlining governance structures
2. Transitioning to remote working
3. Implementing new approaches to risk management, intake, and the triaging of at-risk clients
4. Staggering shifts to ensure business continuity and service delivery
5. Enhancing communications systems
6. Training and skills development programs
7. Prioritising emergency relief

Streamlining governance structures

At an organisational level, a number of CSOs reported changing their internal governance structures to respond more effectively to the pandemic and to client demand. These changes included the creation of emergency coordination roles and/or teams, redeployment of staff to areas of high demand, more frequent meetings involving both the executive team and general/stream managers, the creation of daily dashboards to capture key data, and the establishment of Workflow Committees and Response Priority Teams. These changes have enabled organisations to respond with agility to rapidly evolving situations on the ground.

CASE STUDY

Emergency Response Team

Quantum Services established an Emergency Response Team which brings together the executive team, stream managers, the recently appointed emergency response coordinator, and representatives from the areas of administration, IT and quality and risk assessment. At the start of the pandemic, the group met three times a week, reporting back to staff after each meeting. As the organisation adapted to the new working environment, the meetings reduced to weekly. All major deliberations and decisions are tabled at these meetings, allowing for rapid resolution of problems and fast and effective decision-making. With all key decision-makers present at every meeting, decisions are able to be made on the spot to better meet the evolving needs of service-users.

Transition to remote working

The pandemic has prompted a shift to remote working across the community services sector. Where possible, organisations have transitioned employees to working from home, enabling increased flexibility in work hours, efficiencies related to reduced travel, and the introduction of extended service delivery hours.

Some CSOs report a move away from employees working standard business hours in favour of staggered shifts during the COVID-19 emergency phase, particularly women juggling paid work with increased caring responsibilities at home during the period of remote and flexible school learning. This has enabled some organisations to extend their service delivery hours and provide greater service options for clients. We heard from a range of family violence, homelessness and AOD services that where this temporary change had been made, there was evidence of increased reach into previously difficult-to-access cohorts

“This idea that staff only want to work Monday to Friday, nine to five, I think that’s been debunked now too. We’ve got people who want to work when it suits them and suits their circumstances and I think it is better for consumers if the service window is wider.”

(CEO – Housing and homelessness organisation)

“Traditional nine to five models don’t work for some people, so we have had an enormous uptake of those wanting appointments before work and after work.”

(CEO – Community health organisation)

However, whilst it would seem that extended service hours offer potential benefits for both workers and service-users, there are some significant challenges to broader implementation. While some workers have benefited from working non-standard business hours, this is not the case for all workers. Organisations have reported higher levels of worker fatigue, which may in part be due to extended hours of operation, in addition to the impact of lengthy hours worked in front of screens.

Extended service hours also has industrial, financial and OH&S implications. Any changes to awards and enterprise bargaining agreements to reflect extended service hours would be subject to negotiation. This will have financial implications for organisations, as they would be required to pay higher base rates of pay to account for employees working non-standard business hours.

Some CSOs are hoping to retain extended service hours as they move into the COVID-19 recovery phase, believing they offer a more person-centred approach than traditional service delivery windows. Government would need to address the funding implications of the higher costs of providing wider service windows if this adaptation is adopted permanently as services are already stretched due to systemic underfunding.

Increased flexibility around service delivery hours may also encourage clients to access preventative care, potentially reducing preventable hospital admissions.

Organisations also identified a number of challenges that have arisen due to remote working arrangements. These include the blurring of work-life boundaries, increased workloads, escalating staff fatigue, the disproportionate burden on workers (particularly women) juggling the supervision of remote schooling with their own work commitments, the risks posed by conducting client-facing work from home, challenges around staff supervision and the safeguarding of staff well-being and mental health in the remote environment.

“Obviously there will be ongoing HR and mental health and well-being issues associated with a distributed workforce under these conditions that will have some long-term effects.”

(CEO – Community services peak body)

Many women in the sector have found remote work challenging, particularly those who lost their childcare supports because they were not essential workers. These workers have had to balance their paid work responsibilities with caring for children.

Many CSOs expressed concern about the mental health of workers conducting client-facing work from their homes. Vicarious trauma is of particular concern in the family violence and AOD sub-sectors. Some organisations made the decision early in the pandemic that employees in roles with a high risk of vicarious trauma would remain working on-site. Other organisations instituted working-from-home models, with measures put in place to mitigate the risk of vicarious trauma in the home office environment.

“I did not want to bring family violence into my home.”

(Frontline worker – Family violence organisation)

There is a need for further investigation to understand the psychological impact of conducting frontline work from home.

The loss of informal, unscheduled interactions with colleagues has also been problematic, with many organisations seeking digital methods of replicating peer contact. These include frequent and regular online team meetings, virtual coffee and lunch breaks, drop-in chat sessions and daily debriefing sessions.

“Work is slower because of the lack of incidental workplace conversations. Now you need to call people and manage to get in contact with them. Instant moments of support are not happening so the internal work is taking longer.”

(General Manager – Community services organisation)

The issue of staff fatigue was a common theme across all sub-sectors, with the transition to digital service delivery and remote working placing a significant burden on staff at all levels. Organisations reported significant increases in supervision workloads and high levels of fatigue across middle management. Workers reported increases in caseloads and client contacts since the onset of the pandemic. The scaffolding that sits around client engagement in the digital environment appears to have increased administrative workloads for staff, offsetting any gains from reduced travel time associated with digital service delivery.

“When we sent everyone home to work we thought people would have more time to do things... but people are busy. They are at home and flat out doing the work.”

(CEO – Housing and homelessness organisation)

Organisations reported that staff are reluctant to take rostered days off, annual leave, or long service leave. It is generally believed that many in the sector have been working too hard and there is the potential for widespread burnout. One CEO noted that there has been a marked difference in people’s moods between the first and second lockdowns, with staff generally “flatter” the second time around. Many in the sector are concerned about the capacity of workers to sustain the relentless pace of the last six months going forward.

Organisations have introduced a wide range of measures to support staff during the crisis. These include staff resilience training, buddy systems, staff counselling programs, increased access to mental health supports, more frequent supervision meetings, reduced working hours and regular professional development and reflective practice sessions.

Despite ongoing concerns about staff well-being, the majority of CSOs interviewed considered remote working an adaptation worth retaining in some form moving forward.

“Everyone in the organisation now is saying, especially our executive, that we can, and we probably should have the option for people to work from home more often if they want to so that’s definitely been a change.”

(Manager – Community services organisation)

The suitability of remote working will need to be assessed at an individual level to safeguard staff well-being, with a number of organisations observing it to be unsuitable for some of their employees.

“When we do our workforce planning for the other side of COVID, we can’t assume that everybody will be okay with remote working.”

(Manager – Community services organisation)

Further research is required to better understand the impact of working remotely upon both employers and employees in the sector.

Implementing new approaches to risk management, intake, and the triaging of at-risk clients

Many CSOs have made adaptations to their intake processes to meet rapidly growing demand and evolving service-user needs. These range from the redesign of internal service systems to the creation of shared intake points servicing multiple organisations.

Some organisations reported adapting their intake systems to provide priority response triaging during the crisis. They no longer have clients sitting on waiting lists, instead a single comprehensive assessment is conducted upon first contact to identify clients' needs and discern the most effective support plan. This shift has enabled faster provision of support to those in urgent need of assistance.

CASE STUDY

Integrated intake

In Horsham, United has joined forces with other local agencies to establish an integrated intake in response to rising demand. Community members can now call a dedicated “one-stop-shop” telephone service to chat about their situation and receive the wrap-around support they need. This has been enabled by the agility of the agencies in the local area and the strength of their pre-existing relationships.

Organisations in the family violence sector reported that traditional approaches to service delivery have required significant adaptation due to the government's introduction of stringent restrictions on movement.

“The biggest change was our ethical position on talking to a third party about risk, and whether we speak to a victim/survivor when the perpetrator is in the home because standard practice is, when someone contacts us, to find out if the perpetrator is there and if they are we won't speak to them. We organise for them to get to a safe place.”

(Director – Family violence organisation)

Some family violence organisations have changed their approach and are now engaging directly with third-party enquiries to ensure the safety of service-users who are facing increased challenges to reaching out for support while in lockdown with their perpetrator.

CSOs across other sub-sectors also reported making changes to their risk management procedures in response to the pandemic, with some undertaking rigorous risk assessments of all clients at the start of the pandemic to ascertain where ongoing face-to-face support was required, and where digital delivery could safely be utilised. A number of organisations have recalibrated intake risk assessments to focus on areas such as AOD, family violence and mental health which have seen surging demand during the pandemic. There are also reports of an increase in the frequency of risk assessments, with some organisations shifting to weekly, or even daily, assessment of at-risk clients.

Adaptations such as these are being used to more effectively triage at-risk clients and determine when face-to-face care is required. For example, one community health organisation has altered its front-end triaging process. The intake worker registers and books a client into the care provider's schedule. The care provider then triages the client and develops a plan for their COVID-safe care. While this is a more expensive staffing model, this adaptation has optimised the organisation's assessment of risk, its decisions about resource allocation (for example, whether a service should be provided face-to-face or can be safely delivered via digital forms) and its responsiveness to community needs.

Some organisations indicated that they plan to retain these changes, for example, to role design, as they move into a COVID-normal environment.

Further investigation, evaluation and sharing of the new approaches to risk management, intake and triaging clients should be undertaken.

Staggered shifts to ensure business continuity in the event of an infection

Some organisations reported having adopted a split or staggered team model to reduce the number of staff in the office at any given time and ensure business continuity in the event of a staff member contracting COVID-19. For example, one organisation has split its workforce into two teams to minimise the risk of cross infection. If one team is required to quarantine due to an infection, the other can continue providing services.

An added benefit of this adaptation is that it has enabled some organisations to extend service hours (7am – 7pm), and tap into a range of new clients who do not access services when they are only available between 9am and 5pm. The Victorian Government’s recently-released industry roadmaps feature worker ‘bubbles’ as we move towards COVID-safe and COVID-normal. Lessons from early adopters should be widely shared across the broader community services sector to assist with scaling this adaptation.

Enhanced communications systems

CSOs have invested considerable resources in the upgrading of communications systems to facilitate staff connectedness and rapid information sharing during the pandemic. Some have established dedicated intranet hubs, and others have adopted a variety of digital platforms such as Microsoft Teams, Slack and Zoom to allow for the rapid dissemination of information to individuals, teams, the whole of staff, and clients.

Organisations reported a significant increase in communication with staff. Technology has made it easier to keep staff abreast of the rapid changes needed to ensure business continuity. New staff intranet portals have been created, with health and safety resources addressing issues such as mental health made available, along with Facebook workplaces and COVID-19 inboxes.

CASE STUDY

COVID-19 Inbox

Uniting established a COVID-19 inbox early in the pandemic to provide all staff with a quick and easy way to communicate with management during the crisis. Any staff member in any location, including volunteers, can email questions or concerns they have at any time. The inbox is monitored all day, every day, enabling Uniting to track what is happening on the ground in real time. Any issues that aren’t getting escalated, any points of confusion, or any emerging areas of concern can then be addressed quickly and effectively.

Some organisations are concerned that this rapid proliferation of new communication platforms is exposing the sector to risks that have not yet been sufficiently considered or understood.

“There are genuine and considerable privacy and other challenges in having switched so quickly to different methods of communicating and recording information.”

(CEO – Child and family services organisation)

Training and skills development programs

CSOs have invested in training and skills development programs to support their workforces in the transition to new methods of service delivery and practice, and put in place a range of adaptations designed to safeguard staff mental health and well-being. Alongside this professional development for staff, organisations have also invested in boosting the digital literacy of clients.

During the initial stages of the pandemic one organisation moved their classroom-based training on reflective practice to an online environment, running this within Microsoft Teams. The benefits for workers included feeling part of the team, providing an opportunity to share practice issues and personal concerns related to COVID-19, increasing the understanding of issues and identifying potential risks confronting participants.

“These sessions appeared to be positive stabilising factors early in the pandemic.”

(General Manager - Community services organisation)

In order to support staff to undertake case management in an online environment, this organisation developed a number of resources including general tips on how to engage people over the phone, advice on how to undertake general assessments and mental state assessments, and provided screening and safety planning resources for family violence. They also ran sessions to discuss the resources and provide examples to staff of when they would be useful. As a result, staff felt more confident to engage participants over the phone.

“We believe that these skills and practices will not be abandoned post-COVID however they are not a complete replacement for the face-to-face support that many of our participants require.”

(General Manager - Community services organisation)

CSOs have rapidly trained staff across a range of areas including the use of digital platforms, conducting risk assessments, counselling, and other forms of client contact over the telephone, personal resilience, and mindfulness.

CASE STUDY

Staff resilience training

As the pandemic gathered force in the early months of this year, Baptistcare Family and Community Services, Mental Health and Wellbeing and Disability made the decision to prioritise staff well-being as part of their business continuity strategy. They knew their staff could cope with a high pressure crisis response for a short period of time, but were worried it would not be sustainable in the long-term. Employees would need additional training if they were to make it through the marathon of the pandemic rather than fading after the initial sprint.

Baptistcare engaged Frontline Mind, a Tasmanian organisation specialising in resilience training programs for staff, to tackle the problem. Frontline Mind developed a tailored program designed to enhance individual and organisational well-being and performance in this time of social crisis.

Delivered as a mix of online modules, one-to-one coaching, peer support networks, and virtual group workshops, Resilience by Design covered areas such as navigating uncertainty, creating valuable outcomes, understanding how to proceed in the unfolding complexity and chaos, and communicating precisely and artfully.

The virtual workshops and peer support networks have encouraged team connectedness at a time when many are struggling with feelings of isolation. Overall, staff have been highly engaged with the program and are already applying their new learnings to everyday practice.

Prioritising emergency relief

Many CSOs reported having to prioritise emergency relief for clients, with many people experiencing increased financial hardship due to the loss or reduction in income and requiring assistance with basic supports such as food, sanitation items, and accommodation.

“People can’t feed themselves. They can’t pay their rent.”

(CEO – Community services organisation)

Organisations reported that food security programs have been essential, with many prioritising emergency aid during this time. Some have set up new food programs, conducting regular drops of essential items such as fruit and vegetable boxes, preprepared food, toys and games for children in lockdown, nappies, PPE and sanitation items.

Others have engaged in partnerships with local cafes and restaurants to produce food packages and social meals for those in need. One organisation reported pivoting its dining hall service to take-away meals and food packages for clients.

Organisations reported significant increases in brokerage costs to cover items such as food, rent, telephones and Wi-Fi access for clients since the onset of the pandemic. The Board of a small family violence organisation drew on reserve funds when they realised that government funding for flexible support packages would be insufficient to address community need. This is not the purpose for which Boards set aside reserve funds, and illustrates some of the ‘forced choices’ organisations have been compelled to make during this time.

The volunteer workforce

Volunteering is a valuable source of social connection and has a significant impact on well-being and mental health. It can provide a sense of meaning and purpose within people’s lives. 2.3 million Victorians volunteer their time in some capacity.

The volunteer workforce is critical to the successful operation of the community services sector and the pandemic presents particular challenges in this area. Some organisations have decided to furlough the majority of their volunteer workforce during the crisis for health and safety reasons, whereas others have chosen to pivot their volunteer services to digital delivery.

“We provided them with training and skills because a lot of them are elderly in their own right and hadn’t used that kind of technology previously. We had to train people right up from scratch, even from how to turn a computer on, and resource them to be able to do that work.”

(Manager – Community Services Organisation)

Until a vaccine is made available in Australia, it is likely that there will be ongoing issues regarding access to volunteers, particularly for those who are older and at greater risk of contracting COVID-19.

There is a need to investigate the impacts the pandemic is having upon the volunteer workforce and the service delivery capacity of the sector.

The pandemic has also given rise to nuanced conversations about how government engages with some volunteer cohorts. In particular, concerns have been raised about the reliance on volunteers from migrant and refugee communities to help deliver the public health response to the pandemic.

CASE STUDY

Public housing estate lockdowns

The Ethnic Communities Council of Victoria (ECCV) has expressed a strong view that, in areas that involve complex information and risk management, such as health and legal matters, it is essential to make use of a professional workforce when communicating, engaging and supporting community members. During the public housing estate lockdowns, the government's response was seen to lean heavily on people who already volunteer substantial amounts of their time as bicultural connectors. The type of work, volume of labour and kind of expertise they were asked to provide is considered to be beyond the scope of what would reasonably be considered volunteering. Many of the community and residents who volunteered throughout the lockdown worked long hours and eventually contracted COVID-19.

Workforce recruitment

Workforce recruitment procedures have also been adapted to the COVID-19 environment, with some organisations recruiting, inducting and training new staff in an entirely virtual workplace. One organisation interviewed identified the pandemic as an opportunity for the sector to tap into a different type of workforce due to the increased flexibility offered by digital service delivery and the shift to remote working.

“The jobs are changing... You could create something that is less about frontline work and more virtual, and that might enable more people to access this type of work.”

(Manager - Housing and homelessness organisation)

Challenges remain around inducting and training new staff, including in fostering their connection with the workplace and building rapport within their new team and with their peers. In some cases, employees have been working at home for longer than they were in the office or have never attended the workplace. This may be impacting morale for some teams. It also creates a risk of attrition, in a sector already beset by workforce shortages.

RAPID INCREASE OF HIGH-VALUE, PROFESSIONAL COLLABORATION

Peak bodies and community service organisations across all sub-sectors have successfully leveraged digital technology to promote professional collaboration and connectedness during the pandemic.

This has resulted in an increase in internal collaboration within organisations, alongside increased external collaboration within or across subsectors and, to a certain degree, collaboration with government. Organisations have used a variety of digital networking platforms including Slack, Zoom, Microsoft Teams, Facebook Live, and dedicated intranet to convene communities of practice and run regular webinars, forums and huddles to promote professional discussion and support connectedness.

In addition, there has been an increase in collaboration across sub-sectors, with many organisations attributing this to a newfound sense of shared purpose.

“COVID has been a uniting force as everyone is now fighting against a common cause.”

(General Manager – Housing and homelessness organisation)

“The urgency focuses us but also allows us to work very closely together.”

(Manager – Community services organisation)

Digital-led collaboration

This rapid increase in collaboration has been enabled, in part, by the widespread rollout of digital communication platforms across the sector. CSOs reported that digital innovations such as virtual team/staff meetings, network meetings, case planning meetings, care team meetings and communities of practice have resulted in increased collaboration as well as the deconstruction of some pre-existing barriers.

“All of our members in regional and rural areas... can participate on a completely level playing field now, which they were never able to do before.”

(CEO – Community services peak body)

Organisations reported increased attendance across both internal and external meetings, a change that is generally attributed to the enhanced ease and accessibility of virtual meeting platforms. It is no longer necessary for workers to allocate travel time for meetings in external locations, a shift which has removed some pre-existing barriers to cross-organisation and cross-sector collaboration. Rural and regional organisations have particularly benefited from this reduction in travel time and shift to online meetings.

Whilst many organisations report an increase in collaboration, some caution that the shift to virtual engagement has resulted in the loss of key relational elements of the collaborative process.

“The conversations with sector partners... become a more formalised process rather than bumping into people at a meeting and having a conversation afterwards... It is a different sort of way of coming together with sector partners around issues.”

(General Manager – Community services organisation)

Organisations reported that it is easier to establish new collaborations where there were already pre-existing relationships, but difficult in the absence of such relationships. The long-term implications of this shift toward more “transactional” digital collaboration is not yet known.

One organisation, which has successfully adapted their playgroup services to virtual delivery during the crisis, is now engaging in conversations with other organisations about sharing the framework. This will allow their playgroup programs to be adapted and scaled for indigenous and CALD communities.

Call-merging and secondary consultations

Some family violence services reported increased use of call-merging to provide at-risk clients with safe access to services. This has proved particularly effective when clients are in lockdown with the perpetrator, and involves the family violence practitioner joining an appointment instigated by another service provider. For example, if a client in a high-risk situation is unable to access family violence services safely but has regular consultations with an AOD service, the family violence practitioner will work in collaboration with the AOD service to join their appointment and assess the situation unbeknownst to the perpetrator. This adaptation has been enabled by strong, pre-existing professional relationships in local areas.

Family violence services have also reported an increase in secondary consultations. Whilst not new, this has proved a valuable adaptation in the COVID-19 environment as it has allowed family violence services to reach clients who can no longer directly access services due to risk factors associated with lockdown. In a secondary consultation, a family violence practitioner will liaise closely with an external worker already engaged with the client, providing the resources and scaffolding needed for them to stand in and deliver the service, or aspects of the service, to the client.

Leveraging pre-existing local relationships

Funded community services networks (i.e. where the collaboration is funded, for example, the funding of the ‘Networker’ position in the homelessness system’s Local Area Service Networks) and local community led networks have also played a key role in facilitating community sector conversations, bringing organisations together to devise coordinated responses to the crisis. Organisations have emphasised the importance of pre-existing relationships during this time.

CASE STUDY

Social meals for elders

Charcoal Lane is a social enterprise restaurant and hospitality training program run by Mission Australia which provides supported training and employment pathways for young Aboriginal and Torres Strait Islanders.

Early in the pandemic, program participants were surveyed about the impact of the crisis, and revealed their biggest concern to be the health and safety of elders. None were comfortable to continue attending in-person training, worried they might introduce the virus into their families and communities, so the training program was put on hold.

Keen to utilise the restaurant’s two idle kitchens during the crisis, Mission Australia partnered with Darebin, Yarra, Hume and Moreland Councils to produce social meals for Aboriginal and Torres Strait Islander elders within the local community. They liaised closely with the Aboriginal Community Elders Services (ACES), Victorian Aboriginal Health Service (VAHS) and the Victorian Aboriginal Child Care Agency (VACCA), who delivered the meals to families alongside other key supports.

This initiative has provided much needed food relief and additional supports to local Aboriginal and Torres Strait Islander communities.

The relationship between peak bodies and government

Community sector peak bodies have worked closely with the Victorian Government during this time so that the flow of information, insights and action is efficiently managed between the sector and government.

The collaboration has built on the foundations of formalised partnerships that existed pre-COVID. Building from strength, peak bodies have worked with the government to identify issues that may impact the sector's capacity to sustain continuity of service and respond to emergent community needs across the pandemic's lifecycle.

This has been facilitated by the widespread introduction of digital technology. Some highlights from this period have included:

- **Human Services and Health Partnership Implementation Committee (HSHPIC) COVID-19 Response Group:** This long-standing bi-monthly committee, co-chaired by VCOSS and DHHS moved quickly to fortnightly meetings, allowing its members to share information, identify and manage emerging issues including funding and policy priorities, and address emerging needs and address issues throughout the pandemic. The membership of HSHPIC was also expanded during this time to include additional organisations and representation from other parts of government. The sector, with government, adapted at pace.
- **DHHS-VCOSS COVID-19 Information Forums (webinars):** Regular information forums are delivered to the community sector by DHHS and VCOSS to provide up to date information and advice on public health and the COVID-19 response, community sector considerations, and Victoria's relief and recovery measures. They also allow organisations to ask questions relating to OH&S, public health, service delivery and other matters.
- The Centre for Excellence in Child and Family Welfare (CFECFW) has brought DHHS and the sector together via a regular weekly meeting targeting different service areas.
- At the outset of the pandemic, YACVic identified the importance of keeping the youth sector connected and initiated a series of regular virtual Huddles to provide workers with opportunities for information sharing and professional conversation. Every two weeks, representatives from across the sector gather together to receive short briefings from different areas, consider insights from guest speakers, and discuss topics of current interest. They have also run specialist huddles for rural and regional frontline workers, metro and interface workers, and those in the Youth Participation Practice Network.

FASTER, MORE EFFECTIVE DECISION-MAKING

Organisations report a shift to more efficient decision-making processes resulting in increased responsiveness to service-user needs. This shift has been enabled by high-trust relationships, enhanced information sharing, and a reduction in red tape.

“We made a lot of things that we never thought we’d be able to do possible, and we did it really quickly.”

(CEO - Child and family services organisation)

High-trust relationships

CSOs are reporting an increase in high-trust relationships, both across the sector and with government, observing greater flexibility and speed around problem-identification, problem-solving and appreciable willingness to work collectively toward a common goal.

Organisations reported increased staff interest in business planning, with the crisis prompting more inclusiveness in this area. A number of organisations have implemented new planning teams and programs in response to the pandemic, providing greater opportunity for employees to contribute to business strategy and design.

“No one has ever led an organisation, or a program, or anything, during a pandemic. We realise that we are not the experts in that space, and we need to be drawing on everybody’s expertise and everybody’s opinions to be able to make... effective change.”

(CEO - Alcohol and other drugs organisation)

CASE STUDY

Client needs working group

TaskForce established an internal client needs working group focusing on sharing and taking learnings across program operations. The group holds virtual meetings each fortnight to discuss emerging issues across all client cohorts. Early in the pandemic, they identified that with more people out of work due to the crisis, an emergency hardship fund was needed to enable staff to pay for clients’ rental bonds, whitegoods, food packs, and other forms of assistance. The establishment of this fund has allowed staff to provide fast and effective emergency assistance to a number of clients.

CSOs also observed the importance of acknowledging the lived experience of staff during the crisis, identifying that both staff and clients are going through the pandemic together. This was particularly pronounced for one organisation that has a significant lived experience workforce – for example, several employees were amongst the public housing residents subject to the ‘hard lockdown’ on the Flemington and North Melbourne estates.

We heard examples of organisations providing employees with an opportunity to discuss practice adaptations and their impacts, and inform business planning moving forward. One organisation conducted a “COVID-19 Listening Tour” of all service areas.

“I think good innovation, where it is consultative, builds trust and therefore builds better culture.”

(Manager - Alcohol and other drugs organisation)

There are also reports of an increase in positive collaborative practices such as agencies supporting each other by taking on initial assessments when other agencies in the area do not have the resources. A shared sense of purpose has enabled a nimble response to the crisis for many CSOs.

Enhanced information sharing

The rapid uptake of digital technology across the community services sector is one of the factors which has led to improvements in information sharing within many CSOs. Some have established dedicated intranet hubs or web chat platforms to facilitate the flow of information, while others have utilised regular “town hall” meetings, staff forums, teleconferences, and virtual “common rooms”. Many have created new working groups designed to increase staff involvement and investment in business planning within the new environment.

CSOs reported an increase in both the volume and frequency of communication provided to staff, generally taking the form of short videos, emails, fact sheets, information packs or virtual news hubs.

Enhanced access to information, coupled with increased accessibility of digital communication platforms, has enabled faster, more effective decision-making processes within the sector. CSOs report that it is easier to gather key decision-makers together in a virtual meeting, as location is no longer a barrier to communication. This has increased the sector’s capacity to pivot quickly in response to rapid changes in the service environment.

The other key factor has been culture, with pre-existing relationships and networks within the community services sector enabling organisations to successfully leverage technology to enhance collaboration, information sharing, and decision-making during this time.

Reduction in red tape

Some CSOs observed that COVID-19 prompted a reduction in red tape within government departments in the first wave of the pandemic, leading to improved outcomes for some service-users. For example, increased flexibility around the meeting of funding targets, completion of paperwork, and acceptable forms of client consent have assisted organisations to deliver timely services within a highly challenging environment.

Organisations within the housing and homelessness sub-sector indicated that an amendment to the service guidelines allowing for the provision of smartphones for clients has had a positive impact. By providing mobile phones and data to clients, organisations can ensure client access not only to their own services, but to a range of other important health and community supports.

The homelessness sector also observed that a streamlining of bond voucher applications by the Office of Housing has had a positive impact on workflows. Prior to the pandemic, bond vouchers had to be personally collected by the client and hand delivered to the real estate agent. Now it is permissible for the service provider to email the vouchers directly to the real estate agent, a change which has resulted in time efficiencies for both client and worker.

CASE STUDY

Digital bond vouchers

Jackie is a 24-year-old single mother who has been couch surfing with her two young children in Melbourne since fleeing family violence in Queensland. Latitude was able to secure a private rental property for her and her children, supported by recent changes to bond arrangements introduced by the Office of Housing (OOH). These changes allowed Jackie's case-worker to email the bond voucher directly to the real estate agent and arrange accommodation on the spot, rather than Jackie having to travel to the OOH office and then to the real estate agent via public transport with her two young children. This reduction in red tape enhanced Jackie's experience as a service-user by reducing unnecessary travel and stress and providing a more timely housing outcome.

In the second wave of the pandemic, a more mixed picture began to emerge. Whilst a number of organisations reported positive reductions in red tape over recent months, others indicate little change in this area, or an increase in bureaucratic processes. The provision and distribution of PPE to community-based workers was cited as an area of particular difficulty.

Ethical considerations

Whilst this shift to more rapid decision-making has in many ways been instrumental to the sector's agile response, a number of CSOs raised concerns about the ethical implications of working at such speed. This is particularly pertinent in relation to the privacy, security, and service efficacy implications of digital service delivery, and the negotiation of interface relationship in complex situations.

“It's great that fast decisions are being made in a collaborative space, and I'm sure for most of us, our values are solid and standing up well to this test of circumstance. In hasty decision-making, though, we may miss that kind of reflective space a crisis really needs.”

(Director – Alcohol and other drug organisation)

Although most organisations believed the pace of adaptation has been fit for purpose during the crisis, some observed that a period of reflection and evaluation will be required to assess the impact of changes made within this time.

“My fear is... we'll miss the opportunity to review properly some of these technical, regulatory concerns that come with making really big shifts, really fast.”

(CEO – Child and family services organisation)

WORKING WITH GOVERNMENT

Victorian CSOs report variable experiences of working with Government during the COVID-19 crisis, with their experiences shaped by factors such as location, size, and sub-sector.

Collaboration with DHHS

The majority of CSOs interviewed reported a significant increase in their level of contact with State Government departments, particularly the DHHS, as a result of the pandemic. Rather than attending occasional forums alongside government representatives, many organisations are now involved in regular meetings (e.g. weekly or fortnightly) with DHHS. This has been received positively by the sector.

A number of organisations reported increased responsiveness and flexibility from government during this time, with one organisation observing that their relationship with DHHS “feels more like a partnership” now. There is a perception within parts of the community services sector that the government has acted faster, been more willing to listen, and is allowing organisations more leeway to adapt and respond to evolving situations than was permitted prior to the pandemic.

“The government has moved really fast and followed through with their commitments.”

(Manager – Housing and homelessness organisation)

“The information flow has been really very good... and I hate using the word, but unappreciated levels of engagement and collaboration with the sector.”

(CEO – Community services peak body)

CASE STUDY

Isolation and recovery facilities for people experiencing homelessness

In mid March, Brotherhood of St Laurence, in partnership with Launch Housing and St Vincent’s Hospital Melbourne, began working alongside DHHS with a small number of other providers to provide isolation and recovery accommodation for people experiencing homelessness with suspected or confirmed COVID-19. Brotherhood of St Laurence offered one of their aged-care facilities currently standing empty, and their expertise, to the initiative with the aim of providing an integrated health and housing response together with the other partners. By late April, the facility was up and running, becoming the first and largest of the four COVID-19 Isolation and Recovery facilities to be stood up during the crisis.

Once it became apparent that demand for the facilities during the first wave was not as high as originally anticipated, flexibility from DHHS enabled the Brotherhood of St Laurence to reorient the model to accommodate other people experiencing homelessness with complex health needs.

There are reports of a “relaxing” of some regulations around compliance issues resulting in better practise in certain situations.

Some organisations reported commencing projects prior to funding being secured under the proviso that the government will cover the costs, a scenario unlikely to have occurred prior to the pandemic. There is an appetite within the sector for this increased flexibility and trust from government to continue as Victoria moves into the COVID-recovery phase.

CSOs indicate that these changes have resulted in higher-trust relationships with government, enabling them to respond more effectively to the rapidly changing environment.

“There has been a rapid deployment of innovation to respond to urgent need.”

(CEO – Community services organisation)

Communication from government

Communication was raised by a number of organisations as an area of concern, with many finding the volume of government information and correspondence overwhelming.

“That volume has been crippling. The inability at a truly system level to condense things down to critical points of information... it’s never been more important and it’s never been done as poorly as it has in the last few weeks.”

(CEO – Child and family services organisation)

Those from regional areas were more likely to encounter communication issues, with organisations receiving conflicting information from central and regional offices, particularly around funding targets. Some also cited difficulties when attempting to navigate communications from multiple jurisdictions, or multiple streams of government departments.

Communication of public health information in different languages, in easy English or other accessible formats was also raised as an issue by organisations working with culturally and linguistically diverse communities and by disability advocacy and self-advocacy organisations. Some organisations provided information about COVID-19 in different languages, or plain English and other accessible formats. Sector leaders made the point that community resources can

complement and amplify, or adapt and extend, government health messaging, and support broader efforts to eliminate community infection. However, government still has a responsibility to ensure its baseline public health messaging is accessible to all Victorians.

A feature of community-led communication included new rapid communication systems such as speed dial lists and email groups to engage with asylum seekers around COVID-19.

CASE STUDY

Communication with community

Aboriginal Community Controlled Organisations have prioritised communication with local communities during the pandemic to ensure the dissemination of appropriate health and safety information. Organisations such as the Victorian Aboriginal Child Care Agency (VACCA) have utilised social media and a range of different digital modalities to ensure key messages reach their target audience, producing 40 short video clips, posters, music clips, fact sheets, and digital story books.

Their rapid and comprehensive approach to communication is considered to have been a factor in keeping transition of the virus at low numbers within Victorian indigenous communities.

CASE STUDY

Bicultural workers making cultural bridges

Community health organisations have deep community relationships and hold local knowledge about their communities that mean they were well positioned to play a complementary role to government on distributing public health messages. For example, Cohealth deployed bicultural workers to play a vital role as ‘cultural bridges’ creating and promoting important COVID-19 information to people from non-English speaking backgrounds. Many of the bicultural workers produced videos that delivered translated public health advice to communities that might otherwise miss out on the information.

Through Cohealth’s Community Support Program, clients who may be at higher risk of contracting COVID-19 also received individualised support. Mobilised by the Community Partnerships team in just a few weeks in early April, the new Program identified 988 clients with 32 languages who may be particularly vulnerable, including people over 70 from a non-English speaking background, and people over 50 from Aboriginal and Torres Strait Islander backgrounds. The team of 19 coworkers come from different areas across the organisation and speak 11 languages among them. They made over 1,000 calls, connecting with 551 people to provide information about COVID-19 in their own language.

Emergency homelessness response

The Victorian Government’s decision to house rough sleepers in hotels as part of the health response to COVID-19 has resulted in higher quality emergency accommodation for significantly higher numbers of people and a pivoting of existing to service delivery endeavouring to support this vulnerable group. This was well-received by the sector.

“I think the initial government response was world class.”

(CEO - Housing and homelessness organisation)

This early pandemic response was complemented by DHHS’s establishment of Homelessness Emergency Accommodation Response Teams (HEART) to provide initial assessments, coordinated care, and housing exit plans for all individuals placed in emergency accommodation. HEART teams were established across local areas and comprise a Local Area Service Networker and key homelessness stakeholders.

Whilst most organisations were very supportive of these initial government measures, some expressed concerns about the additional resourcing building upon the pre-existing uneven distribution of resourcing across the state. Also, to some extent, with metropolitan services had more options available to enact the hotel scheme than those in rural and regional areas. Organisations also reported struggling with utilising existing inadequate resourcing for the support of vulnerable clients housed in hotels across Victoria.

Others feared that these short-term crisis resources would not be backed up with the support and social housing needed to successfully transition current hotel residents into long-term supported accommodation.

“Victoria’s got the least social housing of any state or territory proportionally, so you would want to try and catch up in the context of stimulus because it is the only time historically that we get an injection.”

(CEO – Community service organisation)

The Victorian State Government’s announcement of the \$150 million *From Homelessness to a Home* package on 28 July³³ has been welcomed for addressing some of the sector’s concerns around immediate resourcing and interim housing and support. The availability of long-term social housing remains the key concern. Given that the 2020-2021 Commonwealth budget does not allocate any funding to social housing, it is anticipated that additional funding will be required in this area.

Organisations remain concerned about what will happen to clients once this program ends, particularly given it has set up expectations of service users for accommodation support.

Government resource allocation processes

The sector understands the need for transparency and probity in terms of procurement. However, the implementation of grants processes and competitive tendering has been fraught in the COVID-19 environment. Sector leaders reflected on some grants processes that put pressure on the sector to submit applications with short notice, only to be followed by protracted delays to decision-making by government.

One competitive tender released to community service organisations during the pandemic was described as a complicated tender that was time-consuming and resource intensive. It occurred at a time when organisations were already stretched and were focussed on adapting their services to respond to the pandemic, and the process was described by several as an unwelcome distraction.

Organisations reported that the process negatively impacted long-standing relationships at a time when organisations had been banding together to support vulnerable people in the community.

“Competitive tendering for the community services sector, when your aim is to work in partnership and collaboration, shouldn’t happen full stop, but when you do that in an environment of COVID, it complicates it even further.”

(CEO – Community services organisation)

33 Premier of Victoria, Homes for Homeless Victorians During Pandemic and Beyond, 28 July 2020, <https://www.premier.vic.gov.au/homes-homeless-victorians-during-pandemic-and-beyond>

CHANGING FACE OF SERVICE-USERS

The year 2020 has been defined by a deep and troubling uncertainty for many Victorians, with job loss and financial insecurity looming large. Much of what we once considered dependable has lost its solidity. By the end of October, those living in Melbourne have spent almost half the year under strict stay-at-home orders, with the true extent of the mental health burden still unknown. Many will emerge from lockdown unemployed, unsure of how they will pay their bills, and beset with anxiety about the task of finding employment in the midst of a deepening recession.

For those working in the Victorian community services sector, 2020 has been akin to standing underneath a tsunami and watching as the wave begins to break above your head. How do you adequately prepare for a crisis of such magnitude? How do you capture the demand you know is out there but isn't visible in the data yet? How do you cope with the tsunami to come when you were struggling to keep up with demand prior to the pandemic? Questions such as these have been raised during this research and are prompting widespread anxiety across the sector, with many fearing inadequate funding and infrastructure will hamper the recovery process once some form of COVID-normal is reached.

Given the rapidly evolving nature of the pandemic, it is difficult to establish an accurate picture of emerging demand across the sector. The anecdotal evidence gathered is diverse and, at times, conflicting. Some organisations report "enormous" surges in demand for services across areas such as family violence, homelessness, financial counselling, and emergency material aid, whilst others report no significant changes to service demand, but worry that their data is failing to provide an accurate representation of current community need.

"There is an unknown need out there at the moment. We heard at the start that we were expecting an increased need, and we just haven't seen it... It's out there, but we just haven't got oversight of it."

(Manager – Community services organisation)

Some organisations argue that traditional mechanisms for predicting service demand are no longer adequate, with current tracking systems only capturing those who engage with services, but failing to capture those who cannot engage due to lack of system capacity. One CEO recommended that current changes in patterns of demand be viewed as "an early warning system" to generate future planning for the rapidly intensifying demand.

"We know that this is a huge issue so what are we going to do? We can't just wait, so what are we going to do?"

(CEO – Community services organisation)

There is also concern within the sector that policy decisions taken at the Commonwealth level are masking demand at this time, obscuring the true scope of the problem. CSOs are fearful that the reduction and removal of Commonwealth supports such as the JobKeeper Payment and the Coronavirus Supplement will significantly increase the numbers of Victorians living below the poverty line, resulting in increased demand across the sector.

"If there is one single intervention that has changed the pressure on our clients... removing that ridiculous burden of having to live in poverty all of the time was just brilliant."

(CEO – Child and family services organisation)

Not only will services have to meet the demand of these new clients, they will also be facing a backlog of clients who have placed supports on hold during the pandemic. Services were already struggling with meeting unmet demand pre-COVID, with research from the Australian Institute of Health and Welfare reporting the daily turn away rate at homelessness access points to be 105 pre-COVID-19.³⁴

³⁴ Australian Institute of Health and Welfare, 'Specialist Homelessness Services 2018-19: Victoria', September 2019.

Emerging research indicates a new cohort of complex, first-time system-users who are distressed by having to engage with community services and are unfamiliar with the system. They are currently requiring significant resourcing and support as they learn how to navigate the system and adjust to their changed circumstances. It is expected this cohort will grow significantly with the removal of Commonwealth supports.

A number of organisations, particularly within the family violence sub-sector, reported a shift in the type of services being delivered, with a move away from long-term supports such as counselling toward front-end crisis management. CSOs expressed concern about the system's capacity to deal with the backlog which will soon emerge as people need to reengage with long-term supports that have been put on hold during the pandemic. They are also worried about the acuity of need of those who have delayed engaging with services, fearing that the complexity of this cohort will have increased significantly, placing a greater burden on the services as we move into COVID-normal. Given the high frequency of sharing clients across different sectors, it would be useful to monitor how the challenges across sectors align.

As the crisis lengthens, there is growing concern within the sector about the invisibility of certain cohorts, particularly children and babies.

Some organisations also expressed concerns about a lack of comprehensive future planning, recommending rigorous statewide scenario planning, in consultation with government and business, to increase Victoria's preparedness for what is to come. It is hoped that an intersectional approach will be adopted.

“The innovations have been cool and interesting but I think that the size of the wicked problem is going to be so much bigger, and more complicated, and we haven't quite got to the point where we are having that conversation.”

(CEO - Community services organisation)

Despite the difficulties involved in tracking emerging demand, anecdotal evidence gathered during our research suggests the following emerging trends.

Housing and Homelessness

The pandemic has prompted a surge in demand for services across the housing and homelessness sub-sector, with organisations reporting significant increases in the number of people who are newly homeless plus growing numbers of people experiencing long-term homelessness returning to services after sustained periods of disengagement.

There has been increased contact from cohorts excluded from Commonwealth supports such as JobKeeper, JobSeeker, and the Coronavirus Supplement. These cohorts include foreign students, asylum seekers, people on temporary visas, and casual workers.

There is anecdotal evidence of a rise in the complexity of cases, with significant numbers of vulnerable and at-risk clients currently housed in emergency accommodation. CSOs are concerned that current reductions in outreach services may allow at-risk clients to slip through the cracks, increasing the burden upon services in the future.

There are also reports of a growing reluctance from some hotels to provide accommodation to highly complex clients across both metropolitan and regional areas who require a level of specialised support unavailable with the current system.

Mental Health

CSOs report a surge in demand for mental health services across Victoria in response to the pandemic, with increases in stress, anxiety, loneliness and depression across most cohorts. Anecdotally, in particular there has been a surge in demand for mental health services from women and young people. Some organisations have reported a surge in anxiety and behavioural issues in children and increased demand for child counselling services.

There are concerns for the well-being of clients with pre-existing mental health conditions who were involved in support groups or day programs which have ceased operation due to government restrictions limiting movement and social interaction. Another cohort of concern is professionals who have self-managed their own mental health conditions for years but have been triggered by the pandemic. Many in this cohort are reportedly experiencing significant mental distress, but are reluctant to reach out for assistance for fear of endangering their careers.

Some organisations reported the group therapeutic space to be particularly challenging in the current environment, with client numbers dropping off despite concerted efforts to retain attendance levels. This is believed to relate to the lack of face-to-face interaction and in-person social networking. It has been reported that one-to-one counselling has not been impacted to the same extent.

There is an expectation within the sector that the flow-on effects of the pandemic will be seen for a number of years to come, particularly as the impact of Australia's recession is felt. Plans need to be put in place at a system level to ensure CSOs are equipped to respond to the significant mental health burden Victoria will face as a legacy of the crisis.

Family Violence

CSOs across all sub-sectors have observed an increase in both the frequency and severity of family violence incidents during this time. There are anecdotal reports of an increase in the number of clients requiring immediate safety planning and risk assessment, and emergency accommodation.

Organisations reported that there was a shift in the peak time for family violence incidents which coincided with the introduction of stay-at-home orders. Where incidents have traditionally peaked on a Friday night, under Stage 3 and Stage 4 Restrictions, they are peaking between late afternoon and midnight across all days of the week.

There has been an increase in demand from both new clients, and existing clients who have been re-triggered by stress associated with the stay-at-home orders. There has also been an increase in third party enquiries from family, friends, neighbours, and work colleagues concerned about the safety of women and children in lockdown with perpetrators.

CSOs are also reporting a significant increase in family violence cases entering the system via other avenues such as peri-natal services and mental health programs. One specialist family violence organisation reported a shift away from long-term counselling services to front-end services. It is suspected that the waiting lists for long-term counselling services will grow rapidly once restrictions begin to ease. CSOs observed a need for increased availability of psychology services for early intervention in the family violence space.

New cohorts identified in this area include male victim/survivors, elder abuse where children or grandchildren have moved back into the home, abuse of adolescents where parents who have previously engaged in coercive control have intensified their behaviours under lockdown, women with young children deciding to reach out for the first time, and adolescent violence from teenage girls directed at their mothers. There are also reports of increased violence within shared households where stay-at-home orders have forced residents to live in a family-like situation with other residents.

Alcohol and Other Drugs

CSOs are reporting multiple cohorts of new clients accessing services, including relapsed clients reengaging with services, new clients who have successfully hidden drug or alcohol problems from family and friends prior to the pandemic, and young people who are moving to serious levels of poly-drug usage very quickly. There are also reports of significant increase in alcohol consumption within the Victorian community. Disruptions to illicit drug supply networks have reduced substance availability and purity, placing substance users at greater risk of overdose or self-harm.

There has been an increase in third party calls from concerned family and friends, but a decrease in new voluntary clients during lockdown. Organisations are reporting increased length of client engagement, with clinicians extending treatments to provide continuing support to clients struggling with isolation and loss of standard supports. There are reports of a significant increase in demand for services for young people.

Recent reports also suggest a new cohort of highly complex clients who have previously gone missing from the system and are now being rediscovered living in extreme squalor in public housing. Organisations reported that it has been challenging to engage with this cohort in the current environment.

Organisations are reporting long waiting lists for some services, particularly residential, day and group programs which have been put on hold, or experienced reduced throughput as a result of the pandemic. The necessity of social distancing is creating a bubble of demand that will have to be addressed at some point in the future. When combined with increased drug and alcohol usage in the community, the sector fears it will be unable to cope with demand.

This challenge may be amplified by increased substance dependence and complexity amongst those who have been unable or unwilling to engage with services during this time. In addition, there may be barriers to how new cohorts engage harm reduction services, especially when these services are modifying practices in response to the COVID-19 environment.

Child and Family Services

This sub-sector has seen a significant increase in demand for services, with CSOs reporting growing complexity within families due to the impact of food, housing and job insecurity within the Victorian community. Many organisations report significant increases in emergency material aid from families. Organisations have reported a surge in demand for financial counselling and work readiness programs.

CSOs are fearful for the safety of at-risk babies and young children, particularly those in parental care where there are serious issues with mental health, AOD or family violence, as many of the usual mechanisms for having visibility of children have been disrupted by the imposition of Stage 3 and Stage 4 Restrictions.

There has been a surge in family violence cases entering the system via child and family services, with the latter offering a potentially safe entry point when lockdown made service access more difficult for some clients.

Youth Services

There are significant concerns about young people's mental health, with CSOs across the sub-sector reporting notable increases in anxiety, depression, and feelings of hopelessness. There are reports of an increase in presentations of young people to Emergency Departments, and an escalation of self-harming and binge drinking. Many young people hold significant fears of what the future will bring and are grappling with high levels of uncertainty. There are concerns within the sector that the current recession will push a whole generation of young people into long-term unemployment.

There is some anecdotal evidence to suggest an escalation in offending in some areas, with reports of some clients with minimal involvement with the justice system prior to COVID-19 committing more serious offences. Conversely, others appear to have reduced offending. There has been a surge in substance usage, with an escalation of serious poly-drug abuse and home-produced Xanax being identified as particular concerns. There are also anecdotal reports linking young woman taking Xanax with incidents of sexual assault.

Initial reports from CSOs suggested increased service engagement from young people in response to the introduction of digital service delivery options, but more recent reports suggest this may now be waning.

CONCLUSION

The COVID-19 pandemic has caused significant social and economic disruption in Victoria. The community services sector has faced unprecedented challenges during this time, working at pace to deliver creative solutions to emergent issues and ensure continuity of essential services. Drawing upon the best available public health advice, operational insights, and risks assessments, they have adopted new technologies and workforce structures to meet rapidly emerging client needs.

The sector's agile response to the crisis has been enabled by strong local relationships and deep community knowledge. As Victoria moves toward recovery and reform, further research is needed to more comprehensively interrogate and evaluate the service and practice adaptations made during this time. Emergent changes to service demand will also require deeper investigation to ensure future planning and funding addresses the true level of community need.

