SERVICE INNOVATION DEEP DIVE

Capturing and leveraging learnings from service innovation during COVID-19

New South Wales report

Service Innovation Deep Dive: New South Wales report

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EXECUTIVE SUMMARY

The COVID-19 crisis has brought about unplanned and radical changes to the provision of services across the community service sector. Services that have a strong focus on face-to-face service delivery to meet their clients' needs have been severely impacted by the effects of the pandemic.

The *Service Innovation Deep Dive: Capturing and leveraging learnings from service innovation during COVID-19* report examines how services in New South Wales in the aged care, emergency relief and disability sectors adapted or innovated their delivery models during COVID-19 and their ambitions moving forward. This report, which forms part of the Centre for Social Impact's national *Building Back Better* project, was produced collaboratively with CSI team members from The University of Western Australia (UWA), the University of New South Wales (UNSW), and Swinburne University of Technology (Swinburne). Other published outputs from this research include individual state reports by Western Australia and Victoria and a national report that presents findings from all three states.

Utilising exploratory and qualitative methods of investigation, the research sought to examine what services did differently during COVID-19 and what did they want to do differently to enhance the delivery of their services moving forward.

For-purpose organisations servicing the three sectors faced a somewhat mandated period of rapid learning, experimentation, and innovation. The constraints of face-to-face interaction forced organisations to innovate or adapt their services in a variety of ways. Existing services were innovated or adapted to build connections, foster well-being and provide clients with a sense of purpose. In addition, new innovations took place utilising technology tools and online modes of service delivery. Organisations themselves adapted or innovated to improve their operations and found new ways of working, for instance through rapid shifts to flexible work options, and systematic ways of collaboration with other organisations.

Bolstered by the successes of their rapid innovations or adaptations, organisations recognised the need to continuously improve their service delivery models providing choice and flexibility to clients. Continuity of innovative or adaptive services beyond COVID-19 were dependent upon sufficient human and technological resources to sustain innovations over a long period of time, willingness to experiment, and ability to nurture and sustain partnerships within and beyond sectors. In the process of learnings and adaptations during COVID-19, systemic societal problems cannot be forgotten. Future plans for innovation or changes in service delivery model should consider the impact on both current and pre-existing issues to create a more inclusive and sustainable society.

1. INTRODUCTION

The COVID-19 pandemic has brought about unplanned and radical changes to the provision of services across the community service sector. Most evidently, many services had to halt face-to-face service delivery, which has, in some cases, led to complete cessation of some aspects of service provision and shifts to online or other means of service provision in others.

In response to the impacts of the COVID-19 pandemic on the for-purpose sector, the Centre for Social Impact (CSI) launched a research program called the *Pulse of the for-purpose sector and Build Back Better.* This report is part of the latter component of the program, comprising 'deep dives' into key issues that emerged for for-purpose sector organisations with a view to understanding how we can learn from them and use these lessons to move towards a more inclusive and sustainable society, post-COVID-19.

The constraints to face-to-face interaction inherently have direct effects on service types that require personal contact. However, the foundation of many service models such as residential living arrangements, drop in centres, the provision of meals, outreach services, and peer-led group settings rely on the building of warm social connections as a first point of contact that must be established before other needs can be met. This, in addition to the nature of the pandemic affecting the operations of almost all organisations, means that for-purpose organisations have faced a somewhat mandated period of rapid learning, experimentation, and innovation in order to continue their work towards their social justice goals.

This deep dive, *Capturing and leveraging learnings from service innovation during COVID-19,* involves a team comprising researchers from all three CSI centres: Swinburne University of Technology (SUT), University of New South Wales (UNSW), and The University of Western Australia (UWA).

This report details findings about service delivery in the state of New South Wales. This portion of the research was carried out by CSI UNSW.

The project begins to examine what services did differently during the COVID-19 crisis and want to do differently post-COVID-19, why, and what is needed to do so. It does so by exploring what services in the aged care, emergency relief, and disability sectors have learned from the pandemic period, which helped them decide aspects they would like to carry through and do differently in their post-COVID-19 service delivery. These sectors were selected because of their strong reliance on face-to-face contact to deliver services, increasing the likelihood that adaptation was required to continue meeting the needs of clients and working towards each organisation's mission during COVID-19.

We fully acknowledge that these are not the only sectors that have been affected by COVID-19 and do not suggest that the innovations and adaptations captured are the best or only examples that occurred. Rather, this report presents an exploration of service innovation during COVID-19 with a view to identifying how the steps taken by organisations during the pandemic can be learned from and built on to enhance the delivery of services beyond COVID-19.

With the pandemic continuing in 2021 and various states in lockdown, sectors and services are still being severely impacted, and there is still some way of a return to normalcy resembling post COVID-19. The report results and recommendations must be read in this context.

2. METHOD

This chapter outlines the method used for the research. The unprecedented nature of the crisis surrounding the COVID-19 virus and, accordingly, the unplanned nature of organisational responses to it, called for an exploratory method of investigation. Accordingly, qualitative methods were used in the research. Specifically, we employed a semi-structured interview format to ensure that the research questions were answered, while allowing space to capture the nuances of different programs/services, organisations, and sectors. The method for the research was approved by the UWA Human Research Ethics Committee (2019/RA/4/20/6461) and ratified by the committees at SUT and UNSW.

2.1 Research questions and focus

Our research was driven by the core question: What have services done differently during the COVID-19 crisis and what do they want to do differently in their post-COVID-19 service delivery as a result?

To answer this question, thee project also included a range of sub questions:

- What was done differently, what facilitated it and what barriers were faced?

- Why; what problem does it solve/address?

- What is the evidence that this will 'work' or 'work better'?

- What barriers are there to implementing this change/innovation in a more ongoing way?

- What is needed most to enable this change/innovation to continue? Which stakeholders can provide it?

An interview schedule was developed by the cross-centre CSI team (see Appendix 1: Interview Schedule). To explore geographic differences in COVID-19 experiences and responses, interviews were carried out with organisational representatives in Victoria, New South Wales and Western Australia by researchers in each respective state. The interviews were conducted with organisational representatives (see further details in Section 2.2 below). The interview questions broadly covered:

- The nature of the organisation and its services.

- The role of the interviewee within the organisation.

- How the organisation was affected by COVID-19.

- How the organisation adapted to these changes

- What the organisation wants to do differently post-COVID-19 as a result.

Interviewers used prompts to explore the responses to these broad questions to ascertain how and why actions were taken, and the factors that facilitated and created barriers to those actions.

2.2 Sampling and recruitment

A purposive sampling approach was taken to selecting organisations for data collection, drawing on the research team's knowledge of and connections with organisations and peak bodies, public information about innovative organisations, and the desire to capture the experiences of organisations of different sizes, locations, and service delivery types.

Informed by the abovementioned considerations, organisations were identified by each centre's team, and the rationale for their inclusion in the project (i.e. why we believed they had innovated during COVID-19) was put forward and discussed among the team. In deciding which organisations to include in the sample, the research team took into account the local context in each state; type of innovations that might have

occurred in the three sectors; the willingness and availability of local organisations to participate during this time of crisis; and also prioritised efforts to cover organisations offering different types of services within each of the sectors (e.g. both residential and community-based services in disability and aged care). We also discussed as a team whether organisations with arms in different states could be included in each node's sample. We decided that the radically different COVID-19 circumstances in each state would likely result in different service delivery circumstances and experiences across sites, so it was permissible to interview representatives from different arms of the same organisation in multiple states. However, ultimately, only one organisation was interviewed in two states and is thus represented twice in the overall sample
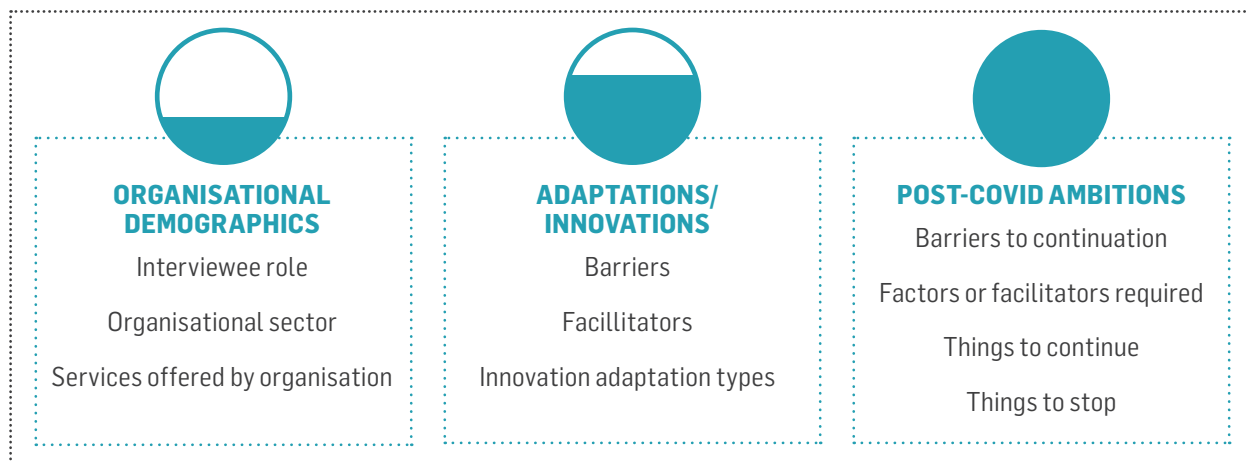
As noted above, we sought to interview frontline staff or staff who were directly involved in the implementation of the adaptations that the organisation made in response to COVID-19. We approached potential participating organisations via email, asking the recipient if the organisation would be willing to participate, and if they could recommend someone in frontline service delivery for us to interview. Most of the time, managerial and executive staff opted to participate in the interview. Not all organisations who were approached participated: some stated that they were too busy and/or were inundated with other research requests, others that their organisation had not innovated, and some did not respond to the request at all.

Given COVID-19 restrictions, the vast majority of interviews took place virtually, over Zoom or Microsoft Teams. In NSW, most interviews were one-to-one, with a single representative from each organisation taking part.

2.3 Thematic analysis

Interview data was analysed using qualitative analysis software NVivo version 12 (QSR International). Analysis was guided by a selective coding frame (see Figure 1 below) that was designed during team research meetings and structured around the research question and sub-questions (listed above in Section 2.1). This framework allowed for line-by-line open coding to identify the themes explored in each interview, followed by axial coding, the grouping of open codes through empirically grounded links.

Figure 1: Cross-centre coding framework

ORGANISATIONAL DEMOGRAPHICS

Interviewee role

Organisational sector

Services offered by organisation

ADAPTATIONS/ INNOVATIONS

Barriers

Facillitators

Innovation adaptation types

POST-COVID AMBITIONS

Barriers to continuation

Factors or facilitators required

Things to continue

Things to stop

These codes were then expanded upon through an iterative process of analysis, which involved searching for and identifying themes under top nodes. For example, different types of innovation were created as child nodes under the top node 'Innovation Adaption types'. This process of identifying child-nodes was followed for each top node (for a full list of codes see Appendix 2).

The researchers at UWA, SUT and UNSW each analysed their own interviews and wrote up the themes that emerged. The whole project team then met to discuss the themes across the three states and how to present the findings in a cohesive manner.

2.4 Defining innovation

A recurring question in our team discussions was: What constitutes innovation or how should innovation be defined? Based on anecdotes about the COVID-19 period, we anticipated that particular types of innovation would emerge, such as greater use of technology to facilitate service delivery, new partnerships and collaborations, scaling (up or down) of services, and increasing consumer involvement in service design and delivery. However, at several points during the interview process, team members reported the organisations' stated innovations and questioned whether these were the types of actions we were looking to capture in this project.

Formally defining innovation is difficult, not least because it is both an outcome and a process (Kahn, 2018). For example, involving consumers in program design (a process) can constitute an innovation, and the resulting program (the outcome) is also an innovation. Further, neither the entire process nor the outcome needs to be entirely new to constitute an innovation; changes to pricing, changes to particular components of the process or outcome, and catering to new client groups are all examples of innovation (Kahn, 2018). Innovations can also occur in the way that an organisation is structured, the suppliers and partners an organisation uses, and the way in which an organisation communicates about itself, among many others. Therefore, while innovation always involves 'the new' (Kline & Rosenberg, 2010), exactly what that 'new' is, its origin story, its size and extent, and where in organisational processes and outcomes it occurs, can vary greatly.

In applying a definition of innovation to this research, it is important to note that fundamentally, this research is exploratory. As almost nobody was expecting the COVID-19 crisis, we simply did not know what to expect in terms of organisations' responses to it and what would innovation look like for different organisations. Further, in general, the vast majority of innovations are incremental rather than radical (Kahn, 2018), and many fail (van der Panne, van Beers & Kleinknecht, 2003). Therefore, in the research and in this report, we take a broad view of innovation as any change intended to maintain, adapt or enhance service delivery during COVID-19. Innovation in this research also includes enhanced or different ways of conducting business within the organisation.

3. NEW SOUTH WALES DATA

This report section covers the themes that arose in interviews with New South Wales organisations. As a goal of this project is to compare and contrast experiences across states, the COVID-19 conditions facing each state provide important context for the innovations that occurred. The comparison of each state's experience will be the focus of the overall national report arising from the project, titled *'Building Back Better: Capturing and leveraging learnings from service innovation during COVID-19.'* As noted above, this current report is about New South Wales' experience only.

New South Wales had what might be described as a 'moderate' COVID-19 experience in 2020. 'Lockdown' conditions were implemented in mid-March 2020 to late May along with the rest of Australia, including regional border closures, restrictions on operation for certain businesses, limits to face-to-face gathering and school closures (Storen & Corrigan, 2020). The state returned to almost pre-COVID-19 conditions by mid-June 2020 (Storen & Corrigan, 2020). Some partial and localised lockdowns were held later in the year (e.g. for the Northern Beaches outbreak beginning in December 2020), but no widespread lockdowns were then again called for New South Wales for the remainder of 2020. Notably, New South Wales is again experiencing more severe and widespread lockdown conditions from late June 2021. However, all interviews had occurred prior to the lockdown, between January and March 2021.

3.1 The organisations and participants

A total of 13 organisations participated in the project, with all completing a formal and recorded one-on-one interview. Twelve of the interviews were fully transcribed verbatim and one had notes taken by the researcher.

Six of the organisations operated in the aged care sector, five in the disability sector, and three in the emergency relief sectors. There was some overlap between disability and aged care services, such that three out of six of the aged care organisations also offered disability services and one out of five of the disability service organisations also offered aged care. We asked interviewees from organisations to focus on one sector (i.e. aged care or disability, not both) when answering questions. However, one organisation was interviewed twice (with different frontline staff), both in the aged care and disability sector since each shared different innovations that occurred in the two sectors and is therefore represented twice in Table 1 (NSW3 and NSW8). Two organisations interviewed in the disability sector were part of the same umbrella or consortium although very different in their focus and delivery methods.

Table 1: NSW organisations who took part in the research

	Org ID	Org Size	Organisation Description
NEW SOUTH WALES			
AGED CARE	NSW1	Large	Large organisation offering a variety of services including aged care. Food and financial services were the primary focuses for the purpose of the research study.
	NSW2	Medium	Provider of aged care and other services, focused on independent living assistance and various types of community support.
	NSW3	Medium	Provider of community-based aged care and disability services, focused on cultural and linguistically diverse clients.
	NSW4	Medium	Provided of residential aged care services.
	NSW5	Medium	Provider of community-based aged care and disability services, focused on cultural and linguistically diverse clients.
	NSW6	Small	Partners with aged care service providers, focused on upskilling older people in digital literacy.
DISABILITY SERVICES	NSW7	Small	Provider of community-based disability advocacy services, with a focus on peer support.
	NSW8	Medium	Provider of community-based disability and aged-care services, focused on cultural and linguistically diverse clients.
	NSW9	Medium	Provider of disability employment services and training.
	NSW10	Large	Provider of disability services providing a wide range of supports, including in-home support and supporting people in accommodation facilities, centre-based settings and respite care.
	NSW11	Small	Partners with disability service providers, focused on creating innovative solutions.
EMERGENCY RELIEF	NSW12	Medium	Provider of homelessness and emergency relief services, including victims of domestic violence.
	NSW13	Large	Large organisation offering emergency relief and advocacy services, particularly for migrants and refugees.
	NSW14	Large	Large organisation offering a variety of services including emergency relief. Financial counselling was the primary focus of the interview.

3.2 Services offered

The organisations offered a wide array of services:

- *Aged care organisations* offered community-based care via in-home support and day centres that assisted residents with independent living. Some organisations catered specifically for culturally and linguistically diverse clients. In-home care included assistance with daily activities and medication management, help with home chores, and one-on-one social support. Day centres host activities such as group outings, social clubs, and classes for craft, music and exercise.

- *Disability service organisations* offered a variety of services, including residential and community-based services, advocacy and peer support, and employment services and training. Examples of services provided include local-level community support and information services, in-home living support in the community and in supported accommodation, community engagement activities (e.g. including a sporting club), support for employment preparedness and work experience/training, therapies and innovative equipment and technological solutions.

- *Emergency relief organisations* focused on services related to financial counselling, financial relief, accommodation and other forms of assistance to groups experiencing domestic violence and homelessness, drop in and meal services. One of emergency relief organisation, known for their advocacy work, focused specifically on refugees and migrants.

Culturally and linguistically diverse client cohorts were an important group across all three sectors. Many innovations undertaken by these organisations were in response to the particular needs of culturally and linguistically diverse clients, including refugees and migrants and people from particular language groups and/or religious backgrounds.

4. TYPES OF INNOVATION DURING THE COVID-19 CRISIS

During their interviews, service providers in the disability, aged care and emergency relief sectors raised many examples of ways they had innovated or things they had done differently during the COVID-19 crisis. Some of these examples were about the types of services offered to clients, whereas others were about the ways their organisation worked administratively behind the scenes. These innovations are detailed in this report chapter, along with information about the facilitators and barriers that organisations has experienced when trying to provide and implement these innovations.

4.1 Innovation type 1: New services offered to clients

During the COVID-19 crisis, many disability, aged care and emergency relief organisations in NSW innovated by offering a range of new services to their clients. In some cases, they provided new or extended functions of existing services, whereas in others they implemented new service types entirely. The new services for their clients were aimed at either finding creative ways to continue to meet the needs their clients had always had or to meet new service needs created by the pandemic itself. More detail is provided on these new services below.

4.1.1 New or extended functions of existing service

A primary type of innovation undertaken in NSW during the COVID-19 crisis was that organisations sought to provide new and/or extended functions to some of their existing services. These new and/or extended functions aimed to address the particular needs clients within the context of COVID-19, particularly during periods of lockdown and social isolation. Three varieties of these new and/or extended functions are outlined below. These were mainly a focus within aged care and disability organisations, rather than emergency relief, and were provided by those organisations who either predominantly had residential clients or who had traditionally home-visited clients who might now be living in isolation within the community.

Activities to build connection and community. In aged care and some disability services, organisations put a significant amount of effort into facilitating activities aimed at creating connection and community between their members. In aged care, such activities were commonly facilitated via technology (e.g. Zoom, WhatsApp, phone) and involved an element of socialising combined with connecting over a shared activity, for example, sharing the results of cooking, knitting and other craft projects; playing bingo; attending an online concert; or participating in a discussion group. In some cases, the activities were designed to meet clients' cultural needs, such as celebrating religious festivals, attending religious services or meeting with others of the same cultural background. Where organisations serviced groups with specific support needs, these activities could also be tailored to the groups in question. One organisation, for example, noted facilitating a discussion group tailored to people with dementia, using a very straight-forward conference call format and focusing on topics that depended on long-term memories and shared experiences.

In other instances, organisations' efforts to build connection and community were more focused on connecting clients with their own existing family and community. Many aged care organisations spoke about implementing various technologies to enable clients to speak with their families, with the set up and administration managed by the organisation's staff. While this was not an entirely new activity, it became a much more common, formalised and organised function of services under COVID-19 than it had been previously:

> *"It wasn't completely new, but previously it had been very much ad hoc. So [before COVID-19], if a resident needed support with [communicating online with their family] because that's what they wanted to do, we would help them and set it up for them or help them with their device or a family member might [do so]. But it was very ad hoc. We didn't have schedules around it. It was primarily also for residents with families overseas. So if her son or daughter was in Europe or something pre-COVID, we would set that up... but it just became much more formalised when this [COVID-19 virus] took over and the numbers went up, because a*

lot of those families that wouldn't have used that in the past would just come and use it".
NSW4, aged care.

In disability services as well, facilitating connection and community was not an entirely new activity, but it became enhanced during the COVID-19 crisis by an increased amount of interest and goodwill among the community. One disability-focused organisation, for example, explained that they used a "fairly standard tool for community organising" to create a mutual aid network:

"We set up a mutual aid initiative that we put out through the local community and kind of a local communication system that asked people to contribute, like 'What do you need and what can you give?' So it was all community members. Originally through [our organisation] and then out through the broader community. And we were really swamped with offers… even though it was one of the toughest times that the organisation's experienced, it's really one of the most connected times… we were all so overwhelmed at how much people were giving, how much members were giving, how much we were all giving to each other. How much the community was giving to us. It was really – it really buoyed us".
NSW7, disability.

Activities to build connection and community seemed to be more a function of aged care and disability services than emergency relief organisations, likely because of the relational nature of such services, compared to the practical assistance usually required by those seeking emergency relief.

Activities to foster wellbeing. Activities to foster wellbeing also emerged within aged care and some disability services during the COVID-19 crisis. There were generally two types of such activities. Firstly, some organisations focused on wellbeing and mindfulness strategies with clients, in recognition of the impact of the COVID-19 crisis on people's levels of stress and anxiety. Many of the mindfulness activities focused on connecting clients with music and podcasts. Secondly, some organisations provided services to directly help to address clients' distress. One organisation spoke about informally counselling older people who had feelings of shame and failure about losing their jobs in the economic crisis associated with COVID-19, after a lifetime of never being unemployed or receiving welfare payments, and another organisation spoke about doing regular 'check in' phone calls with clients they knew to be particularly isolated. Other actions in this area included connecting clients with formally qualified therapists (counsellors or the organisation's own subscription to counselling services for staff), as well as the organisations directly fielding calls for help. One disability-focused organisation gave two examples of fielding such calls:

Trauma: "It was a panic time. It was a really traumatic time actually. Because people were so concerned that they were so far down on the food chain… 90% of people when you talked to them said this: 'I know if I end up in hospital I won't be prioritised for a ventilator'. Now that's pretty confronting stuff to have to deal with if you're a person with disability. And that's what COVID-19 brought up for people… 'our lives don't matter, our lives will not be prioritised'. And so that was confronting. And so [our work] did feel like a foil to that; that here is what we can do to make change for ourselves and others and be part of, you know, highlighting the importance of our lives and that we matter".
NSW7, disability.

Neglect: "We had some quite desperate calls from members who were then saying, you know, a person from the family was the primary caregiver, [but] wasn't able to meet the person with disability, because their mental health had been shattered with the virus. And that's when we needed to really draw on our relationships [to find the right supports] and we kind of took a 'whatever it takes' approach to those times".
NSW7, disability.

Similar to the activities to build connection and community, the activities to foster wellbeing were mainly undertaken within the aged care and disability sectors, rather than explicitly mentioned by emergency relief organisations. Nevertheless, the work of emergency relief remains intricately connected with fostering wellbeing.

Activities to provide a sense of purpose. Finally, activities to provide a sense of purpose also became a focus in many aged care and disability organisations. Such activities were created in response to clients missing out on their usual range of daily face-to-face activities and by a concern that they were therefore becoming bored and disengaged at home and that being sedentary might be affecting their physical health/mobility. Many organisations therefore put in place activities designed to specifically provide them a sense of purpose. Sometimes the 'activity' was built into another function that the organisation was providing anyway, such as one aged care organisation who was already providing deliveries, but also turned this into a purposeful opportunity for engagement with their clients:

> *"So what happened there [was that] it was not only food delivery, it was the social factor too as well. Because when we were coming, we would give them a call, ask them to come out and don't forget, we're all wearing PPE masks, gloves, everything. So we were keeping our distance between us and our clients, but what was important [was that] our clients had to brush their hair, to dress up into something nice and walk. Because our concern was that staying at home, they're losing a lot of functions. They don't walk, they don't exercise".*
> *NSW3, aged care.*

In other cases, the activities were designed specifically for providing a sense of purpose. Here organisations spoke about designing activities for clients such as exercise and dancing routines, crosswords and puzzles to keep their cognition active, craft activities (e.g. quilting), foreign language lessons and activities to tap into current affairs. Some activities were specifically designed to be accessible to people with particular communication needs, for example, being formatted in large-print, with key word sign or with instructions provided in clients' home language where this was a language other than English. While often overlapping with some of the activities designed to foster a wellbeing (see above), the activities providing a sense of purpose were distinct in that they were purposefully designed to keep people physically and cognitively engaged.

In most cases, planning and delivery of these kinds of activities to provide a sense of purpose happened in an ad hoc way, however one disability organisation turned such activities into a formalised series, designed for people with disability living in supported accommodation. This is explained further in the case study box that follows.

CASE STUDY: PURPOSEFUL ENGAGEMENT FOR PEOPLE WITH DISABILITY WITH HIGH SUPPORT NEEDS

For people with disability living in supported accommodation and who usually attend day programs, the COVID-19 crisis presented major problems around risks of boredom and disengagement. Their usual activities were cancelled and they spent a lot of time at home, often in situations with highly pressured staff and without their usual family and other social connections. For people with disability with high support needs, there was even more risk of disengagement, as they often required a high level of practical and safety support with activities. Finding ways to keep clients occupied in suitable activities within the home over an extended period of time could therefore be difficult for staff.

Boredom Busters

One organisation (NSW11, disability) responded to this challenge by creating a series of 'boredom buster' activities, designed to be possible with clients with even the highest of support needs. This innovation was started by this organisation as a way to solve two problems simultaneously:

> *"... we have houses, staff, customers who are that bubbling point of things just going very pear shaped because they're all trapped at home all the time... Then in my other ear I'm hearing, like, departments like therapy talking about how we've got all these very highly paid therapists, very skilled people, who are seeing no one, not really doing anything, because... all these families are cancelling. Then I was, like, well, hang on; what if we brought the two together? So that was how 'boredom busters' was devised... [we realised] we could [ask the therapists to] create a resource for customer and frontline staff to give them random, simple, cheap, easy things that they could do during the day to break the boredom".*

Deliberately inclusive

The 'boredom buster' activities included literacy and sign language activities; cooking activities; yoga, sport and movement based activities; and activities based on news and current affairs. Roughly 160 different activities were created over the months of Australia's first lockdown. The 'boredom buster' activities were designed to not only be age appropriate for adults, but also to be "deliberately inclusive of everybody that [the organisation] could think of who might use accommodation services", no matter their level of support needs, and to be created in a way that staff saw no barriers to implementing the activities:

> *"... simple, cheap, easy, low cost, low resource [activities]... really matched to [the] supported accommodation setting, but really age appropriate. Because, you know, all of the customers in accommodation services are adults. There's no time for children's craft".*

> *"So the mantra for the cooking was predominantly no knives, no heat. Again, with that theory of we didn't want workers turning around and saying, 'Oh, no, no, well, we can't do that because we're not allowed [heat/knives] in this house'. Or 'We can't do that because, you know, so and so's going to burn himself'. So we were trying really hard to just take away all - not the excuses, but all of the barriers that sometimes front line staff put up".*

Each activity was created as a 1–2 minute video, which staff could watch in preparation for implementing it with clients. The videos were designed to be purposefully short, so as not to prevent staff from having the time to watch to prepare. Also notably, the videos were distributed in multiple formats, to be accessible and inclusive to supported accommodation houses with a whole range of different levels of technology and internet access; in one case, they were even copied onto DVD and sent manually, with the organisation also purchasing a DVD player for the premises.

4.1.2 New service types

In addition to providing new and/or extended functions to some of their existing services, many organisations innovated in disability, aged care and emergency relief in NSW by also providing a range of service types that were entirely new for their organisation, but which were designed to meet their clients' needs during the COVID-19 crisis. In some cases, there was some overlap with the activities profiled above.

Online and other technology-based services. Many organisations across disability, aged care and emergency relief reported implementing a range of online and other technology-based services as a method by which to carry out their work and meet their clients' needs. This was the primary area of innovation across all organisations included in the research. Some examples of online and other technology-based services include:

- E-cards/vouchers for supermarkets (to replace home deliveries of groceries).

- Video-conferencing for consultations and other communication with clients, e.g. for counselling/psychology appointments; service need assessments; music/art therapy; visits with family (including foster care visitations); and for regular 'office hours' in what had previously been 'drop-in' services.

- Video-conferencing for providing social and educational programs to clients, e.g. social groups conducted online; moving to an online platform for preparing clients for the workforce; and online social support and educational groups around domestic violence[1].

Most of the organisations described using a range of different online and other technology-based communication platforms in order to best meet their clients' needs. The range included Zoom, WhatsApp (both video and messaging functions), Facetime, Facebook, Facebook Messenger, Teams, Skype for Business, telephone and the organisation's own dedicated forum platform. Hardware included iPhones and other smartphones, iPads and other tablets, computers and iPods; one organisation who was particularly well-resourced mentioned using virtual reality Oculus headsets for therapy purposes.

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[1] Often video-conferencing used for this purpose overlapped with the activities to provide community and connection, foster wellbeing and provide a sense of wellbeing described above.

INTER-RELATED AREAS OF TECHNOLOGICAL INNOVATION

Organising technological infrastructure: To enable their clients to use online and other technology-based services, some organisations put significant effort into organising technological infrastructure (hardware) for their clients. This responsibility did not always fall on organisations, as often clients' family or other close contacts also helped with this:

> *"There weren't a fortune of cases that we had to actually go in and solve a situation in terms of buying a computer... It didn't happen that often because their families or other people were doing it".*
> *NSW2, aged care.*

However, where organisations did provide this function, their assistance involved sourcing hardware (either with existing or new funding schemes, through charitable donations or through the organisation's own hardware supplies) and setting up devices ready to use. One organisation specialised in these services and described what was required:

> *"So what we had to do was get the devices all set up, same model, so we could pre-set them all up with Apple IDs and logins and things for someone, so they could just start using it, so brand new, ensuring privacy. But it was like a nice kind of – we weren't asking people's personal information, it was all around getting things set up".*
> *NSW6, aged care.*

Education for digital literacy: Many aged care and disability organisations provided education for digital literacy; i.e. teaching people to use devices with which to access online services and other social opportunities online. Many organisations provided these services in a personalised and tailored way, with staff working one-on-one with clients to ensure they understood their device (e.g. computer, tablet, smartphone) and the programs they could access with it (e.g. Zoom, Facetime, apps etc). Often the education was through a personalised conversation or series of conversations, sometimes supported by visual aids and/or written instructions. Areas of focus included the physicality of using a device (on/off buttons, charging etc), common functions (volume control, muting, camera), trouble-shooting, the premise of different programs and simply encouraging clients to be confident using technology and to be creative about exploring which programs to use. It was quite intensive work and many organisations did it with only a portion of their clients. One organisation commented on engaging with education for digital literacy early enough that they were able to do this face-to-face before many of their usual services closed and noted that this was of great benefit to them. Most others, however, did this work when lockdowns were already in place.

One organisation specialised in providing education for digital literacy to clients in aged care. They commented on several innovative strategies in this regard, including:

- Upskilling lifestyle/recreational staff and occupational/diversional therapists in residential settings and home care staff in community settings to be able to teach digital skills;

- Engaging 'social learning' strategies to teach digital skills – i.e. highly personalised, conversational and friendly sessions to teach digital skills, with a defined series of learning sessions: (a) baseline skills, (b) specific training about Zoom, (c) training on other programs and apps, tailored to the person's interests, and (d) challenging them to be creative and explore new online opportunities;

- Challenging the assumption that everyone would know how to use Zoom if only it was put in front of them:

> *"[We focused on] that kind of in-between piece, which I think a lot of people have missed... they made the assumption [of] get the device, put Zoom on, [and then] people will get the premise of joining a social group or telehealth or whatever the online platform is, but that assumption is not correct... the problem was [not only functionally using] Zoom or whatever the platform was, it was an assumption that people could do that and that's what we had to move it past, like ... no-one was using Zoom up until a year and a half ago".*
> *NSW6, aged care.*

> Where it was not possible to teach clients the skills to use digital devices themselves, organisations found creative ways to provide assistance with using technology – for example, putting WhatsApp on the phones of the limited amount of workers who were allowed to attend face-to-face services in the community (e.g. for essential personal care, cooking/cleaning) and tasking them with providing technological support in addition to their usual service role.

Phone-based services. Not all organisations could manage online and other technology-based services and, in these instances, phone-based services became the standard. In some cases, phone-based services were preferred because the organisations did not provide ongoing services to clients, but rather serviced them at one point in time and so needed a very basic and straightforward communication route with them. This was particularly the case in emergency relief organisations, as one explained:

> *"In Food and Financial Assistance, you might assess someone now and you don't hear from them for another six months sort of thing. So it's spasmodic rather than an ongoing case work sort of relationship. So our workers never saw the benefit in helping the client to access Zoom or technology... So... they managed to do their work over the phone just as efficiently".*
> *NSW1, aged care.*

In other cases in disability and aged care, phone-services were preferred because of access requirements, such as vision impairment or dementia. The use of intensive phone-based services was still new for many organisations however, as most had prioritised face-to-face services prior to COVID-19.

Retaining some face-to-face services. Alongside online and other technology-based services and phone-based services, some organisations did still manage to retain a small amount of face-to-face services. In disability and aged care, some in-home personal care/assistance services remained, with individual workers attending clients' homes; as noted earlier, these workers tended to take on more responsibilities beyond only their usual personal care/assistance work, for example, assisting with online communications and training. In one disability organisation that doubled as also being classified as an employment service, clients with disability were still able to attend the usual workplace in limited numbers and this organisation developed a rostering system to ensure that this opportunity was shared around.

In emergency relief, some outreach services remained face-to-face for people in crisis, particularly refugees/asylum seekers and those escaping domestic violence. These services tended to roster on different sets of staff, so that not their whole workforce was exposed to risk at any one time. Food distribution was another major area where some face-to-face services remained, either through picking up emergency food items from a central warehouse or food being delivered by emergency relief organisations. One explained in-depth:

> *"We recognised that there was a digital divide for a lot of our clients where they didn't necessarily have access to either a smartphone or an email address to receive the [supermarket] e-vouchers that we were offering and so we came up with a system where we would provide a home delivery. So we worked through a whole lot of options, because it was at the same time that Coles and Woolworths and IGA were all offering some sort of home delivery service, but it was really, really difficult to access them... You had to set a whole bunch of criteria".*
> *NSW1, aged care.*

"So we decided that the best way for us to take was to try and use some of the DSS funding that we had received to create our own home delivery service. So [our organisation] agreed to pay for the wages for the drivers and guys in our warehouse to actually create the food hampers and boxes".
NSW1, aged care.

"Because we had the DSS funding, we thought we'd make this a really good quality home delivery. We're not just providing pantry sort of shelf stable stuff. You know, we're not going to make people live on dried mashed potato and tinned corn. So we created a box that had a good variety of kitchen essentials, as well as adding in a kilo of fresh fruit and a kilo of fresh vegetables, some eggs and some bread... We offered things like personal care items, toilet paper, tissues – so baby formula and nappies, things like that. Sanitary products. So as our workers were talking to people about what they needed [when they rang up to book the delivery], they were able to add those things onto their order... The feedback that we've received from clients receiving those boxes has been – it's blown my mind... just the appreciation of being able to access the things that they needed – you know, not just the generic boxes of food that they may or may not use, but really helpful items, in a timely manner".
NSW1, aged care.

Food deliveries such as these were delivered by multiple emergency relief organisations and appeared to be one of the major areas of innovation within emergency relief during the COVID-19 crisis. Consultation with families about what they actually needed, rather than delivering generic boxes of food, was a major element of such deliveries. Another organisation who also did emergency relief food deliveries, for example, noted tailoring the food items to each family's cultural preferences.

Financial assistance. Offering financial assistance was another area provided by several organisations. For some, such as some emergency relief organisations, this was an extension of their usual work with a significant degree of scaling-up because of the COVID-19 crisis; for example, one emergency relief organisation went from usually spending $2000-4000 per month on crisis accommodation to $37,000 on crisis accommodation and a further $200,000 on rental assistance. However, for other organisations, providing financial assistance was an entirely new activity. One described accessing a scheme for community donations to provide newly-unemployed older workers with emergency funds prior to them becoming eligible for Centrelink payments. The same organisation also described providing extensive administrative assistance to help its older clients to access Centrelink's 'Special Benefit' and providing vouchers for electricity and supermarket bills to these clients as well. For this organisation, this was a new activity, premised on recognising that it would be harder for newly-unemployed older workers to get back into the workforce than younger employees.

Accessible information delivery. Organising accessible information to be available was a final area of innovation for many organisations across disability, aged care and emergency relief. For several organisations, providing this information at scale was a new service offering. In many aged care organisations who had clients from diverse cultural backgrounds, the accessible information was linked to the activities to build community and connection, foster wellbeing and provide a sense of purpose described earlier; organisations, for example, provided instructions for various activities in either community language or large-print. Others provided new newsletters to keep their clients connected to each other, especially at times of year of particular cultural significance (e.g. religious holidays). In disability services, accessible information provision was about ensuring clients were able to access reputable health information in formats accessible to people with a range of disability-related support needs (e.g. Easy Read, Auslan), especially information that which was specific to how people with disability should seek support regarding COVID-19 protections. In emergency relief, the delivery of accessible information was linked to ensuring people were able to access information despite the increased load on services. Because more people were accessing emergency relief in general, the organisations could not always respond to "lower-level queries" and therefore endeavoured to put some standard information about common queries online (e.g. applying for a Medicare or public concession card), to ensure it was still available but that caseworkers' time was saved for the

more critical and urgent tasks. Many emergency relief organisations tried to tailor the online information to particular groups, for example, to refugees and asylum seekers, young people or small business owners. A case study example of an inclusive information model adapted to clients from cultural and linguistic backgrounds is given below.

CASE STUDY: A CULTURALLY RESPONSIVE INFORMATION MODEL

What does a culturally responsive information model look like?

COVID-19 restrictions presented greater challenges for organisations serving elderly clients coming from culturally and linguistically diverse backgrounds. Utilizing language as a tool of strength, one such organisation (**NSW3, aged care**) decided to embed a culturally responsive information model in their service adaptations. They did this in two innovative ways: (1) Creating and publishing an interactive fortnightly newsletter in multiple languages; and (2) Creatively harnessing the strengths of bilingual workers/volunteers. Both approaches helped to re-engage, build trust and establish vital personal connections with clients who were isolated when face to face social support programs were phased out.

Interactive newsletter in own language

Producing and disseminating a regular newsletter packed with a variety of useful information was found to be extremely popular with the organisation's clients. What made it popular was its accessible nature, as it was available in clients' own language, combined with clients' taking ownership of many of the materials written in the newsletter. The newsletter contained activities for engagement, cooking recipes and knitting patterns made and shared by clients and exercises for well-being.

> *"We came up with a newsletter. We decided that we will be producing the newsletter with a home activity companion and in this newsletter, we would put information – it was in their languages. We did it in eight different languages fortnightly twice a month...You'll see it's full of crosswords, puzzles... we would deliver the materials. They (clients) were sending us their comments, their stories, their recipes..they were writing their voice. So, it became very interactive. And at the end of the week, they had to complete something, Completed crosswords or something. we would publish it".*

Bilingual workers/volunteers

Workers and volunteers who spoke clients' languages played a critical role in the success of the organisations' culturally responsive information model. Their skills were effectively utilised to support clients, both during visits to clients' homes when delivering food packages and in making virtual contacts via phone calls. Connections benefitted both clients and the bilingual workers/volunteers and the bonds established are likely to continue beyond the pandemic period.

> *"... bilingual, bicultural is very important to get trust from the client in the very difficult times ... several of our clients have been volunteers now. One of our volunteers said, 'being a volunteer for the multicultural social group was rewarding. It gave me a sense of purpose during this tough time'".*

> *"...when we were bringing these boxes of bags with fresh stuff, we're putting recipe inside in Greek. He's a Greek gentleman. We were putting recipes in Greek language so he could read it. Then we had a Greek bilingual worker... she was sitting at home and calling her clients. So, she could help him to cook together. And his biggest pride was when he took a photo of his first soup and gave it to the worker when we were bringing the next delivery of fruit and veggies".*

CLIENT BENEFITS

> *"[Newsletters made clients] feel special and feel that they've actually contributed. And sharing – that that they get to know other members of their community and how they share their stories, is really interesting. When our bilingual and bicultural workers called them and spoke with them and explained to them, so they – because there is trust factor. All of the adaptation method, we found the most useful. Particularly for people from CALD background. And because it was in their languages, so I think the method was effective".*

4.2 Innovation type 2: New attitudes and operation within organisations

For many of the disability, aged care and emergency relief organisations, their ways of innovating were not only about offering new services to their clients, but also about fostering new attitudes and operations within their organisation itself. While the previous innovations described were about direct services to clients, the innovations here are about the operation of the organisations themselves and the new ways of thinking and working that staff were exposed to during the pandemic. It was these news ways of thinking and working that, in many cases, enabled the new services for clients to take place.

4.2.1 New ways of thinking

Thinking with new and different attitudes was one of the ways that disability, aged care and emergency relief providers innovated at an organisational-level. The new and different ways of thinking enabled organisations to work in a more 'agile' or responsive way than they usually did during more standard circumstances.

Willingness to experiment.Some of the organisations spoke about how a willingness to experiment emerged during the periods of COVID-19 lockdown. Because there was no precedent for how they should address many of the issues that arose during lockdowns, there was a greater acceptance than usual of trialing new approaches, making adjustments, trialing revisions and generally testing out new solutions to problems without a pre-established understanding that they would in fact work:

> *"There was a bit of trial and error and we went into it with that in mind. So we wanted to try a few things and then adapt processes if things weren't working, rather than wait until we had it all polished and nice and neat before we rolled it out. So we had to be really up front with our workers that this was our try, test and learn type process, because we didn't have all of the answers and things were changing like week-to-week and sometimes even day-to-day things were changing. And we had no control over that, so we just had to go with what was happening".*
> *NSW3, aged care.*

> *"This was a different attitude to usual. One participant commented that usually "there's a resistance to trying things" because of working in such regulated sectors, and another commented that changing the way they provided services required "changing our mindset".*
> *NSW6, aged care.*

Re-purposing existing staff, resources and funding. The COVID-19 crisis also saw organisations across the disability, aged care and emergency relief sectors re-purpose existing staff, resources and funding. New roles for staff included bringing previously siloed streams of staff together to work with more teamwork and in a more collaborative fashion within organisations, as well as giving new work to staff whose usual workload was stymied by COVID-19 restrictions:

> *"So we had everyone trapped at home all the time. Then in my other ear I'm hearing, like, departments like therapy talking about how we've got all these very highly paid therapists – very skilled people – who are seeing no one, not really doing anything, because... all these families are cancelling. Then I was like, 'Well, hang on, what if we brought the two together?' So that was how [our program focused on giving clients a sense of purpose] was kind of devised".*
> *NSW11, disability.*

Similarly, others re-purposed existing resources and funding. For example, when one emergency relief organisation closed their office, they used it as their "clean site", (NSW12, emergency relief) so that if a person infected with COVID-19 came into an emergency shelter, the others at the shelter could relocate to a self-isolated space until the usual site was deemed safe. In another case, an emergency relief organisation used funding for their usual pick-up food parcels service to instead create a home delivery service. Re-purposing staff, resources and funding in these kinds of ways were how the organisations resourced the new services they offered during the pandemic or resourced the extra requirements on continuing to provide their usual services during a time of crisis.

Adaptation of existing administrative and office processes. Often working in new ways meant that disability, aged care and emergency relief organisations had to adapt their administrative and office processes. Organisations mentioned making new accountability structures when providing new service types; finding the most relevant internal policy precedents and adapting them to create new emergency service plans; and authorising new administrative processes that would not have occurred during more usual times. For example, one emergency relief provider noted,

> *"To be COVID-safe, we had to provide people with two months' worth of scripts and pay for those scripts two months in advance"*
> **NSW13, emergency relief.**

a practice that would not have previously happened.

Increased collaboration with other organisations. Some disability, aged care and emergency relief providers also mentioned increased collaboration with other organisations as a form of innovation during the COVID-19 crisis. For some, this was pooling staff and resources with other organisations who provided similar services to them, so that they had greater scope and reach; an example of this was several emergency relief organisations working together for the purpose of food distribution. In other cases, organisations triaged their clients to other organisations and agencies that they knew could provide complementary services to their own (e.g. a disability organisation who triaged their clients to new support worker agencies) and/or worked together with other agencies to broker useful services and information distribution:

> *"We did some other things, like we had some contacts in hospitals, emergency departments that weren't getting all of the broken arms and sports injuries on the weekends and had a little bit more time. And we asked them to do videos for our members about how to don and doff PPE, so that we could share that. That sort of thing people were really quite in need of".*
> **NSW7, disability.**

This kind of collaboration with other organisations and agencies was another way in which disability, aged care and emergency relief organisations were able to adapt to new client needs and to the new scale of assistance required from them. Some noted that there were inherent benefits to such collaborative models of working, including being able to offer a better service to clients:

> *"It also exposes our client group to [staff who have had the benefit of] training materials that we may not have, potentially. I mean, some of these things – you might have training in X, Y and Z, but another service has got training in A, B and C, so that means we can interplay a lot more, to our clients' benefit".*
> **NSW12, emergency relief.**

4.2.2 New ways of working.

In addition to these new ways of thinking outlined above, there were also a range of practical examples of new ways of working that disability, aged care and emergency relief organisations engaged in during the COVID-19 crisis. These new ways of working are less about a change in attitude like the changes profiled above, but rather about differences in the actual structure of the workforce on the ground during this time.

New staffing and staffing structures. Some of the organisations mentioned either new staff joining their organisation or the implementation of new structures and roles within their organisation to assemble existing staff into roles tailored to pandemic needs. Examples included increasing the hours of staff with mental health qualifications; increasing the focus on and support for teamwork in the workplace; assembling inter-disciplinary teams to deal with complex problems arising for individual clients; and assembling a new management team dedicated to new COVID-19 management and resourcing:

> *"We made sure we had a COVID-19 resource team that we assembled and there were seven of us that our job was to do exactly that... to work out what our strategy was going to be and how we deployed it and to just stay on top of everything, all communications that came out from NSW Health, so specifically for NSW, but also anything that came out from the Department of Health".*
> *NSW10, disability.*

One organisation also mentioned expanding their recruitment practices to be more inclusive, with specific actions to employ staff from refugee or asylum seeker backgrounds when COVID-19 first hit. This amplified the 'lived experience' available within their organisation's work as they faced the pandemic's challenges for these communities.

Some organisations also mentioned that they had increased opportunities to engage volunteers during the COVID-19 crisis (as members of the public had more time and/or more inclination to assist vulnerable communities during lockdowns) and so noted volunteers supplementing their paid workforce. For some organisations, the new scale of volunteers working together with their workforce allowed them to re-organise tasks and shift some work to volunteers that might have previously been done by paid staff or may have not previously been able to be covered at all.

New training. In some cases, organisations also mentioned that their workforce – including staff and volunteers – engaged in new training (both formal and informal) to support the skills they needed during the COVID-19 crisis. In many cases, this involved training in using technologies to promote remote contact, such as Zoom and other similar platforms. Critically here, many staff (and sometimes volunteers) needed to not only know how to use such online platforms well enough to conduct their own work and do their own jobs, but also needed to be familiar enough with the platforms that they could teach clients to use them too. This was a challenge for the staff of some organisations:

> *"We had to quickly learn to view these innovations as essential tools that we needed to our job. Thus, we had to implement them without any planning. Learn them without any prior training and quickly attempt to teach to other team members and our participants".*
> *NSW8, disability.*

Other areas of training included counselling skills in some organisations and pandemic preparedness functions in others (e.g. increased knowledge and skills regarding hygiene, social distancing and universal infection control procedures). In almost all cases, the training was conducted online, which was also new in some organisations.

New resources. Organisations also, in many cases, had to source and implement new physical and information resources to manage the COVID-19 crisis and its impacts. Here organisations mentioned sourcing PPE (particularly difficult in the early days of the crisis in March 2020) and acquiring additional technological equipment, either for clients (e.g. audio-visual systems and technologies to support increased use of such media) or staff (e.g. sourcing the right computer equipment, internet access and other relevant resources for people working from home, if staff did not have it already). One organisation also described the information resources that they had to create for their workforce:

> *"We were also creating social stories* and making that available to teams and we had posters that were there. We had a whole set of protocols that we developed for every situation that every coordinator and manager was put through. It basically laid out exactly what you did for pretty much every situation we could think of where there may be an infection or a suspected infection and who needed to do what and how to prevent infection, what your business-as-usual practices needed to be".*
> *NSW10, disability.**

*Accessible format for people with intellectual disability or autism.

Remote working, with regular and intensive support. Finally, the shift to remote working was a new practice in many of the disability, aged care and emergency relief organisations included the research. Some had had remote working procedures in place prior to the pandemic, but many also had not and the practice had previously been frowned upon in what many saw as primarily face-to-face service industries:

> *"Community services is a very traditional – it's a very traditional way of doing things, and working from home was always frowned upon in community services, but I think the pandemic has taught us that working from home can make us work more effectively".*
> **NSW8, disability.**

Where staff did shift to remote working, most organisations spoke about putting processes in place to ensure they maintained very regular and intensive contact and support opportunities with staff, usually conducted online. Organisations referred to this in different ways. One organisation, for example, described "really regular catch ups", "catch up time as a team", "a connection point for workers to connect with each other" and "really regular encouragements" (NSW1, aged care). Another described "substantive time interacting", "check in with our colleagues and volunteers", "informal supporting" and "constant monitoring process from us supporting, encouraging" (NSW3, aged care). A final organisation simply said, "We increased our level of communication with the team" (NSW8, disability). Regardless of how they were described, these practices were important not only as a form of support during the new practice of remote working, but also because the work that many staff were doing during the COVID-19 crisis was particularly distressing and exhausting (one described, "as the nation's frontliners.... they were physically exhausted and morally and psychologically"; NSW3, aged care) and so staff needed something to replace their usual ways of debriefing and collaborating:

> *"So where they were used to being together in an office and supporting each other, debriefing after they'd had a difficult client, throwing ideas round, coming up with solutions, they didn't have that on the spot sort of connection anymore. So creating virtual meetings on a really regular basis allowed that connection to continue".*
> **NSW1, aged care.**

Even with these supportive arrangements in place, depending on the role and purpose of their work, some organisations and individual workers found remote working more or less effective. Some organisations noted benefits of remote working practices that would have ongoing impacts beyond the pandemic (e.g. saving time by not attending meetings at satellite offices in-person; better including staff in satellite offices in regular meetings and team processes), whereas others noted that it was hard to do their jobs safely and responsibly in a remote fashion (e.g. where emergency relief staff's work included an element of child protection). While some organisations were keen to continue some elements of the remote working practices, particularly the efficiencies this created, the staff in this latter category reverted to face-to-face work as soon as was safely feasible, as per the needs of their specific roles. Within this context, organisations noted the importance of providing flexibility in their working options now and into the future, wherever possible within pandemic safety considerations.

4.3 Facilitators and barriers to innovation

In addition to the types of new innovations they undertook during the COVID-19 crisis, the disability, aged care and emergency relief organisations who took part in the research also spoke about the facilitators and barriers to those innovations – that is, what made the changes they implemented feasible and what made those changes hard. The findings on facilitators and barriers are presented in summary in Tables 2 and 3 below.

Table 2: Facilitators of innovation

Type of facilitator	Description
An attitude of flexibility and seeing opportunities.	Having an attitude of flexibility and seeing opportunities appeared to be a major facilitator of innovative practice during COVID-19. Organisations mentioned "finding what was going to work for different people" and "not assuming that one size fits all" (NSW1, aged care), as well as knowing that "you don't throw it out, you build on it" (NSW6, aged care) when trialled initiatives did not quite work the first time. Particularly regarding increasing clients' competency with technology, some organisations acknowledged the opportunities that came with this, even for non-COVID-19 times, including more opportunities to chat with overseas family and to partake in a wider range of activities and telehealth. Knowing that these benefits would last beyond the pandemic was a key driver for some organisations.
Presence of skilled staff and volunteers.	Organisations in disability, aged care and emergency relief also mentioned relying significantly on the presence of skilled staff and volunteers during the COVID-19 crisis and of this workforce being a facilitator or driver of their innovation. Bilingual capacity and counselling skills were particularly singled out as beneficial staff qualities. Several organisations also mentioned a greater degree of volunteers offering input during the crisis, which allowed them to provide a significant amount of additional support to clients.
Availability of funding, resources and charitable donations.	Several organisations in the disability and emergency relief sectors mentioned receiving extra funding during the COVID-19 crisis, which was a key facilitator of their work. Examples of extra funding sources were direct from the Department of Social Services and various state governments, through the loading on clients' NDIS plans and through changes to the dollar-amount of temporary accommodation allowances. One aged care organisation also mentioned gaining access extra charitable donations, which benefited their work. In many cases, these new sources of funding/resources were how organisations funded the additional work they needed to do during the COVID-19 crisis.
Support from clients' families.	Several disability and aged care organisations mentioned that support from clients' family members was a critical facilitator in setting up new technological infrastructure for clients and, in some cases where they were living with the person, supporting them to use it. This lessened the load on organisations and also meant that there was, in some instances, in-home support for clients to use the services provided online by organisations.

Table 3: Barriers to innovation

Type of barrier	Description
Challenges/barriers for clients · Health, mobility and cognition · Language and communication · Difficulties with technology · Resistance to social distancing	Organisations described many client-level challenges during the COVID-19 crisis, which sometimes acted as barriers or difficulties to implementing innovations during this period. It was hard to service some types of support needs remotely. For example, where clients had some particular types of health, mobility and/or cognition restrictions, it could be difficult to implement services without face-to-face support, for example, for aged care clients with dementia who relied on personal contact. In addition, where there were language or other communication barriers (including the use of alternative and augmentative communication systems among people with disability) it could be particularly hard to give instructions or otherwise communicate remotely. Language barriers particularly affected and challenged organisations with a high culturally and linguistically diverse client-base. The health, mobility, cognition and language/communication challenges also interacted with difficulties with technology, making it harder for clients to be able to access and use services provided remotely (e.g. because of difficulty understanding platforms such as Zoom, troubles with executive functioning, difficulties hearing sound through speakers or seeing screens and difficulties pushing small icons). One provider emphasised that these issues were not solely individualised problems, but rather reflected the lack of inclusiveness in many technologies: *"They don't make technology easy for... people with disability. It's not inclusive – technology is not inclusive". NSW8, disability* A very small number of organisations also mentioned that cognition challenges, often among clients with dementia, meant that there was some resistance to social distancing measures, as it was hard for clients to understand the rationale behind such policies.
Challenges/barriers for staff · Difficulties working from home · Staff burnout	Organisations also described challenges for their staff, which could occasionally act as barriers to innovative service delivery. The primary challenges and barriers here were difficulties working from home (due either to personal circumstances at home or the staff's role not being suited to the home environment) and burnout among staff, due to a combination of increased workload and the high emotional strain of working with vulnerable clients during a crisis. Sometimes these two challenges also interacted with each other: *"One of the biggest challenges was when people are working from home, having to manage from a casework perspective, really complex, people with significant mental health issues because of trauma and, you know, a wide range of challenges, essentially staff and volunteers found that very difficult to manage in their homes. So we did start seeing high levels of burnout in our staff and volunteers, and because of the explosion of demand, and in some cases it was over 500% increase, culturally the organisation always tried to find a way to help as many people as possible, but when the demand was so high it was really difficult for staff and volunteers to be able to essentially say we're at capacity and we can't assist more people. That is continuing to be a very challenging thing to manage, even now".* **NSW13, emergency relief.**
Challenges/barriers for organisations · Bureaucracy · Resource barriers · Workforce individualisation and casualisation	Finally, there were also challenges at an organisational-level. Although organisations were grateful when they received extra funding from government during the COVID-19 crisis, sometimes the administration required for the funding was not feasible, especially when a large amount of paperwork was required to provide a small amount of service to a client; this was especially a problem in the emergency relief sector. Resource barriers also challenged some organisations, for example, not having enough technological equipment for staff and clients. Finally, the structure of the workforce and designated roles of staff in some sectors was a challenge in terms of capacity to undertake the additional training required to upskill in technological skills. This was particularly a challenge in aged care: *"In residential care, well, actually even in home care, they're in service mode a lot. So their ability to kind of, you know, you and I might between meetings be able to read a document or do an online training, but they are in service really... in residential care, they just don't have a lot of time".* **NSW6, aged care.** *"The homecare [staff] are going from client to client in their car... so their ability to kind of upskill has to be short, digestible kind of lessons and possibly even just on-the-fly learning, like you're kind of teaching them as we go".* **NSW6, aged care.** The individualisation of service provision and high rates of casualisation of the workforce in areas such as disability and aged care also did not help here, as it was hard within an individualised and casualised system to provide the paid training time required.

5. INNOVATIONS TO CONTINUE FOLLOWING THE COVID-19 CRISIS

The previous chapter of this report highlighted innovations or changes in service provision that have been implemented in the disability, aged care and emergency relief sectors during the COVID-19 crisis. Most organisations expressed keenness to continue implementing several of those innovations into the future, primarily because it resulted in improvements in services to clients and ways of better managing their organisation. This chapter examines some of the innovations that organisations were most keen to continue, as well as some of the facilitators and barriers to continuing innovation in the long term.

The research also sought to find out what aspects of their work organisations wanted to stop post COVID-19 crisis, however, not many aspects were raised by the organisations themselves. This is likely a reflection of the nature of services offered – i.e. essential services in which adaptation during the COVID-19 crisis was largely to maintain or improve service delivery and there was therefore little that could be halted post-crisis. Further, the adaptations made were in line with the organisations' preferred principles of service delivery and were therefore ways of working that they wanted to maintain or improve, as they saw them as well-suited meeting clients' needs in the future.

5.1 Innovations to continue post-COVID-19 crisis

The organisations from the disability, aged care and emergency relief sectors who took part in the research either mentioned or implied that many of the areas of innovation they had implemented during the COVID-19 crisis held long-term benefits for their clients and/or workforce, and that there were therefore many areas of innovation that they wanted to continue once the pandemic was over. Some of these main areas are covered in more detail below.

5.1.1 Retaining improved ways of delivering services.

Organisations saw value in building upon the successes they had achieved during the COVID-19 pandemic and, in particular, wanted to continue what they saw as improved ways of delivering services. Examples of improved forms of service delivery included delivering fresh food packages to clients, creation of a more cohesive or effective approach to activities offered to clients and new technology innovations such as videos, podcasts and blogs to serve their clients' needs. A few other specific examples are highlighted below.

Retaining technology adaptations. Recognising the significant benefits of technology, providers were especially keen on continue using technology to meet their clients' needs and to make the hybrid model (some face-to-face and some online) work effectively for their organisation in the long-term. Making technology inclusive and accessible to everyone was a key priority for one organisation:

> *"I want to come up with packages of mixing face-to-face with technology. So, basically, to normalise technology and make technology more inclusive, in amongst our participants, and then measure the success of those packages, see how many people take it on".*
> **NSW3, aged care.**

Providers saw technology and digital connections as a game changer in their sector that extended far beyond the health implications posed by the COVID-19 crisis. For example, one said:

> *"Some of these smart device things will be amazing for people with disability and ageing people as well. Those in residential care, if you think about it, they would have gastro outbreaks or flu outbreaks or things like that. So this opportunity to still have digital connection is beyond COVID. It just brings wellbeing and potential positive implications".*
> **NSW6, aged care.**

Technology enabled the provision of ongoing opportunities for clients to learn, use and have access to services, for instance, through online streaming programs to increase aged care residents' socialisation, capabilities, and overall wellbeing. As one provider said:

> "The flexibility around service accessibility, where possible we would like to continue providing the virtual platforms because it saves travelling time. If [clients] are not able to attend the services for whatever reason they can still enjoy the services without having to travel".
> **NSW5, aged care.**

Other examples of technological adaptation and hybrid forms of service provision that organisations were keen to continue beyond the COVID-19 crisis included:

- ·Provision of digital content and social media services for those in financially vulnerable circumstances;

- Increased access to use of telehealth services.

- Continuing to provide clients and their families the opportunity to communicate online (in the case of residential aged care).

- Making available more electronic devices to support as many clients as possible in the aged care and disability sectors.

- Making available financial assistance to clients via online mechanisms in addition to face-to-face and telephone assistance.

- Access to improved and enhanced websites for better meeting clients' needs (including financial assistance support) during COVID-19.

- Flexible ways of managing client assessments where clients are not able to be physically present, such as phone assessments.

Organisations and service providers were keen to continue with these new, adaptive and hybrid ways of service provision because of the positive feedback they had received from their staff or clients, combined with a need to get back to some sort of 'normalcy' beyond the COVID-19 crisis. This is reflected in the quote below:

> "It's the value for money, that there's a cost saving or a service provision improvement, that we're getting participation by the people, that people who are involved are giving good feedback. Now that can be staff, it can be training for the staff, or it could be the clients that it's [services] are secure and appropriate".
> **NSW12, emergency relief.**

The hybrid mode (some face-to-face and some online)l also enabled organisations to keep themselves financially viable, because they were able to record all their outputs, regardless of the manner in which service provision occurred, as is noted below:

> "... in terms of our output as well I think it's good for us, we can still do our outputs with other clients who can't attend physically. Because previously if clients cannot attend, we can't record the output, so I think it would be good for our output as well".
> **NSW5, aged care.**

Organisations were also able to reach a wider, broader and more diverse network of clients when using technology, including those in regional areas, and they could see the long-term benefits of this reach. For instance, the creation and development of additional digital resources targeting people who actively seek online support led to more people accessing these resources and this improved client services

Offering choice and flexibility. Organisations were keen to continue to offer greater service choices and options to their clients. Some service functions which might previously have not been a priority were offered during the COVID-19 crisis and, as a result, providers saw an increased uptake of these services. In these instances, the organisations often saw the benefit of actively continuing to provide that service function beyond the pandemic. For instance, an aged care service provider re-commenced several 'carer group' sessions during the pandemic, because of other forms of respite services being unavailable or inaccessible and, as a result, saw the benefit of continuing to focus on these sessions as a service option in the future. In response to the question "Are there any other aspects [of your organisation's] work that you think you'll carry on the changes from COVID into the future?" the provided noted:

> *"Some of the respite centres aren't fully operational and friendship clubs aren't all operational yet... So the one thing is [carers] need the respite and the other thing is that they need support. We're [now] busy working on a bit of a community approach to our family carers, both carer groups. We have a whole lot of one-to-ones where we see family carers on a regular basis throughout their journey, providing the support. The emotional support, the psychosocial support, information, education, strategies, et cetera, et cetera. So now, we have run carer groups in the past, but we're focusing on that now".*
> **NSW2, aged care.**

Another example was the evolving role of specialist care staff to accommodate clients' needs. For example, one provider in the disability sector saw strong bonds develop between clients and therapists during therapists' visits to their homes (whereas service would have usually been centre-based), leading to an expectation that these kinds of relationships would continue beyond COVID-19.

At the same time, organisations were aware that offering choice may not work all the time, particularly in the context of the risks and safety considerations due to the evolving pandemic situation. As such, they recognised that future planning requires both choice and adaptability to emerging situations as they arise:

> *"Like for example, if we have social support groups, they want to continue these activities. What we have to be mindful of is the capacity of the hall, all safety plans, if we were to have 50 people in one hall for example. Now we can have only 25... it creates a lot of problems that we have to sort".*
> **NSW3, aged care.**

> *"We still provide online sessions for some people who haven't chosen to come back into the hub yet. So we tried to cater to everyone and their situation just because yeah, no one really knows what the best thing to do is".*
> **NSW9, disability.**

5.1.2 Retaining improved organisational systems.

Many of the organisations were keen to retain some of the internal changes to their organisational systems necessitated during the COVID-19 crisis. Some key examples were the shift to remote work while retaining other flexible working options, as well as rethinking teamwork and greater pandemic preparedness.

Retaining remote working and other flexible work options. One of the main innovations that took place within the organisations during the COVID-19 pandemic was the shift to remote or flexible forms of working. This was very commonly endorsed by providers in all three sectors as something that should continue on a more permanent basis into the long-term (although with a small number of notable exceptions, as noted below).

The shift to online mode of work was very welcome and a revelation within many organisations. Even though the practice was present in some form in some of the workplaces prior to the COVID-19 crisis, working from home was not implemented on a regular or consistent manner until 2020, and in many workplaces in the disability, aged care and emergency relief sectors, working from home had never really been considered as an option prior to the COVID-19 crisis. This was perhaps because, as mentioned earlier in the report, working from home was not part of the usual culture in many of the organisations and often not part of a 'traditional' face-to-face model of community services. For this reason, the working from home had even been frowned upon by some within the organisations.

By the end of 2020, flexibility around remote working was however considered a permanent fixture, with providers citing some practical benefits to doing so, such as saving time and money in travel, which led to improved productivity. Remote work provided the ability to connect with colleagues outside of workers' immediate teams and with wider staff, which otherwise would not have been possible. Many providers noted that they and their staff appreciated the flexibility of remote working and were doing everything possible for this to continue in the long-term as a permanent work practice:

> *"I think understanding that we can work from home has been a valuable insight. We were never the type of organisation to ever work from home".*
> **NSW13, emergency relief.**

> *"When COVID happened we got that opportunity to actually try [working from home] and it really worked, so I think it's something that we would be thinking of doing on a more full-time basis".*
> **NSW5, aged care.**

> *"I think most people enjoy that flexibility.... it will also make us more productive, because if I don't have to go to [suburb 1] at nine o'clock, knowing that at 12, I have to be at a meeting in [suburb 2], I can do my work from home, and then go to the meeting from here, you know? So, I think we need to continue to drive that way of doing things".*
> **NSW8, disability.**

> *"Every dollar that I'm not spending driving halfway across the state for a meeting is money we can put into service provision".*
> **NSW12, emergency relief.**

Remote work did not however suit everyone and therefore providing choice and flexibility to staff was recognised as an important element t to retain in the long-term. For example, as noted earlier in the report, for some types of professions, working remotely was and will likely continue to be a challenge. This was usually due to the nature of their work – for example, some workers in emergency relief whose work touched on child protection noted that it was hard to do their jobs safely and responsibly in a remote fashion. These staff were keen to revert to their usual face-to-face practices from pre-pandemic as soon as possible.

In other instances, some staff were keen to get back to the office setting because their home environment was not conducive to work. Supervisors were keen to provide flexible options wherever possible that took into account workers' circumstances and health and safety considerations:

> *"Some people are dead keen to get back to the office and they really, really miss the personal interaction with their colleagues, where other people are really happy to work from home and would be happy to do that forever".*
> **NSW1, aged care.**

Re-focusing on teamwork. Remote working necessitated re-focusing on how teamwork practices among colleagues could be better implemented. Procedures and protocols around pandemic preparedness had needed to be quickly set up during the COVID-19 crisis by bringing together people with different backgrounds and expertise. These steps were seen as essential not just when the pandemic hit, but also in building team resilience and being better prepared for managing vaccine rollouts and future uncertainties that could arise beyond the current pandemic. There was a sense that many of the new teamwork practices should be retained, at least in part.

> *"We all just jumped into each other's spaces and we really worked well together. If I ever needed a team of people anywhere, these are people I could work with because we just got it and we just got on with it. We're still doing stuff now. So we never disbanded".*
> **NSW10, disability.**

Pandemic preparedness. Good practices of hygiene, personal care and cleanliness were already in place in

most of the organisations to a certain extent due to the nature of work involved in the disability, aged care and emergency relief sectors. However, during the pandemic, providers mentioned embedding a more permanent policy of continuously reviewing, updating and auditing their health and pandemic preparedness practices. This enabled them to identify gaps where practices were inadequate. New and improved working practices, such as setting up of work rosters, regular updating of information around COVID-19 and setting up of universal infection control procedures (e.g. the use of hand sanitisers, physical distancing and temperature checks) were all now considered essential for health and safety reasons as part of government enforced rules and were expected to continue beyond COVID-19.

5.1.3 Retaining improved ways of valuing people.

People played a key role in the success of several innovations. As part of their ambitions beyond the COVID-19 pandemic, organisations were keen to retain some of the strategies they had implemented during the pandemic to better value the people involved in implementing their organisation's work, including both staff and volunteers.

Continuing inclusive recruitment practices. Where inclusive recruitment practices had occurred and were regarded as a win-win outcome for everyone involved, organisations were keen on retaining these practices into the future. For example, as mentioned earlier in the report, one organisation was able to employ staff from refugee or asylum seeker backgrounds when the COVID-19 crisis first hit and they saw the potential of retaining this recruitment practice beyond the pandemic. Despite having to put necessary protocols and sensitivity measures in place to protect personal identities of staff, the organisation recognised this recruitment strategy as an important long-term goal towards prioritising and building an inclusive culture:

> "… [it] made us realise that we really need this program moving forward anyway [even despite the pandemic], because, you know, we continue to prioritise employment opportunities for people with a lived experience, and it's becoming more and more of a focus in future to make sure that we are really having opportunities for people with a lived experience to gain employment within the organisation".
> NSW13, emergency relief.

Ongoing online training programs to attract staff and volunteers. Where organisations had implemented innovative practices of attracting people, they were keen to continue these approaches in order to build a steady pool of staff and volunteers who would be needed in the long-term. One provider offered online training programs to new employees or trainees during the COVID-19 crisis and saw this as an attractive model to continue beyond the pandemic, potentially opening up opportunities to attract more employees into the sector. The same model was applied by another provider to attract long-term volunteers. Volunteers have always played a crucial role in the smooth-running of services in the disability, aged care and emergency relief sectors and organisations were heartened to see an increased uptake of volunteering positions during COVID-19. This increased uptake provided the incentive for organisations to make adjustments to their practices in order make volunteering even more attractive. For example, by continuing to modify their programs to include more online training sessions and more on-site experience for current and prospective volunteers, the providers hoped to attract and retain more people, including some of their past clients, to act as volunteers. Making volunteering more attractive and inclusive by setting up of a formal volunteer 'arm', was noted by one organisation:

> "They used to be our client, now they are working as a volunteer as well and supporting other clients. We do look at their capacity and provide opportunity in the training and also support to them".
> NSW3, aged care.

5.2 Facilitators and barriers to retaining innovations post-COVID_19 crisis

In addition to noting the innovations they wanted to continue following the COVID-19 crisis, the disability, aged care and emergency relief organisations who took part in the research also spoke about the facilitators and barriers to retaining those innovations– that is, what would help them to do so and what would make doing so difficult. The findings on facilitators and barriers are presented in summary in Tables 4 and 5 below.

Table 4: Facilitators to continuing COVID-19 crisis innovations

Type of facilitator	Description
Forging and sustaining partnerships	The organisations in the research stressed the importance of establishing strong partnerships between different agencies (e.g. government sectors, service providers including grassroots organisations and service users) that would support and retain innovation in the future. Organisations noted that forging such partnerships would ensure (1) all key information provided by different services is available in one place for clients to access; (2) case workers' and other staff roles are not seen as siloed, but rather as part of wrap-around system of support; and (3) all partners/agencies are on board to adopt or support innovation or innovative practices. The organisations thought a combination of these three elements would improve efficiency for organisations, reduce the burden on clients of having to go through different agencies at different points in time and create a climate for successful innovative practices to be sustained. In addition, providers felt that the kinds of collaborative measures described above would help those most impacted in the current climate of the pandemic to feel optimistic and hopeful for the future: *"The importance of outreach, the importance of, you know, the federal government, the state government, health authorities, the local government and capitalising on the relationships that small grass roots organisations may have… working together in coordinated efforts".* *NSW7, disability.* *"They can wrap it up into their social support or some sort of funding pool that they've got, which is why wrapping it into the service that they're offering is actually really key".* *NSW6, aged care.* *"It's really the providers getting the funding, the projects – it's customers, it's the providers. We know that the solution… It's actually just… making sure the ecosystem supports that [innovation is there] and these organisations adopt it and get on board".* *NSW6, aged care.*
Maintaining adaptability in service delivery systems	A key enabler for ensuring long-term sustainable change and continuing innovation beyond the COVID-19 crisis is the ability of organisations to be continually adaptable in their workings and management. Participants in the research noted that where organisations can maintain a degree of continuous adaptability, they are more likely to be able to continue to implement innovations, be able to better support the needs of clients (including their mental health and wellbeing) and ensure the needs of staff are adequately met. One aspect of maintaining adaptability is re-thinking some of the systems and structures that were in place prior to the pandemic and considering how these can be improved or better managed in the long-term. The pandemic and its effects brought out, in many cases, the significance of embedding strength and resilience among both staff and clients, both of whom might have experienced a heightened sense of concern since the COVID-19 crisis. For staff, reassuring and motivating them as well as providing opportunities for regular upskilling to help support individual clients' mental and well-being beyond the pandemic was therefore indicated: *"I think that a resource [that would be useful] would really be about that mental health and wellbeing and positive reinforcement of really great practice… I think celebrating positive practice and highlighting it to just keep people energised and valued".* *NSW11, disability.* The organisations noted that current practices will need to be re-visited on a regular basis and organisational procedures adapted to suit clients' requirements. Prioritising the well-being and safety of clients over organisational procedures also needs to be sometimes considered, as noted by one provider below: *"Recognising that [in a pandemic] the risks of not calling people are far greater than the risks of calling them without [our usual] consent processes in place. But, you know, it's given us some food for thought about how we embed consent in our organisation and contact".* *NSW7, disability.*

Resources, including funding for continuing innovation and for solving systemic issues	Resources can be both facilitators and barriers. The organisations in the research noted that long-term availability of resources and funding are key components to enable sustainable change to continue innovation and provide essential services to the disability, aged care and emergency relief sectors. During the COVID-19 crisis, organisations, their employees and some clients were supported by temporary government funding to help them get through the crisis. The temporary funding enabled the sector to quickly adapt and innovate, recruit employees/volunteers and use funds to purchase necessary equipment – however, the funding was not ongoing. As this report is being written, many Australian states are currently reeling under more severe lockdowns. The presence of COVID-19 and its effects are still very much felt in Australian society and may continue to be felt for some time. Under these circumstances, regular and sustained support from government and other sectors is critical to cushion repeated blows arising from COVID-19. Organisations noted that in the midst of the ongoing COVID-19 crisis, it is important not to forget some of the systemic and ongoing issues present in society even before the pandemic, such as unemployment, homelessness, domestic violence, abuse and neglect of people with disability and unresolved visa status in the case of refugees and asylum seekers. They felt it was important to continue prioritising resourcing for these issues and to ensure sustainable solutions are found beyond what was proposed as part of the pandemic package.
Ongoing human support for innovation and technology use	The COVID-19 crisis demonstrated the significance and practical utility of technology in various forms. Technology acts as a strong facilitator of beneficial outcomes for clients and staff, however only with appropriate human support. For instance, to operate or use technology, organisations need people and volunteers to do so or to assist others with doing so. During the pandemic, while organisations were able to pool staff skills together or get temporary external volunteer support to help assist clients with technology, it was only a short-term measure. Sustaining technology-related innovations over time can only be possible with ongoing human resources. Support from skilled volunteers or recruiting people with technological skills can be part of the long-term solution. Sourcing assistance from technology companies and internet service providers for expertise and support with obtaining devices may also be useful. Importantly, ongoing assistance with digital literacy will be important into the future because technological solutions are becoming more common in service delivery irrespective of the pandemic. This was, for example, discussed by two organisations in regard to their clients needing to use the NDIS portal. One noted the importance of ongoing investment in the digital literacy of NDIS participants: *"With the NDIS participants, I think we have a responsibility to kind of spend a bit of time, and investment and resources, to teach them. I think we need to focus on that, on training NDIS participants on how to navigate the [NDIS] portal... on how to use online technologies to be supported... to remind them that these things exist, and not be afraid to try it out... we need to do it, but we can't do it for free, basically, because that's resource-intensive. We need to be able to apply for grants, so that we can do it in addition to the support coordination, and all the other assistance that we provide".* **NSW8, disability.** The other organisation noted the importance of such support particularly for clients from non-English speaking backgrounds who need to use the NDIS portal: *"The [NDIS] portal is very comprehensive, but in order to get into the portal, number one, the participants have to be able to understand English, more or less, and they have to feel comfortable navigating an online application, right?... with [our clients who are from the] CALD community, I would say – and I don't think it's an exaggeration, but I would say that about 70 percent of our participants do not know how to navigate the portal".* **NSW3, aged care.**

Table 5: Barriers to continuing COVID-19 crisis innovations

Type of barrier	Description
Cost	By far, cost was cited as the biggest barrier to continuing the COVID-19 crisis innovations in organisations' service delivery. Most organisations relied on COVID-19-specific funding allocated by the government to carry out innovation in the first place. Organisations therefore found it difficult to draw out clear plans or solutions for the future, as there was no certainty about future government funding. While some organisations had the infrastructural support in place, they needed funds to not only maintain their existing level of service provision and the associated costs of any innovations put in place, but also to sustain their organisational needs beyond the COVID-19 crisis. For example, organisations needed to pay staff wages and pay for service materials and costs related to technology (e.g. upgrade costs, paying for devices, internet charges for those who cannot afford and digital literacy training for clients). Without additional funding, organisations would not be able to take new clients who might reach out for support, especially after the end of the temporary support provided by the government during the COVID-19 crisis.
Organisational sustainability, including fatigue	The ability of the organisations to continue some of their innovations beyond the COVID-19 crisis was dependent upon their sustainability as organisations. As noted above, cost of ongoing implementation was an important factor here. In addition, where an organisation had lost many of their existing clients, it made the business case for continuing innovation extremely hard. Without extra funding and with lower numbers of clients, providers foreshadowed challenges in continuing with the innovations beyond the pandemic. Additionally, organisations expected to struggle with staff shortages for a long period of time, adding to the stress. For example, this was noted by providers in the aged care sector as a result of shortages in casual care staff, primarily consisting of international students who were not able to enter Australia since the start of the pandemic.

Further, while the COVID-19 crisis was a time of connectedness for a lot of organisations, it was also a time of extreme fatigue and a sense of being overwhelmed by the events and experiences that had taken place. While many orrganisations conveyed a sense of enthusiasm to continue with their innovations beyond the pandemic, they were deeply aware of the organisation's ability to sustain such innovations for a long period of time due to the COVID-19 crisis taking its toll on the organisation, its staff, volunteers and clients:

> *"There is definitely fatigue across staff with just having to maintain this rigour".*
> **NSW10, disability.**

> *"We're still trying to recuperate numbers. We've lost a lot of [program] participants, we haven't gained any new participants, so it's in the pipeline to be done, to be looked into. At the moment, we have our priorities, because of the fact that now, we've returned back to face-to-face, but we want to build that up again, to recover financially".*
> **NSW3, aged care.** |
| Ongoing technology-related barriers | As has been discussed elsewhere in this report, technology can present a very significant barrier for many people in both using and running services. Not everyone has access to the necessary skills, resources or support to help with technology use and/or digital literacy. Language can also pose a barrier and some people might be fearful of using technology. If these kinds of barriers are not adequately addressed, they will continue to pose challenges in implementing and continuing innovative technological practices.

Measures that were put in place to help improve understanding and awareness of how to use technology need to continue beyond the COVID-19 crisis, otherwise technology use may continue to present a very significant barrier to clients. For example, some organisations were able to provide the required technical and human assistance to connect clients to virtual services and increase their awareness of digital options, but these measures are difficult to sustain in the long-term without adequate funding or supports.

Lack of access to technology (including affordable devices and internet services) continues to remain a barrier, with many clients and their families not being able to afford the cost of accessing online services. If this lack of access continues beyond COVID-19, organisations will find it challenging to embed technology as an essential part of their services:

> *"[Internet charges] is a big barrier. Besides the [cost of] devices... the internet is [also] very costly especially for pensioners."*
> **NSW5, aged care.**

A final aspect related to technological barriers is how organisations can measure the impact of technological innovations they have implemented. Where organisations have developed and implemented new technological innovations, for instance, new blogs, social media posts etc, it was important to track the impact that these innovations were making to justify their continuity into the future. However, due to the content being in digital format in websites, tracking the impact was challenging. Hence while the innovation in itself was popular, the reliance on technology can sometimes in itself act as a barrier, especially if an organisation needs to demonstrate the impact of the innovation to stakeholders. Without being able to capture the benefits, continuing these types of innovations may be challenging. |

6. CONCLUSION

The COVID-19 crisis has had diverse and far-reaching implications across Australian society from when it first emerged in 2020. This report examines how organisations in New South Wales in the aged care, emergency relief and disability sectors adapted or innovated their service delivery models during COVID-19 and their ambitions moving forward. Organisations adapted or innovated based on their clients' needs and contexts, with the role of technology being inescapable in most cases.

In the aged care and disability sectors, new or extended functions of existing services were designed to build connections, foster well-being and provide a sense of purpose to clients during the time of crisis, and in emergency relief other innovative actions were taken, many of which around food distribution. Offering online and technology-based services proved to be a primary area of innovation that took place across all three sectors. However, face-to-face service delivery continued to remain in place where it was essential to attend to clients' needs, for instance, in-home care and assistance. In many cases, ways of delivering relevant information to clients – whether about health advice or to improve clients' well-being – were also significantly adapted to make them more accessible and inclusive. Such adaptations proved largely successful for clients in all three sectors, as well as those from culturally and linguistically diverse backgrounds.

Given its extensive role across all three sectors, it is notable that increased use of technology in delivering services presented very significant opportunities for organisations and their clients and staff, but also created challenges. Taking steps to achieve digital literacy and inclusion for all was both necessary and important. Enabling and scaling online and digital services required significant investment in infrastructure as well as resources, staff or other personnel with expertise to help build clients' digital literacy skills. While this may have been possible with temporary funding availability during the COVID-19 crisis, organisations require additional resources if such technological infrastructure and assistance are to be sustained over a longer period of time. Importantly, it was recognised that upskilling clients and staff in technological skills and investing in technological infrastructure will not only have benefits during the COVID-19 crisis, but also after, especially for those who are required to regularly access essential services online even in non-COVID-19 times.

Organisations themselves in all three sectors also adapted or innovated their ways of working in some form or the other. The COVID-19 crisis generated a willingness to experiment or test new approaches to see what works. The shift to remote work was, by far, the most widespread adaptation that took place, creating effectiveness and efficiency in organisations' functioning. The importance of choice and flexibility was considered important in this context, as staff needs and circumstances vary, as do the needs of the clients they serve. Online models of communications allowed for greater reach of staff and team-building opportunities outside of immediate teams and managers were keen to permanently offer remote-working options to their staff, supplemented by good support structures. However, for some types of work (for example, emergency relief functions that touched on child protection), it was recognised that remote-working was not ideal and there was urgency in shifting back to face-to-face practices.

New ways of working also involved re-thinking and re-imagining staff roles and staffing structures. Examples given included new or additional roles being taken up by existing staff to accommodate increased demands; bringing previously siloed streams of staff together to work in a more collaborative fashion; changes in recruitment practices to build inclusivity; and offering new training opportunities. The role played by volunteers in various capacities during the pandemic was also deeply appreciated by many organisations and new ways to recruit and upskill volunteers to retain their input (such as through online training) on a more permanent basis were implemented in some cases. The COVID-19 crisis also led to increased and new forms of collaborations outside of individual organisations, such as pooling services to widen reach, triaging to meet client needs and partnering to improve information distribution.

There was clear recognition amongst all three sectors that the continuation of any type of innovation or adaptation requires the full support of the people implementing and delivering it, including staff, workers

and volunteers within and outside the organisation. The importance of partnerships with similar and allied sectors, ultimately working towards a more unified eco-system of service delivery to achieve long term outcomes, was emphasised by many. Ongoing funding support from state and federal government agencies was also recognised by many as critical to sustaining any form of innovation or adaptation.

The COVID-19 crisis not only presented new challenges but also highlighted existing inequities in the system. In this respect, it is very important to note that organisations included in the research did not want pre-COVID-19 issues and other ongoing problems to be forgotten in the process of creating innovations or adaptations to pandemic-created issues. For a more inclusive and sustainable society to be created, future plans or considerations for innovations or adaptations in service delivery should include the impact and benefits of the pandemic innovations on both current and pre-existing issues.

Finally, it is worth reiterating the continuing impact on aged care, emergency relief and disability services due to the ongoing nature of the pandemic in Australia. While the data collected for this report was about the initial part of the COVID-19 crisis in 2020, the pandemic has since continued into 2021 and potentially beyond, with new outbreaks and rounds of lockdowns across the country. This means that many of the challenges faced by the organisations in this report and their clients continue, as well as the fatigues, stress and trauma involved. Under these uncertain circumstances, the innovations described in this report remain critically important, but it is also difficult to predict whether, how and in what form they will continue to exist into the future. However, this report has highlighted the strengths, dedication and commitment of organisations in the three sectors to create innovative methods of service delivery during the pandemic. Their determination to keep working towards improving their services and helping people – both clients and staff – from the aged care, disability and emergency relief sectors holds promise for the future.

7. REFERENCES

Kahn, K. B. (2018). Understanding innovation. *Business Horizons*, 61(3), 453–460

Kline, S. J., & Rosenberg, N. (2010). An overview of innovation. Studies on science and the innovation process in *Selected works of Nathan Rosenberg*, 173–203

Storen, R & Corrigan, N. (2020). COVID-19: a chronology of state and territory government announcements (up until 30 June 2020). Parliament of Australia: Department of Parliamentary Services, Research Paper Series, 2020-21. 22 October 2020. Available from https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7614514/upload_binary/7614514.pdf

van der Panne, G., van Beers, C., & Kleinknecht, A. (2003). Success and failure of innovation: a literature review. *International Journal of Innovation Management*, 7(03), 309–338

APPENDIX 1

Interview schedule

Can you describe your organisation for me?

- What types of services do you run?
- What types of clients do you serve?

What is your role in the organisation?

- How long have you been in this role?
- What about with the organisation?

How is/was your organisation affected by COVID-19?

- What are/were the impacts on services? Did you have to pause service delivery? Modify service delivery? Focus on different client groups? Develop new partnerships?
- What about internally? How were staff affected? How did policies and practice change?

How did you/your organisation adapt to these changes?

- What changed?
- What worked? What didn't work?
- What would you consider to be the best or most effective 'innovation' during this time? Explain the 'innovation' or change'. What was it responding to/what problem did it solve and how did it solve it? How is this different from 'business as usual?'

What do you want to do differently in post-COVID-19 service delivery?

- Why; what problem does it solve/address?
- What is the evidence that this will 'work' or 'work better' going forward?
- What barriers are there to implementing this change/innovation in a more ongoing way? For example funding design, service design, policy, staff skills, equipment/resources.
- What is needed most to enable this change/innovation to continue? Which stakeholders can provide it? For example government, funders, organisational management.

APPENDIX 2

NAME

Adaptations innovations

  Barriers

    Bureaucracy - red tape - resistance to new approaches

    Burnout of staff

    Difficulties working with tech

    Difficulties working from home

    Health and cognition issues

    Language and other barriers

    Resistance to social distancing

    Resource barriers

    Time for new training – fit with casualised schedules

  Facilitators

    An attitude of seeing opportunities

    Being flexible

    Extra funding and resource

    Having skilled staff

    Having volunteers and charitable donations available

    Support from clients' family members

Innovation adaptation types

  New services offered to clients

    Accessible information delivery

    Activities to build connection + community

    Activities to foster well–being

    Activities to provide a sense of purpose

    Financial assistance

    Home deliveries and other home services

    Online and other tech services

    Organising tech infrastructure

    Tech training

    Phone services

    Retaining some limited F2F services

  Organisational processes – ways of thinking

    Being willing to adapt existing admin and office processes

    Being willing to experiment

      Cleaning protocols

      Collaboration with other organisations

      Harnessing existing staff, resources and funding for new purposes

  Org processes – ways of thinking

    New resources

    New staffing (including volunteers) and new staffing structures

    New training

      Regular and intensive remote support for staff

      Social distancing

      Working from home

Organisational demographics

    Interviewee role

    Org sector

    Services offered by org

Post COVID ambitions

  Barriers to continuation

    Demographic group related

    Funding

    Organisational sustainability including fatigue

    People and volunteers

    Technology related

  Facilitators to continuation

    Type of things to continue

      New ways of service delivery including technology

      Old and new ways of service delivery

      Org processes – new ways of working

      People and volunteers

    Type of things to stop

Pre–COVID

What is innovation