



SERVICE INNOVATION DEEP DIVE

*Capturing and leveraging learnings from
service innovation during COVID-19*

National report

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EXECUTIVE SUMMARY

The *Service Innovation Deep Dive: Capturing and leveraging learnings from service innovation during COVID-19* is a project within the Centre for Social Impact's (CSI's) *Building Back Better* research program. The project was undertaken by a research team from all three CSI centres: Swinburne University of Technology, University of New South Wales, and The University Western Australia.

Acknowledging the significant impact of COVID-19 on community services, we sought to understand the ways in which organisations in the aged care, disability, and emergency relief sectors had innovated during COVID-19, the learnings, practices and activities that they wanted to carry on beyond the pandemic period, and the factors required in order to do so. To explore these questions, we interviewed representatives from 36 organisations in Western Australia, Victoria and New South Wales from late 2020 to early 2021.

Innovation types

From thematic analysis of the interview transcripts, we found that organisations across the three states innovated in three broad ways: introducing new or expanding existing services, modifying service delivery, and changing organisational processes.

New or expanded services

- Food provision was a common theme, with organisations arranging delivery of groceries or pre-prepared meals, online delivery of food vouchers, and shopping for groceries for clients. Many organisations noted that they were able to offer these services to a broader client base due to additional funding and/or loosening of eligibility criteria during COVID-19.
- Many organisations were concerned about the social isolation that clients faced, and COVID-19 served to exacerbate these concerns. Accordingly, activities to foster social wellbeing were very common. These activities often leveraged technology, such as cooking, art and exercise classes and social groups conducted online for example through Zoom, Teams, Facetime, Skype and/or WhatsApp. However, we also saw many examples of eschewing the 'going online' trend, such as undertaking telephone check-ins or welfare checks, and letter writing.
- Providing information to clients in an accessible manner, such as using different mediums (newsletters, videos, text messages, emails, phone calls) in preferred languages, was very important in light of the volume and changing nature of communication during COVID-19.
- Providing technology and support to enable clients to use technology was common. This included sourcing and providing devices such as iPhones, iPads and computers, providing necessary resources to use devices such as phone credit and data, and having staff make tutorials or provide one-on-one training on how to use technology, often in addition to their regular duties.

Modifying service delivery

- Efforts to maintain face-to-face. These included use of personal protective equipment (PPE) by staff and clients when close contact was a necessary part of service provision; interacting with clients at a physical distance, often inventively such as interacting on either sides of fences or front doors; allowing clients to choose when and how workers interacted with them in person; and holding activities in smaller groups.
- Taking services and organisational functions online where possible. This included the aforementioned online classes and having staff work from home, as well as shifts to e-vouchers and bank transfers and online health and other service consultations.
- Using the telephone to conduct assessments and deliver services and support, where possible.



Changes to organisational processes

- Setting up staff whose roles could be performed in full or in-part at home to work remotely. This involved the provision of equipment, often existing equipment because organisations could not afford to provide an in-office and in-home set ups for staff, as well as IT support to ensure that relevant software and folders could be accessed from home.
- Re-deploying staff into organisational areas where the need was most felt (e.g. from a service that experienced reduced demand during COVID-19 to one that experienced increased demand), and rostering staff to enable physical distancing and reduce risk of cross-team virus infection (e.g. alternating weeks in the office; providing more hours to reduce the need for staff to have multiple employers).
- Reducing bureaucracy and empowering staff to make decisions within frameworks to avoid delays in giving people the help they need.
- Supporting staff instrumentally and emotionally. Initiatives included virtual trivia nights, coffees and Friday night drinks, and regular team meetings and check-ins.

Facilitators of and barriers to innovation

Organisations' adaptation to COVID-19 was helped and hindered by a range of factors (facilitators and barriers, respectively). Facilitators included:

- Funding. The provision of additional funding and the flexibility within new and existing funding contracts enabled organisations to adapt to meet clients' needs during COVID-19.
- Technology. The ability to procure technological hardware (i.e. devices such as iPads and computers), which comprised financial ability as well logistical ability given short supply during COVID-19, greatly facilitated the many technology-oriented innovations undertaken by organisations. Other technological infrastructure, such as cloud-based services for internal organisational processes, were very important particularly to enable remote working.
- Staff and volunteers. The resilience, creativity and work ethic of staff and volunteers were instrumental to the implementation of all innovations and adaptations.
- Relationships, particularly those with clients and their families greatly facilitated innovation. Organisations reported that the understanding of any 'bumps' in the process, and willingness to adapt to changes and particularly to adopt technology were very helpful. Some organisations also reported that relationships with suppliers of technology also facilitated relevant innovations.

The barriers to implementation of innovations and adaptations could be categorised as (1) barriers for clients, (2) barriers for staff, and (3) barriers for organisations.

- Barriers for clients included individuals' support needs being ill-suited to remote support. In some cases these related to mobility and support needs, while for others it was difficulty engaging in an online group setting versus rather than their usual one-on-one support. In addition, some organisations reported that a lack of inclusiveness in the design of technologies prevented clients who spoke a language other than English or who experienced other barriers (e.g. visual impairment) from being able to use technology without assistance.
- Barriers for staff included resistance to change among some, and difficulties working from home due to juggling responsibilities, working in roles that were not well-suited to working remotely, and burnout due to high workload and emotional strain.
- Barriers for organisations pertained to financial and technological resource constraints, the

administrative burden associated with some funding sources, structural factors such as the individualisation of funding and casualisation of the workforce, and the rapidly changing nature of COVID-19 and, accordingly, the changing communications and advice around it.

Moving beyond COVID-19

Looking beyond the COVID-19 crisis, organisations wanted to continue to have flexibility in the way that they provide services. For example, having an option to 'Zoom in' to in-person activities so clients don't miss out if they're feeling under the weather. This flexibility also applied to workplaces, with organisations wanting to retain work-from-home options at least some of the time.

Recognising that COVID-19 is not at all behind us, and that public health crises can happen at any time, many organisations planned to maintain their health and safety procedures, such as use of personal protective equipment, maintenance of visitor registers, and mindfulness of physical distancing. Finally, organisations wanted to retain existing and additional staff and volunteers, and expand those workforces.

In order to move forward in the way that they wanted, many organisations stated that they would need funding additional to their current levels. As important, though, was flexibility from funders to allow organisations to use funding in the way that best suits each client's needs. Investment in technological infrastructure – hardware and software – was necessary to work and provide services in a flexible manner, as was technological upskilling of clients and staff. Organisations also identified a need to recruit and retain a workforce with the right skill mix for their context, and to build a culture of flexibility and support.

In sum, this research found that organisations in the aged care, disability services, and emergency relief sectors adapted rapidly in order to continue meeting their clients' needs and continue pursuit of their respective missions during the COVID-19 crisis. The process of innovation served to demonstrate the benefits of flexibility for clients, staff, and the broader organisation, and the importance of technological skills and infrastructure in the modern world. To bring the lessons learned during COVID-19 into ongoing service delivery, organisations needed sufficient and flexible funding, to invest in technology and training, and to build a skilled and committed workforce and culture.



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 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 during the COVID-19 crisis. The purpose of the Deep Dives is to understand how we can learn from what happened during the pandemic and use these lessons to move towards a more equitable, inclusive and sustainable society, post-COVID-19.

The constraints to face-to-face interaction during the pandemic inherently have had substantial effects particularly on service types that typically require direct in-person contact. 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 – is that they rely on the building of warm in-person 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 mission when in-person contact has been curtailed.

This Deep Dive report, *Capturing and Leveraging Learnings from Service Innovation During COVID-19*, involves a cross-node team comprising researchers from all three CSI centres: Swinburne University of Technology, University of New South Wales and The University of Western Australia.

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 what 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 in-person or face-to-face contact to deliver services, increasing the likelihood that adaptation was required in order 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 across the country in lockdown, sectors and services are still being severely impacted, and we are still some way off a return to 'normalcy' post COVID-19. The report results and recommendations must be read in this context.

2. METHOD

The unprecedented nature of the crisis surrounding the COVID-19 virus and, accordingly, the unplanned nature of organisational responses to it, call 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 questions: 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? This included a range of sub-questions:

- What was done differently?
- Why? What problem does it solve/address?
- What facilitated the implementation of these different ways of working and what barriers were faced?
- 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 Sampling and recruitment below). The interview questions broadly covered:

- The nature of the organisation and its services
- The organisational 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 in 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 in each state were identified by team members working in that state, 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 in team meetings. 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 themes across sites, so it was permissible to interview representatives from different arms of the same organisation in multiple states. However, ultimately, only two organisations were interviewed in two states and thus appear twice in the overall sample, resulting in 36 interviews with representatives from 34 organisations.

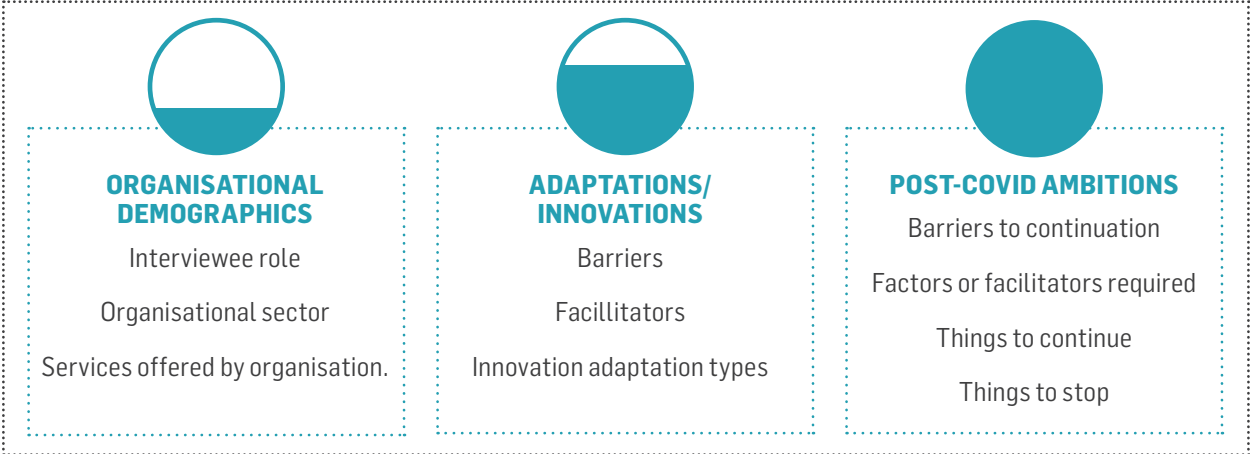
We sought to interview frontline staff or staff who were directly involved in the implementation of the adaptations that the organisation made in response to COVID-19. We approached potential participating organisations via email, asking the recipient if the organisation would be willing to participate, 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 WA, nine of the interviews/conversations were one-on-one, and two were group interviews (3-5 organisational representatives and one interviewer) at the request of participants. In NSW, twelve of the thirteen interviews were one-to-one, with one being a group interview with 2 organisational representatives and one interviewer. All Victorian interviews were one-on-one.

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 cross-node research meetings and structured around the research question and sub-questions (listed above in Research questions and focus). 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



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.

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

3. DEFINING INNOVATION

A recurring question in our team discussions was: What constitutes innovation? 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, we reported to each other 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, nor what innovation would 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 undertaken by an organisation during COVID-19 that is intended to maintain, adapt or enhance service delivery and/or operations. Innovation in this research also includes enhanced or different ways of conducting business within the organisation.



4. THE SAMPLE

The tables below detail the organisations interviewed, by state and sector. As some organisations did not want to be identified, organisational names have been replaced with identifiers and general descriptions of the organisation and the services they offer. Organisational size is determined by Australian Charities and Not-for-profits Commission income categories, where small organisations report income below \$250,000 per annum, medium organisations report between \$250,000 and \$1m, and large organisations report income over \$1m per annum. Large organisations comprise the majority of the WA sample, perhaps reflecting the structure of the sectors in WA, or the greater level of resources available to larger organisations that enable them to participate in research. Small and medium organisations comprise most of the NSW sample, perhaps reflecting that more of these sized organisations were keen to share their insights about innovative practices. The majority of organisations participating in SUT interviews were medium sized organisations keen to share their insights into innovation in their sector.

Therefore, there are some sampling biases, with WA's sample skewing towards larger organisations, NSW's towards small and medium, and Victoria's towards enthusiastic medium-sized organisations. Collectively, this represents a reasonably-sized, diverse national sample; however, it must be noted that the results presented in this report may not reflect the experiences of all organisations of a given size or sector.

Table 1 Identifiers and descriptions of participating organisations by sector and size, Western Australia

WESTERN AUSTRALIA			
	<i>Org ID</i>	<i>Org Size</i>	<i>Organisation Description</i>
AGED CARE	WA1	n/a – private org	Provider of community-based aged care to culturally and linguistically diverse older people through day centre and in-home care models.
	WA2	Large	Provider of community-based aged care and disability services, through in-home support and a day centre.
	WA3	n/a – private org	Primarily residential aged care provider, with some in-home services offered. Clients have mostly high, complex needs.
	WA4	Large	Exclusively residential aged care provider. Clients have mostly high, complex needs.
	WA5	Large	Provider of community-based aged care services, focused on cultural and linguistically diverse clients.
DISABILITY SERVICES	WA6	Small	Small sporting organisation for people with disability of varying athletic aspirations (casual to international competition).
	WA7	Large	Provider of home modifications and assistive technology for people with disability and older people through NDIS, state and federal funding programs, and private funding.
	WA8	Large	Provider of community-based disability services and aged care, with a strong focus on client-led service provision.
EMERGENCY RELIEF	WA9	Large	Provider of homelessness and emergency relief services, typically through a drop-in service model
	WA10	Large	Large organisation offering a variety of services including emergency relief. Financial counselling was the primary focus of the interview.
	WA11	Large	Large organisation offering emergency relief and advocacy, particularly for migrants and refugees

Table 2 Identifiers and descriptions of participating organisations by sector and size, New South Wales

NEW SOUTH WALES			
	<i>Org ID</i>	<i>Org Size</i>	<i>Organisation Description</i>
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.



Table 3 Identifiers and descriptions of participating organisations by sector and size, Victoria

VICTORIA			
	<i>Org ID</i>	<i>Org Size</i>	<i>Organisation Description</i>
DISABILITY	VIC1	Medium	Provider of learning, physical activity and health services to people with a disability.
	VIC2	Medium	Provider of tailored and in-home support to people with disability and also people in aged care.
	VIC3	Small	A small not for profit organisation providing education, mentoring and advice to promote social inclusion of people with a disability.
	VIC4	Medium	Providing capacity building, education and advocacy support to people with a disability.
AGE CARE	VIC5	Small	Matching care and support workers and other health professionals with people who need care and support for independent living (aged care/disability services).
	VIC6	Large	A large organisation providing a range of services, including independent living, employment and community connection support, to people in aged care.
	VIC7	Medium	Providing a range of tailored services to community members, including at home care, respite, education and community engagement.
EMERGENCY RELIEF	VIC8	Medium	Provider of culturally diverse range of emergency relief services, including food relief, testing for COVID-19, financial assistance, typically through a drop-in service model, especially for young people.
	VIC9	Small	A small organisation offering a variety of services to women, including literacy and numeracy coaching, education, employment and career advice.
	VIC10	Large	Large organisation offering support services and advocacy to young people and families to support community participation.
	VIC11	Large	A Large organisation providing emergency relief resources (i.e. food, financial and housing support) to a broad segment of the population.

5. COVID-19 AND IMPACTS ON ORGANISATIONS

This research was conducted over three states: Victoria, New South Wales and Western Australia. These states had substantially different COVID-19 experiences in terms of timing and duration of outbreaks and restrictions and, in turn, substantially different impacts on organisations. While this report seeks to present the findings that were common across the three states (see the state-based reports for the nuances of each state's experiences), it is still important to consider the COVID-19 context of each state when interpreting results. Accordingly, this section briefly overviews the COVID-19 situation in each state and the attendant impacts felt by participating organisations.

5.1 Victoria

From early 2020 Victorians were subject to snap lockdowns and accompanying social distancing protocols in response to local outbreaks of COVID-19. On March 9 2020, Victoria reported its first locally transmitted case of coronavirus, and in response Premier Daniel Andrews 'began to lay the groundwork for the road ahead, warning "extreme measures" were on the way' (Dunstan, 2021). These measures were aimed at inhibiting community transmission had huge impacts upon people's everyday routines and wellbeing, participation in the workforce, and the function of business. Greater Melbourne was one of the hardest hit locations, with people confined to their homes for long periods of time and, on some occasions, only permitted to leave the house for a short periods of time for exercise or essential supplies. Regional areas experienced lockdown periods of shorter duration. In August 2021, Victoria entered its sixth lockdown; restrictions were slowly eased in regional areas while Greater Melbourne was once again subject to a longer lockdown period which continues to unfold at the time of writing.

The Victorian Report provides insight into how service providers located in metropolitan Melbourne and the surrounding suburbs were able to continue operating during COVID-19 lockdowns. Interviews were conducted between December 2020 and February 2021, 5 months after Victorian COVID-19 lockdown 2 (July to October, 2020). The report finds that vulnerable communities were at an increased risk of financial insecurity, and both clients and staff experienced increased feelings of isolation which had negative effects on mental health and wellbeing. Staff also experienced high stress level due to increased workload and the organisational changes which took place over a short period of time in response to social distancing measures.

5.2 New South Wales

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.

The impacts of COVID-19 on NSW organisations who participated in the research are explored in detail in the NSW Report. In brief, majority of the organisations in NSW experienced increased demand for most services, adapted or innovated utilising technology in some form and most adapted their workplace culture, including shifting to flexible or remote working conditions.

5.3 Western Australia

Western Australia is well known to have had a very mild COVID-19 experience, with 'lockdown' conditions including regional border closures, restrictions to operation for certain businesses, and limits to face-to-face



gathering that were implemented in mid-March 2020 easing by mid-May. Schools were closed for only three weeks, and the state returned to almost pre-COVID-19 conditions by mid-June 2020 (Callis et al. 2020).

Western Australia has experienced three snap lockdowns in 2021, which have included mandatory mask wearing for the first time. Most interviews had occurred prior to the first 2021 lockdown, and all were completed prior to the second lockdown.

The impacts of COVID-19 on WA organisations who participated in the research are explored in detail in the WA Report. However, in brief, organisations experienced increased demand for many services and decreased demand for others; many organisations had to temporarily shut down face-to-face programs or services; and several organisations adjusted their staffing and processes to enable working from home and plan responses to the pandemic.

6. TYPES OF INNOVATION

Despite the very different COVID-19 experiences in each state, organisations in the three states had several commonalities in the ways in which they adapted to the pandemic. These innovations can be broadly categorised as: (1) new or expanded services, (2) modified service delivery, and (3) changes to organisational processes.

6.1 New or expanded services

The first way in which organisations innovated in response to COVID-19 was to introduce new services or expand their existing services to meet new or changing demand. Examining the new and expanded services across all three states, they can broadly be categorised into (1) food provision, (2) fostering social wellbeing, (3) information and communication, and (4) technology and technology support.

6.1.1 Food provision

Across sectors and states, the provision of food was a common area in which organisations started new services or expanded existing ones. Several organisations created or expanded meal delivery services during COVID-19. In addition to providing food of any type – which would have been appreciated given grocery shortages and difficulty getting to the store – consultation with people about what they actually needed, rather than delivering generic boxes of food, was a major element of food deliveries:

“We would usually have criteria for people’s eligibility to receive subsidised meals, but they wanted to support that for anyone. So it was Easter in 2020 and we put a call out... It was basically if you need food right now just give us a ring. So we doubled our meal delivery I think over that period.”

WA8, disability.

“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. 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.”

NSWI, aged care.

“First of all, they have their own cultural meals that they liked to make. And also, there was a bit of how, shall I put it, fear about eating stuff that was made outside the home during the COVID space, you know the pandemic. So, they said to us, “Look, we prefer if you give us food vouchers, we buy our own ingredients, and we cook our own food. We are at home anyway, we’re not going anywhere, we have plenty of time.” And yeah, so that’s the feedback we gave our funding bodies, don’t give us food, we want food vouchers and we will give them to the families. And that’s what we did, and that’s working well. And the food vouchers were also from places where – not just Coles or Woolworths, they were from like the food market, or the Bestway, or the halal butcher or something like that, because they needed to be culturally appropriate.”

VIC9, emergency relief.

It was common in residential aged care organisations to stagger meal services so that residents could still dine together while maintaining physical distancing. Several aged care organisations also provided grocery



shopping services to clients who were living in the community and were unable to, or tentative about, going to the grocery store:

“A lot of our clients were unable to go out and shop and get their groceries. So that was another service that we had where they didn’t have to even come in contact with the support worker. All they had to do was leave the list outside. We would organise and tell them what time the support worker was coming, they would leave the list outside, and then it will all get done for them.”

VIC2, aged care and disability.

“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.”

NSWI, aged care.

In response to shortages in grocery stores and difficulties in getting the grocery stores among both clients and staff, one aged care organisation started an ad-hoc ‘pantry’ service:

“If a client or a staff was running out of food because they were not able to go to shop, then actually we bought a lot of food here. Was like a pantry really, turned into a pantry”

WA5, aged care.

Closely related to the examples above, several organisations across sectors provided food hampers and vouchers as part of their pre-COVID-19 services and went to substantial lengths to ensure that these continued. This included: reducing food handling and offering takeaway meals, teaching clients to shop for groceries online, and delivering to clients instead of having them present to a central point:

“We were providing 5,200 clients their food parcels they needed. Clients that could not come and collect from the office, we had dedicated volunteers that were just delivering. Including when we went into the lockdown, the food security was one thing that was ongoing”

WAI1, emergency relief.

6.1.2 Fostering social wellbeing

Social isolation and stress were massive concerns for all populations during COVID-19, but particularly among marginalised and vulnerable people (Lee et al. 2021; Lin, 2020; Patel & Clark-Ginsberg, 2020). Accordingly, organisations across all three sectors, but particularly in the aged care and disability services sectors, dedicated significant effort to fostering the social wellbeing of their clients. Particularly common were exercise classes and activities to facilitate socialisation, fight boredom, and provide a sense of purpose. Several of these initiatives were undertaken digitally:

“We had digital Zumba, we had digital cooking classes, where we had a worker who was preparing food, and we had clients at home watching it on their tablets, doing exactly the same for themselves.”

WA2, aged care.

“Our coaches they got together and they did Zoom sessions. So they had four one hour Zoom sessions every week at different times so that a broad range of our swimmers were able to get onto Zoom....all the coaches were involved.”

WA6, disability.

CASE STUDY: PURPOSEFUL ENGAGEMENT FOR PEOPLE WITH DISABILITY WITH HIGH SUPPORT NEEDS (NSW EXAMPLE)

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 (NSWII, 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.



CLIENT BENEFITS

Clients benefited from the 'boredom busters' in that the deliberately inclusive nature of the activities meant that no one was left behind. The series of 'boredom busters' applied to those even with very high support needs, providing ideas and tools for staff to keep offering new and different activities throughout the otherwise disengaged and uninteresting days of lockdown.

On the other hand, in order to accommodate the needs and preferences of their clients and to combat screen fatigue, several organisations bucked the trend of 'going online' during COVID-19. Offline initiatives included the delivery of 'care packages' containing essential items and wellbeing activities such as arts and crafts and letter writing kits, including using the delivery itself as social time, the introduction of regular 'welfare checks' and social chats over the phone, and the dissemination of mindfulness and wellbeing exercises:

"Things like crosswords and word searches and knitting, like knitting packs or whatever their interest was, they [the consumer] were personalised to work at. So, if they were interested in, I don't know, cars, they might get a car magazine or something like that. They were tailored to each of the consumers that were interested in having them. So, individual activity packs and they were delivered to their houses."

VIC4, disability.

"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."

NSW10, disability.

"We rang them every day, so we had a calling system of calling every single client, every single day, to make sure that they were all okay."

WA2, aged care.

"We constantly communicated with our clients. So even though we weren't able to undertake home visits as we normally would ... we started undertaking welfare checks."

VIC2, aged care and disability.

CASE STUDY: FOSTERING SOCIAL WELLBEING THROUGH EXERCISE (VICTORIAN EXAMPLE)

Many organisations provided information about the importance of exercise and how to do exercise and maintain nutrition during the lockdown and restrictions. Aged Care organisations in particular were aware of the risks that the lockdown posed to their clients' physical and mental health via decreased physical and social mobility.

One organisation reported a higher incidence of people falling over: 'That's because they haven't gone out, they haven't done their walking, they don't walk to the supermarket or walk around the mall or go out for coffee, so they're sitting down, and then when they get up they fall' (VIC7). There were challenges in providing care and interventions. However, one organisation developed an elegant solution as part of funding they received specifically for physical exercise interventions:

"I ended up buying those mini bikes, these stationary bikes, you buy them from Kmart. I bought about 100, and we gave them all to our clients. So even when they're sitting at home they can use those bikes. ... I've ordered more, so 75 more should've come last month but they're coming next month. We're not just giving it to our clients. Anyone who's a senior, so staff here who have family members, they can take them. We don't need a register, it doesn't need to be our clients. Because the physios have said that they work, not better, but just as good as going into rehab, like going for a physio."

VIC7, aged care.

Funding can be a barrier to this type of innovation. In this case, the provision of bikes was facilitated by a government-funded project that the organisation was running prior to the COVID-19 pandemic.

This organisation's exercise program was enhanced by the use of digital technology to support other forms of exercise with activities run using Zoom:

CLIENT BENEFITS

"We do gardening, knitting, cooking and just general one-on-one talks. That is digital. A lot of things are digital. That's once a week... every day we put on a free exercise. Dancing, Zumba, line dancing, gentle exercise and Tai Chi. The same instructor every day for the week. The comments are, 'I look forward to this,' 'I don't do anything,' 'This is amazing.' You can just see with the comments, and through that we've made Zoom classes."

VIC7, aged care.



CASE STUDY: THE WELFARE CHECK (WA EXAMPLE)

Many non-residential aged care services rely on face-to-face engagement, often through activities held at day centres. Part of the service often involves sending a bus out to collect clients in the morning to bring them to the day centre. COVID-19 meant that both of these avenues for client engagement with services and with each other were closed. This left organisations very worried about their clients without the 'natural' check in that comes with attending a day centre a few times per week. This led several organisations to proactively engage in outreach, not only to see if clients needed services, but to take a moment to check in on their social and emotional wellbeing and let them know that people were thinking of them and were there for them.

An isolated cohort

One organisation that caters to culturally and linguistically diverse older people was cognisant that the many, often traumatic experiences that their clients had lived through before coming to Australia, as well as current experiences of family conflict and difficult living circumstances placed them at risk of social isolation and poor wellbeing.

"We all agreed that it is important that to deliver the message to our old folks that you are not alone, you know, you are not alone, don't be afraid. And because through understanding of their need and all that, and the behaviour... so suddenly all the centre services, the majority of the centre services, has been stopped, you know, they can't come because of COVID and all that, so we had to plan what we do with this one."

WAI, aged care.

To maintain connection with clients and help mitigate their isolation and feelings of loneliness, the organisation established a call centre in the day centre that was closed during COVID-19. The call centre was dedicated to checking in on clients. Doing so was quite a logistical task for the organisation, as staff and volunteers had to be matched according to clients' language preferences and staff/volunteers' language proficiency, and calls could be lengthy.

"We have been making almost 1200 calls through our staff, you know, helping with our staff, our volunteers help, you know, we make call to them and in general we just see how they go, whether they're okay, just like really a general welfare check, "Everything okay?", you know, "How are you?", and all that stuff, and just we have a chit chat with them so they know that they're not so lonely. And so some of the calls they can last up to half an hour. So all that, you know, it is quite hard on us because we have to make sure that we choose the staff who speak the language. So you can see all the logistics and all the rearrangement and all that, this is quite a lot of work."

WAI, aged care.

From ad-hoc to formalised

Though quite a large undertaking, the welfare checks started as an ad-hoc response to general isolation and loneliness among clients. However, the organisation quickly adapted and developed a structure for the calls and began to monitor particular areas of people's wellbeing, over time.

"We started to confine and to define what is the aspect of the call we have to touch on when we make the call. So we have five dimensions which we are looking into. So our staff and our volunteers when they make the call they have to base on that. So I would say one is their physical health, mental health, their support network, their material wellbeing, their access through technology and internet. So these are the five domains which we have put that in clearly and we capture that all in our database into a more sophisticated way which we want to analyse the impact of this COVID on our clients."

WAI, aged care.

Volunteer-driven, but not viable forever

While staff were able to undertake the welfare checks while the day centre was closed, when it re-opened, their capacity was limited. This means that the more formalised welfare check program was completely dependent on volunteers, which the organisation noted was not feasible, long-term.

“we have to decide because we can only use volunteers, there's no funding or grant or whatever, but there is a need we can see.”

WAI, aged care.

CLIENT BENEFITS

The organisation undertook several initiatives to keep clients informed, included and well. However, the outreach to let people know that they were not alone were viewed by the organisation as the most important actions and outcomes. The ad-hoc process identified an ongoing need among clients, beyond COVID-19, that the organisation will try to continue beyond COVID-19.

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 organisations' 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 the community, some in-home support workers for aged care clients – the only staff still able to enter people's homes – were tasked with helping clients use technology to talk with family and friends, especially where the client was not able to operate the technology independently. This was an extension of the worker's usual role, but drew on the fact that they were often the only people allowed to be present in people's homes.

The effects of social distancing protocol were so dire in some circumstances that one organisation described an informal process of pooling staff resources to support clients to visit or communicate with family living in other countries:

“Some have lost relatives overseas and were grieving, and were not able to travel and be with their extended family. Some had relatives who were in high levels of distress overseas, and we needed to do – rally together to see how we can raise money and send them to various families, even overseas who were suffering. So, we sort of – When you face these sorts of things, like you think oh gee, we're doing very well in Australia, but in other countries the situation was much, much worse.”

VIC9, emergency relief.



6.1.3 Information and communication

Unsurprisingly given the high level of uncertainty brought about by COVID-19, communication of relevant information to clients (and their families) and staff was a common area of innovation. Increased internal and external communication occurred for almost all organisations, particularly to convey public health information and operational changes for services.

“And a lot of communication with the families. There was, you know, several per week and during the height of it, there was almost daily contact with the families, telling them what they could do and what they couldn’t do. How their relatives were being looked after, etc.”

WA4, aged care.

“The first part [of the newsletter] for the old folks they know what is happening, talking about what’s happening with Australia, within Australia, within WA, how we go, what it is the government’s ruling and all that so they are aware of that. The second part, actually it is what [service] is doing during this period of the time.”

WAI, aged care.

“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.

“... to get trust again, we brought in our volunteers or our casual support workers, into the office or at home online, who could speak the language, and they would call up, and over time gain that trust. Then our volunteers would go back, go see them. Or once the restrictions ease a little bit, just be like, “Hey, maybe we’ll come over for a coffee. We can social distance if you want,” and that’s how we gain the trust. With the masks, when I say some, it’s probably like three or four out of 700 clients, who refused it. We’d have to just say, “Look, this is it. We can’t go behind the restrictions, the regulations,” and then we would discuss it with their family member and then, over time, they would. Because we’d send the same care support worker in.”

VIC7, aged care.

While increased communication represented a change for organisations that was necessary for continued effective operation, which indeed required organisational resources; there were several nuances around the means of communication that reinforced communication as a theme of innovation. For example, some organisations produced short videos that were emailed to clients and posted on social media, many organisations started newsletters and/or bulletins that were mailed or emailed to clients, one organisation set up a Google Meet room that was open during business hours for staff (and clients, by invitation), and one organisation started a text-messaging bulletin.

In addition, some organisations reflected on the information overload that was common during COVID-19 and assessed the necessity of communication, and adjusted the frequency and size of communication accordingly:

“So, we started to disseminate a lot of that down into little bite size, you know, two or three lines at a time, so that it was more easily absorbed, it wasn’t quite as threatening, it wasn’t making people fearful. So, you know, it was just – we were trying to sort of balance everything, and bring a sense of normality to what we were doing.”

WA2, aged care.

“At the beginning with this newsletter, updated newsletter, we send out twice a week at the beginning at the height of COVID...and then later we have it once a week, and later further we have it fortnightly...”

WAI, aged care.

Other organisations sought to address and adjust rhetoric circulating in the public about their clients and about social distancing:

“A lot of the things that people said about elderly people during the pandemic, it’s about they are very vulnerable and so forth and maybe physically they are, but they are also resilient. Especially our clients who are refugees of the second world war and the communism. ...They went through much worse than lockdown in the pandemic. So my CEO really highlighted that and said, ‘Look, we will look after you. We will keep you safe. But we also rely on your wisdom and resilience because we have not done this before.’”

WA5, aged care.

“We really didn’t like the phrase ‘social distancing’ because we’re very much a human connection organisation...So we had an email banner... about physical distancing, human connection.”

WA8, disability.

Accessibility of information was a significant issue that organisations sought to address. For example, an important gap in the availability of COVID-19 information in different languages was noticed by organisations who service culturally and linguistically diverse people. These organisations utilised the skills of their multilingual staff to rapidly translate and/or develop and disseminate important information to their clients:

“In WA we actually marshalled our own internal staff’s amazing language repository. We had our information sheets about our COVID program translated into eight different languages. I’m pretty safe to say that in WA we were the first agency to translate any resources, I think even probably before government.”

WAI1, emergency relief.

“Because there was a lot of confusion among many clients, because the information was there but most of the information was in English and the clients were getting information from different places and they were sometimes even conflicting information. So there were needs and we decided to go up on newsletters in their own language.”

NSW3, aged care.

“we make sure that we have that done in three languages, it is English, Chinese, as well as Vietnamese. So to make sure that they know and they understand what it is and the language side, we have to look after that.”

WAI, aged care.

“The other thing that’s worth pointing out is in that communication, it’s both written and verbal so we need to recognise that in these communities, particularly those that have come as refugees or asylum-seekers, the level of education varies as well. So, just because you’ve translated it, one, whether you’ve translated it accurately or not and then two, it may be that the literacy levels differ and so you need to be able to provide very simple explanations, whether it’s using pictures but also having the ability to have people in communities that people trust. So the other element I would also highlight is we work with people who we know may have a lack of trust in authority, just given their experiences in other countries, and so we are looking to navigate, ... who delivers the message can be just as important as how.”

VIC11, emergency relief.



CASE STUDY: A CULTURALLY RESPONSIVE MODEL (NSW EXAMPLE)

What does a culturally responsive 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 decided to embed a culturally responsive model in their service adaptations. They did this in two innovative ways: (1) Creating and publishing an interactive fortnightly newsletter in multiple languages (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 being 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 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 is 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."

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.

“We started collating some of the resources that were more useful, informing each other of the responses from Health. Just started doing a load of outreach, putting it through our communications, popping them on our website and sharing them.”

NSW7, disability.

“We were also creating social stories and making that available to teams and we had posters that were there.”*

NSW10, disability.

*Accessible format for people with intellectual disability or autism.

6.1.4 Technology and technology support

Naturally, not all clients were adept at technology use, so an area of innovation related to online initiatives was offering help and support for clients to use technology. For some organisations, this involved acquiring and providing technology for clients. For some emergency relief organisations this involved providing mobile phones and credit through Specialist Homelessness Services and other funds:

“Also, some of our young people don’t have access to the internet or don’t have phones or those sorts of things. I think we managed to get some funding from ... either DHHS at the time or DOJ to allocate out some phones so that young people could engage with services. I think we had 30 or 40 of those.”

VIC10, emergency relief.

Some aged care and disability services organisations acquired tablets and devices. For example:

“A lot of clients that had never previously had tablets, or used that consumer portal, during COVID, migrated to that portal, so with the help of Apple, we offered them iPads to be able to do that, and we offered them training on how to be able to do that, so that they could basically manage and control their own services, for themselves.”

WA2, aged care.

“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.

“Other thing we really started looking at was – very quickly, we developed and put together care bundles ... In Victoria and in New South Wales, we worked very, very quickly and we placed orders for iPads and we scaled up our staff around training...”

[the] bundle which would provide our clients with an iPad, with all set up, everything organised for them for someone to go [in], and also for them to be trained. So we also put them [clients] through training as well. So it wasn’t just a device that we gave them that would end up in the bottom drawer because they don’t know how to use it ... it’s set up for success and it’s actually helping them.”

VIC2, aged care and disability.

Common across organisations was support for using devices and virtual services:

“We had an outreach service where if that was needed, just to help clients that could not submit their applications [for emergency relief] through the portal.”

WA11, emergency relief.



"We sent out our support staff to teach the seniors how to do video conferencing every single week for two weeks, they had like a hardcore Zoom training by our staff. And by the second, third week, they actually booked a Zoom meeting and they actually had one and it was such a big thing in the office."

WA5, aged care.

"[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.

"... altogether we were able to distribute 90 laptops and computers to [clients]. Part of the funding was also to fund an IT helpdesk person to go and – We had to deliver the laptop to each woman, show her how to use the computer, show her how to use Zoom, and give her quite a bit of a tutorial on that. And we also – Some of them didn't have access to internet."

VIC9, emergency relief.

Support for using devices and technology lessons in general were as important – if not, in many cases, more important – than providing the devices themselves. In some cases, existing support worker staff in aged and disability care were tasked with providing this kind of support in addition to their usual roles, whereas at least three organisations specialised in providing a suite of such lessons to clients, including seniors. These organisations (and others) focused on 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. Notably, across the organisations, technology was used for a range of service functions, including fostering social wellbeing and social connections, as discussed earlier, but also for telehealth and service assessments.

6.2 Modified service delivery

Another way in which organisations innovated during COVID-19 was by modifying their service delivery. These innovations can be broadly categorised into maintaining face-to-face contact, 'going online', and phone-based services like 'tele-health'.

6.2.1 Maintaining face-to-face contact

Many services offered by the organisations interviewed, particularly those in the aged care and disability services sectors, require in-person contact. Therefore, a significant area of innovation was modifying the way in which services were delivered face-to-face in order to maintain service delivery and adhere to COVID-19 restrictions and guidelines. These included simple things such as having support workers sit outside for visits that did not require physical contact, offering outreach and/or delivery instead of agency-based service delivery, and more involved methods of identifying needs and arranging visits.

"People taking their garden chair and putting a garden chair in the front garden with the door open and the people were sitting in their front door. So it was quite creative kind of human interaction."

WA8, disability.

"It [the piece of paper] had a smiley face on the green side, and it had a frown face on the red side, and that was for people to put in their windows of their homes. And what we did was, we had some volunteers, and some of our staff, drive by those houses every day, and have a look at the face in the window, and if the face in the window was green, we knew the client was okay. If the face in the window was red, the worker would stop, make a call to the office, the customer support team would ring the client and say, hey, you've got your red face up today, what's the matter? What can we help you with? The client would say, I've run out of milk,

I have no bread, I need to go to the chemist, I'm not feeling well, or whatever it was, and then, the worker would be there, with PPE, to be able to assist them if needed. So, it was a way of us being able to give the clients confidence that the worker didn't have to go into their home, unless they wanted them in their home, but if they did want them in their home, then they could tell us what they actually wanted them to do, before they went in there. It also enabled, for those who were a little bit fearful of the workers going in, for us to tell the client to go to a different room."

WA2, aged care.

"Before, you couldn't go, our volunteers and support workers would go to the window and have a talk once a week with our vulnerable clients. They wouldn't go in, but they had this talk, and they looked forward to it. We paid for them to bring their own coffee, so they would sit with their coffee, and the clients would have their own coffee, through the barrier of the window, and that's how they – once a week. Our clients really enjoyed that. And in their languages. We partnered them up."

VIC9, emergency relief.

"We also, not everyone wanted to go online which was a challenge in itself, lots of people wanted to just stay in the hub. So we chose to do a partial closure where we did a rotation, so everyone had a turn, if they opted in, had a turn once a fortnight of coming into the hub for practical work experience. Then other than that they would be online with us on their normal working days."

NSW9, disability.



CASE STUDY: MAINTAINING FACE-TO-FACE THROUGH 'PODS' (VICTORIAN EXAMPLE)

Shortly after the lockdown when restrictions were eased, one Disability Services organisation described being able to continue face-to-face training and education, but in smaller groups or 'Pods'. These were small groups that meet physically on a regular basis, but designed to mitigate the risk of community transmission. This change in the way face-to-face services are provided limited the risk of community transmission by shrinking contact to smaller groups. The organisation explains:

... so we set up the pods and then within the pods, there's say, eight clients and two staff and then we would always put in extra staff in each pod just in case someone was away or anything else so it ended up being three staff in each pod and then we worked out - say, it's a room at council that they've given us, we measured the space out and went, "Okay, table there, table there, table there."
VICI, disability.

The Disability Services Organisation also began to offer exercise options like Zumba or yoga in Pods. Space can normally be an issue for these types of activities, however in this case, the local council facilitated the innovation by providing a physical space for the pods.

Tailored service delivery

As a result of the individualised focus enabled by online tools and the arrangement of smaller groups via Pods, the organisation was able to offer even more tailored service delivery:

CLIENT BENEFITS

"What we actually found is so many of our participants blossomed in the smaller pod environment and our staff really got to know those people and what to do to motivate them and encourage them to learn and do other things ... that, to us has shown us that as we've grown and got bigger, we might've lost that a little bit so we want to be able to keep that as things go on."

"We'll keep doing that as well. We've never really wanted to be a one-on-one service ... but I think what we've found over time is because the participants know the staff and the families trust us and things like that, if we're offering something, they'll take it up but if it's another organisation, they're not interested in it or they'd only be interested in it if one of the [organisation] staff was working for that organisation. So, it's one of those things, we ended up finding out that a number of our families were underserved, not because there weren't services out there, it's because they don't trust or don't have a relationship with that service. So, when one-on-one opportunities are being offered by [this organisation], they took it up."
VICI, disability.

It is also important to note the flexibility that support workers took on with respect to their roles. For example, if a client needed help with information and communications technology, or needed social support or exercise (e.g. they wanted to go for a walk or just needed to sit down and have a tea or coffee with someone), workers would take that on in addition to their personal care and in-home assistance duties.

6.2.2 'Going online'

Going online was the other way in which organisations modified their service delivery in response to COVID-19. In addition to the aforementioned online classes (e.g. exercise, cooking, and art) and social activities, many organisations took some elements of service delivery online. Some examples of online and other tech-based services include:

- E-cards/vouchers for supermarkets (to replace home deliveries of groceries).
- An online bank transfer portal for emergency relief payments.
- 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.

"We did an online program of events so people could register for those online events instead ... There's a mental health online hub. We offered daily meditation sessions. So many significant wellbeing initiatives and support."

VIC6, aged care.

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

"Also we would send out a workbook; not for all webinars, but for at least 50% where people just had time to work through a question in their workbook. So what they'd go away with at the end of the session is a bit of a plan of what they're going to do, really. And they've done some thinking around some key questions that relate to them only, really. So for example, we run a few workshops on circles of support, so there were questions like in the workbook about "list your values. List the purpose of the circle. What are you asking people to come together to help you with? and, what would the ideal circle meeting look like?", and then listing who you might invite that match those things, so that people actually go away with a bit of a plan of who they might invite to their circle of support."

VIC3, disability.

Most organisations described using a range of different online and other tech-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, Microsoft Teams, Skype for Business, Google Meet and organisations' dedicated software 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.

6.2.3 Phone-based services

COVID-19 also saw an uptake in the use of the telephone to facilitate service delivery. 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 participants explained:

"In terms of the work we have been doing ... with Teams we've been able to offer Telehealth and also phone service as well, and that wasn't something that we were offering prior to the pandemic, so it was very much pandemic-led. Having said that, it was something that was on the cards but we had to speed that agenda up quite significantly."

VIC10, emergency relief.



“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.

Another emergency relief organisation, in partnership with several other organisations, developed a centralised phone assessment and referral service:

“So what it is, is a centralised 1800 number that services the whole state, but anyone who is experiencing immediate crisis and struggling to put food on the table and keep a roof over their head is eligible to call this number. There is an assessment process, we tend to only do a full support service once for people. This isn't a repeat service, because the purpose for us is to connect them through to their local supports, where they're available. If they're not available, there's no way for them to get emergency relief, then we take that on board and we can do that.”

WA10, emergency relief.

In other cases in disability and aged care, phone-based services were preferred because of access requirements, such as vision impairment or dementia. In addition, in some residential aged care organisations, the phone was used to schedule visits (virtual or otherwise) with relatives. The use of intensive phone-based services was new for many organisations as most had prioritised face-to-face services prior to COVID-19.

6.3 Changes to organisational processes

Another area in which organisations innovated in response to COVID-19 was through changes to organisational processes. Many of these were brought about by necessity, but several organisations were proactive and others used the required adaptations as a springboard for further innovation. Changes to organisational processes fell into the themes of (1) working remotely, (2) reducing bureaucracy, (3) re-deploying, repurposing and rescheduling staff, and (4) supporting staff.

6.3.1 Working remotely

As was common across industries, the COVID-19 pandemic saw a shift to working remotely for many functions of disability, aged care and emergency relief organisations. The shift to remote working was a new practice in many of the organisations included in the research. Some organisations had remote working procedures in place prior to the pandemic, but many did 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.

“COVID was actually really helpful for us because it decamped people that we would never have been – well I wouldn't say never. It would have been very hard – big change management, big resistance, to decamp and we were like great, we don't have to take responsibility for that decamping. So we closed the [suburb] office after COVID very quickly actually because we were keen to get out of that office anyway at some point. We were like let's seize this opportunity.”

WA8, disability.

Rapid adaptations to working at home gave rise to Work Health and Safety concerns and whether or not staff had the necessary equipment to work at home:

“Obviously having to ensure that people were well equipped to set up and do their work from home was also another challenge so from a WHS perspective do they actually have the home setup right? Another issue I would call out is there are some people who work with [organisation] who may be working in communities as I was mentioning before and it may not be appropriate for them to be working from home because their setup is simply not like what you and I might have in metropolitan cities, it might be a whole family of people that are living at home and they’re needing that space to work.”

VIC11, emergency relief.

Notably, organisations mentioned coming to appreciate the benefits of remote work for their workforce more generally, for example, reducing time spent travelling to meetings or better including staff members at satellite sites.

6.3.2 Reducing bureaucracy

The quick onset and rapidly changing nature of COVID-19 meant that organisations had to be agile in order to maintain support of clients.

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.

Other organisations spoke about providing employees with decision-making frameworks or principles and empowering and encouraging them to make decisions aligned with those, rather than requiring them to engage in a hierarchical approval process.

6.3.3 Re-deploying, repurposing and rescheduling staff

Changes to demand and changes to client and organisational need led to innovation around staffing and personnel. 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; 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.

Other organisations talked about making contractors employees of the organisation so that they could continue to work; introducing staggered rosters so that fewer people would be in the office at any given time and/or so teams did not interact (to minimise infection risk); and increasing the amount of hours that employees were working to minimise their need for additional employment that may place them at higher risk of infection.

Provision of personal protective equipment (PPE) and training around how to use it was a common theme in organisations that maintained face-to-face service delivery. Some organisations hired infection control specialists and others had staff from clinical teams train the other staff on the correct use of PPE. Several



other organisations supported staff to undertake COVID-19 training that was required for their role, such as Commonwealth aged care and disability training and training on child protection during COVID-19.

6.3.4 Supporting staff

In light of the increased stress placed on staff and the loss of in-person coffees, debriefing sessions and check-ins, several innovations during COVID-19 related to supporting staff. This is important to note as it reflects organisations' priorities and actions during COVID-19, and because staff were essential for the other innovations that organisations have undertaken.

"We said from day one and it was consistently messaged by our CEO all the way down, was that 'you come first. Work comes second. We will work it out together and you're fully supported. Your needs come first'. And we're consistent in that message. So, whatever our staff needed, we delivered. We gave them that option. Whatever they needed to be able to work from home, we supported them to do it. Sometimes that meant they went into the office and just totally stripped it bare from all cords, tables, chairs, whatever they needed to have their homes set up; us paying for their personal mobile bills if they couldn't get a work mobile quick enough. Whatever it is that they needed, we organised it."

VIC6, aged care.

"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."

NSWI, aged care.

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. For example, in New South Wales, providers variously referred to "really regular catch ups", "catch up time as a team", "a connection point for workers to connect with each other", "really regular encouragements", "substantive time interacting", "check in with our colleagues and volunteers", "informal supporting", "constant monitoring process from us supporting, encouraging" and "we increased our level of communication with the team." Innovations related to supporting staff included the aforementioned efforts to facilitate working from home, as well as teambuilding and social support activities, such as virtual coffees, after-work drinks and trivia nights.

7. FACILITATORS OF INNOVATION

Several factors facilitated the innovations undertaken by organisations. These factors related to funding, technology, staff and volunteers, and relationships.

7.1 Funding

Across all organisations, and all sectors, funding was a major facilitator of innovation during the COVID-19 crisis. Several organisations in the disability and emergency relief sectors mentioned receiving extra funding during the pandemic, which was a key facilitator of their work. For example, two Victorian Emergency Relief organisations received funding that enabled them to hire more staff and acquire IT equipment for client use. 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 of the benefits of that additional funding was giving us the discretion to support where we needed to support clients. The DSS was one support but obviously people had a lot of different needs. They could [be] housing, medical needs, transport, food – a lot of other things. So this additional injection kind of gave us the discretion of where we wanted to support clients or what we needed to support them, because they had so many different needs.”

WAI1, emergency relief.

“JobKeeper is really interesting. I looked at the financial docs just a couple of weeks ago and essentially, JobKeeper has kept us afloat. No great surprise there, it's kept many businesses and organisations afloat so what that allowed us to do is it allowed us to pretty much do the service that we needed to for our participants without worrying about ratios and whether we can make it affordable and how we make it work and that kind of stuff, so that allowed that to happen. So, what we need is for that to continue until life is back to normal and if Victoria goes through a third wave, we need that to continue. So, it's allowed us to do a little bit better than breaking even which is good because we're able to reinvest or get a new venue and all that kind of stuff so that's been really important for us.”

VIC1, disability.

One NSW aged care organisation also mentioned gaining access to extra charitable donations, which benefited their work.

“The funding body was very generous, in as much as it did very quickly give extra funding to provide internet and phones to people that didn't have them, or laptops if necessarily, to try and bridge the gap of people who are actually homeless, or in crisis accommodation, and had no way of staying in touch.”

NSW12, emergency relief.

Many aged care and disability services had to absorb the initial costs of continuing support for their clients during the COVID-19 crisis, and did so on the belief that they would be reimbursed by the local and federal government. One council funded organisation described being burdened by a large initial outlay to provide services:

“This one because it wasn't a natural disaster, because it was a pandemic, there was no support financially for councils to deliver on the service. So whatever food provisions that we gave to our community members, whatever ratepayer deductions that we made, all of those things the cost had to borne by council ourselves. So it's been a huge financial impact on the business we do.”

VIC8, emergency relief.

Fortunately, for many organisations, federal support became available through the provision of additional funding and bonuses for maintaining support during COVID-19:



“Until the Commonwealth came to the table, and agreed to provide additional funding for Commonwealth Home Support, we were basically looking after these people out of our reserves, on the assumption, rightly or wrongly, that the government would eventually come to the party, and would help us, by giving us additional funding.”

WA2, aged care.

In addition to extra funding, flexibility in funding and on the part of funders was a substantial facilitator of innovation:

“Our funding contracts really helped out because they were really – as long as you’re attempting to do something with the customer base, they were totally flexible which was really, really good. They said “look we’re not going to determine what is or isn’t appropriate. We’ll let you decide that.” It was great. It was actually very pragmatic which you don’t often see from State and Commonwealth Government.”

WA8, disability.

“Department of Communities has been significantly supportive. The fact that, in a very quick turnaround, they’ve approved the variations for grants agreement.”

WA10, emergency relief.

7.2 Technology

As expected, technological infrastructure was a significant facilitator of innovations in response to COVID-19. As mentioned earlier, the ability of organisations to obtain devices for clients was a big facilitator of the offering of selected activities (e.g. cooking classes, art classes) online, and access to online platforms such as Zoom, Skype for Business, Microsoft Teams, and Google meet facilitated activities to support both staff and clients.

Pre-existing technological infrastructure was a significant facilitator of remote working:

“Technology was such a big thing. So organisations that had in-house IT support and more investment in that IT infrastructure were better able to quickly transition into a remote working environment.”

WA10, emergency relief.

“Doing customer management system, Office 365 and it’s eight by eight or 8x8 is the cloud-based phone system. Those three weren’t all done simultaneously but they had all been done when COVID hit and they enabled us to really easily decamp and have people working from home.”

WA8, disability.

“One of the things that we’d done last year, was that we’d moved to 365 cloud, which made it a lot easier for all of my staff to be able to access everything from everywhere, or anywhere.”

WA2, aged care.

“We were really lucky that we were already in the process of developing an online learning platform so we just had to speed that up... when COVID hit we were like okay we need to speed it up let’s get it live, let’s get going.”

NSW9, disability.

Similarly, existing project management, customer relationship management, and customer payment portals greatly facilitated continuity and scaling up of service during the COVID-19 crisis. For example, WA11 had an existing online application and payment portal for seeking emergency relief available to clients in particular circumstances. When COVID-19 meant that most applications for and provision of emergency relief now had to be done online, the existing portal was scaled up and eligibility criteria for its use were removed, allowing for a much quicker and easier transition than having to build a portal from scratch. In NSW, e-vouchers were already in place in an organisation to help clients during the bushfire crisis in the early part of 2020. Clients were able to make purchases using the voucher in their local store without the need to go to the office to

collect them. When COVID-9 crisis hit, the demand for e-vouchers increased significantly which led to the organisation strengthening its internal processes and mechanisms around the e-voucher usage.

“We were already working with e-vouchers and knew that it was really beneficial for people and the speed that you could do that with was what we loved. We had to work out our processes in the back to make the accountability around that work and to make sure that everything was above board.”

NSW1, aged care.

7.3 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. In several cases, the ideas, creativity and initiative of individual staff were key. For example, WA6 had to shut down its activities as they were all face-to-face and non-essential under the government restrictions. However, one of the coaches had the idea to develop online exercise classes and social catch ups and created a roster for her and the other coaches to bring that to fruition. This approach was taken by many other organisations in our study. Other examples include the following:

“We find that our staff is so creative... during this time our staff, our volunteers, all come together, especially our staff, we create our own amateur video.”

WAI, aged care.

“It was so inspirational what I heard from my colleagues... We revealed who we are. We revealed how creative, flexible, and how empathetic we are because we helped anyone and everyone who contacted us and were able to help them ... We did it.”

WA5, aged care.

In NSW, an organisation found innovative methods of recruiting people while creating an inclusive culture. As a result of government support provided through the “Working for Victoria” initiative, the organisation was able to employ staff who had lived experience of being a refugee or asylum seeker.

“..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 organization.”

NSW13, emergency relief.

Staff skills were highly valued, with many organisations having staff work across teams to apply their skills to where they were needed (e.g. clinical teams providing PPE training; teams whose service had lower demand moving to services with higher demand). In addition, particularly among aged care organisations, staff being willing and able to continue to come to work despite an increased risk to their own health, was crucial to being able to continue services. Bilingual capacity and counselling skills were particularly singled out as beneficial staff qualities.



CASE STUDY: SMALL BUT MIGHTY, WITH THE RIGHT PEOPLE (WA EXAMPLE)

The COVID-19 crisis saw a range of activities taken online by organisations, such as work, social groups, and activities such as art, cooking and exercise classes. In all cases, this required resources – technological infrastructure and staff and/or volunteer time to organise and run the classes. In many organisations, staff were seconded or redeployed from business areas that were experiencing lower demand or were less critical during COVID-19.

In one very small WA organisation in the disability sector, the only staff are swimming coaches who were unable to run swimming sessions due to COVID-19 restrictions. This significantly restricted the organisation's ability to achieve its mission of helping each swimmer reach their potential, in a socially positive environment. However, rather than throw in the towel, the coaches started running 'dry land' exercise classes online.

Staff-driven

The online exercise classes were entirely driven by the creativity and commitment of the staff. One coach came up with the idea, engaged the other coaches, and ensured that the class schedule included variety in terms of class content and who was teaching it, and that classes were available at various times so that swimmers with other commitments such as work could attend.

"To the credit of our coaches they got together and they did Zoom sessions. So they had four one hour Zoom sessions every week at different times so that a broad range of our swimmers were able to get onto Zoom. But the coaches – the head coach was very good. She mixed it up so that it wasn't just the same couple of coaches doing it; all the coaches were involved. One would do the warm up, one would take the main exercise and that same one – the first person would then do the cool down, and then they'd have a chat. So that kept our squad swimmers connected."

WA6, disability.

In identifying the key facilitators of this innovation, the interviewee noted that it was the swim coach's personality that drove it, but the instrumental support of Job Keeper is what allowed coaches to participate.

"I think it was her personality, yeah. She actually works for Down's Syndrome Association as well in a part time capacity. So she's very thoughtful in terms of keeping the squads together. It was also a way – because we were eligible for Job Keeper so all of our squad coaches received Job Keeper. So it was sort of – it's not a justification, but a use of that funding as well."

WA6, disability.

CLIENT BENEFITS

Around 30% of the full cohort of swimmers attended the online exercise classes. The online classes always concluded with an opportunity to socialise, which was heartily taken up by swimmers. The interviewee believed that the existing community and the online classes meant that social networks were maintained during COVID-19. In fact, during the entire COVID-19 period, the organisation only lost one swimmer:

"the fact that a lot of our swimmers are interlinked; socially interlinked and socially comfortable with each other that that – those networks were maintained."

WA6, disability.

Organisations were able to support their staff by investing in staff needs, not only to set up an at-home office, but to support mental and physical wellbeing:

“Lots of engagement with the staff to find out what they wanted, what they needed. They organised and funded Spring Day, an app that accessed a whole heap of wellbeing resources for everyone. We got a free wellbeing day, an extra leave day, that we could take when we needed to. We had complete flexibility in when we worked and how we worked, so long as we did the work, and that was the approach we took with everyone.”

VIC6, aged care.

Several organisations also mentioned volunteers offering input during the crisis, which allowed them to provide a significant amount of additional support to clients. One organisation describes the importance of their volunteers who had established relationships in their local area that facilitated service provision:

“[we were] able to provide some services there critical to emergency services only because we happened to be in our approach place-based so we had staff and volunteers who were already in that community. So rather than needing to send people in we already had people in there which gave us that opportunity.”

VIC11, emergency relief.

7.4 Relationships

Relationships with clients and their families also facilitated innovation by providing understanding about and support of the changes made by organisations, as well as providing insight into the different needs faced by clients and the broader community.

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:

“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.

In other cases, families were living with the person, supporting them to use technology. 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. One organisation felt that it was their relationships with clients that enabled them to continue offering services (on a modified basis, one-to-one instead of group):

“We've never really wanted to be a one-on-one service and things like that but I think what we've found over time is because the participants know the staff and the families trust us and things like that, if we're offering something, they'll take it up but if it's another organisation, they're not interested in it or they'd only be interested in it if one of the [organisation] staff was working for that organisation.”

VIC1, disability.

Similarly, several residential aged care organisations reported that the overwhelming majority of families were understanding and accommodating of visitor restrictions. In addition, some organisations reported that clients who were seeking support were very understanding about staff working from home and having variable access to technology.



8. BARRIERS TO INNOVATION

Organisations also faced barriers and challenges to innovation. These barriers often mirrored the facilitators, for example, additional and/or flexible funding facilitated innovation while a lack of or inflexible funding created a barrier to innovation. However, there were also other factors that created barriers to innovation. It is important to note that, in discussing these barriers, it is our intention to highlight factors that organisations may have to consider when seeking to innovate in the future and to highlight things that some stakeholders may be able to change (e.g. funders may be able to increase flexibility).

8.1 Barriers for clients

Organisations described many client-level challenges during the COVID-19 crisis, which sometimes acted as barriers or challenges to implementing innovations during this period. Individual support needs were not always conducive to remote service delivery:

“When you’re in a workshop – because we sometimes really challenge people to think through some of the wounding that people have experienced through segregation and congregation. And in a workshop, you can pick some of that up or someone will come up to you in the break and say like, ‘I’m really struggling with that. I feel so guilty about the impact that I’ve caused on my son or daughter.’ Or if it’s a person with physical disability and they realised why society does what it does and that they’ve been wounded, face-to-face you can have conversations with people. In Webinars you can’t do that. It’s very, very hard. People aren’t likely to put up their hand and say, ‘This is how I’m feeling.’”

VIC3, disability.

In addition, where clients had health, mobility and/or cognition restrictions, it could be difficult to implement services without face-to-face support, particularly for aged care clients with dementia. 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.

8.2 Barriers for staff

Organisations also described challenges for their staff, which could occasionally act as barriers to innovative service delivery. For example, two WA organisations mentioned staff resistance to innovations during COVID-19, namely modified employment contracts to align job descriptions with the organisation’s shift to a hybrid work from home/work in an organisational hub location model, and adopting a relationship-oriented approach to service delivery rather than a discrete, transaction-oriented approach:

"If you get a new job and you get a contract you tend to do a cursory skim, but unless there's something that really sticks out you just - you want the job. You go for it. But if you're employed already and someone puts a new contract in front of you it's a different emotional experience."

WA8, disability.

"Nobody likes to feel like the model that they've been using for two or three years is actually not cutting it for the population you're trying to help. And so I think people were a bit like, "Well, who do you think you are telling us?"

WA7, disability.

The primary challenges and barriers for staff in NSW and Victoria were difficulties working from home. These challenges related to personal circumstances at home, the staff's role not being suited to the home environment, and/or 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 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."

NSWI3, emergency relief.

"Others who we support who work with us also may be experiencing other personal circumstances which may be unsafe for them to be staying at home for extended periods. Some people as we're supporting them the best we can actually find their escape through work and so you're actually putting them back into an unsafe environment by not giving them that safe place again. That wasn't a lot of our staff but there was certainly a handful of staff which we needed to navigate and think of different ways to support them and keep them safe."

VIC11, emergency relief.

8.3 Barriers for organisations

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, having enough technological equipment for staff and clients. Financial and other resource constraints were often related:

"One of the things was how do we first and foremost get particularly the frontline people or people who are connected with our frontline work working entirely ... online... and that was a huge impost on the not-for-profit sector ... donors are happy to provide donations towards what they see as the 'frontline impact', and the 'overhead costs', so to speak quote unquote, which goes towards things like your infrastructure, your IT infrastructure and the ability to support that. It's generally very slim in any not-for-profit organisation so there was a real struggle to get people to shift online and reimagine as well how to provide the delivery of our services which were normally delivered in person."

VIC11, emergency relief.

In addition, 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 funding 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.

Another barrier for organisations was the rapidly evolving nature of COVID-19, and the ever-changing communication around it which often caused frustration:

“State, federal, health departments. Even the aged care at health department, the health department both state and federal. Just completely unable to make a decision and stick to it.”

WA4, aged care.

9. POST-COVID AMBITIONS

Thus far, this report has identified the ways in which a sample of aged care, emergency relief and disability services organisations in NSW, Victoria and WA innovated in response to the COVID-19 crisis, and the common factors that facilitated and challenged these innovations. This section looks forward to how organisations would like to continue in service delivery post-COVID-19 crisis and what would be required to do so.

It is important to note that COVID-19 is far from over and exactly when 'post-pandemic' is and what it will look like remains to be seen. However, data was collected from the end of 2020 to the beginning of 2021, and we asked participants to reflect on how they'd like to operate in a post-COVID-19 environment. It is notable that at the time of preparing this report (August 2021), there is another current widespread outbreak across the country and were we to collect further data now then organisations' post-COVID' ambitions might look different as the ongoing nature of the pandemic becomes more apparent. Though participants did not anticipate further widespread outbreaks leading to severe lockdowns, their responses to post-COVID ambitions were intended to be sustaining, with long lasting benefits.

9.1 Activities and practices to continue

While the activities and practices that participants wanted to continue were quite nuanced and particular to their organisations, they could be categorised into themes: namely offering flexibility in (1) service delivery and (2) working arrangements, preparedness, and staffing.

9.1.1 Flexible service delivery and models of work

Many organisations reported that the COVID-19 crisis shifted the attitudes of their clients and staff alike towards engaging in work and service delivery online. While a complete shift online was not desirable or possible for any organisations, there were definite opportunities for increasing safety, inclusivity and accessibility associated with offering online options for certain activities:

"In terms of social group, I think a lot of clients previously would not [have attended] – because of – I think they found it to be a little bit of a hassle. So if you're doing social gatherings and outings – and for people that may suffer from aches and pains, or they are using a wheelie walker or they need extra support with getting in and out of a car and all of that sort of stuff, who actually shied away from wanting to do it as frequently as you can using virtual groups."

VIC2, aged care and disability.

"I think we'll start to offer blended services in the future. So, whereas everything has always historically been delivered person to person, I think what we'll see is a more blended format of choice and control that starts to come out, you know? So, I may choose not to go to the centre today, because I'm feeling a bit off, but I might choose to put a camera in the centre, so that you can actually dial in and still participate, but you're just not physically there."

WA2, aged care

"I think there will be a mix. I think most circles will want a mix, because it really is quite intentional that people meet face-to-face."

VIC3, disability.

"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 activities where continued flexibility in mode of delivery was desired included relative-client communication in residential aged care facilities, telehealth, emergency relief assessment and provision,



and educational services. Notably, there were some types of service delivery that organisations highlighted as unsuitable for remote or flexible delivery options, for example, where emergency relief work included an element of child protection, which organisations noted was almost always more appropriate face-to-face.

Flexible working options were also attractive for many organisations and staff. For some, this included continuation of working from home for many staff at least part of the time. Others, such as WA3 in the aged care sector and NSW10 in the disability sector, intended to have video conferencing as an ongoing option for senior staff meetings and in clinical settings. Increased productivity, reduced commute times, and reduced costs were particular factors in favour of flexible work for NSW organisations:

"I think most people enjoy that flexibility. Number two, 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 – it's money we can put into service provision."

NSW12, emergency relief.

A central driver and consideration in offering flexibility in service delivery and in working conditions was control and choice among clients and staff about how to engage with the organisation. Organisations recognised that a "one size fits all" model would not work for clients or staff, and consistently emphasised the need for flexibility in line with people's needs and preferences, including the fact that these needs and preferences are subject to change.

Thus, working from home or blended service delivery was not the innovation itself. Instead, it was the ability to offer clients and staff options that worked best for them, at any given time and for any particular reason. For example, not having to cancel appointments or take a day off when feeling slightly under the weather; being able to work from home if a meeting is closer to home than the office; or being able to attend in-person when feeling in need of personal contact.

9.1.2 Health and safety procedures

Many organisations wanted to continue health and safety procedures both for best practice reasons and for preparedness for COVID-19 and related disruptions. This included continued use of PPE, maintenance of physical distancing protocols, auditing of hygiene procedures, and building design.

Some specific examples included:

- WA4, aged care intended to maintain use of PPE and continue digital visitor register. In line with dementia best practice and virus safety, WA4 also stated that all future renovations of existing facilities and building of new facilities would have wards designed to be smaller and cosier.
- WA2, aged care talked about continued scenario planning and refining planned responses to these scenarios.
- WA6, disability said that coaches and swimmers were going to be mindful of social distance and limit unnecessary physical contact.
- NSW1 in the aged care sector set up work rosters for their staff, in line with their office size and capacity to accommodate people in a physically distanced way.
- NSW5 in the aged care sector said they will continue with some of the universal infection control procedures and hygiene practice protocols in place like temperature check and the use of hand sanitisers.

- NSW10 in the disability sector set up a workflow chat to regularly monitor and keep track of information relating to COVID-19.
- VIC 11 minimizing risk of community contraction but limiting contact for frontline staff and volunteers.
- Many organisations, for instance VIC 1 and VIC7, intended to keep providing PPE to clients and provide health checks like temperature checks.
- Some organisations had a dedicated taskforce or committee (VIC1) to stay up to date with events and plan their organisational response. Many were in the process of constructing policy and procedure (VIC8) in the case of future breakouts and lockdowns.

9.1.3 Staffing

Another area of innovation or adaptation that organisations wanted to continue related to staffing. For some, this was about finding ways to retain staff who had been hired during the pandemic period:

“And the other thing is retaining the people that we hired through the funding from the Jobs for Victoria, which was for six months. And it ended on the 17th of February, but through our budgeting processes, and because we had funds from the JobKeeper money we received, were able to keep them ... Well, they're funded at the moment till end of June. But we've been lobbying ... explaining about the work we're doing ... how valuable it is.”

VIC9, emergency relief.

For some, retention and recruitment goals were about maintaining and expanding the skill mix that they had achieved through recruitment of new staff or restructuring of teams. An example was given by an organisation serving the needs of refugees and asylum seekers whereby practice was changed to employ a greater number of staff who had lived experience. The organisation soon recognised this change as an overall positive outcome that they wished to continue, despite the requirement of necessary protocols and greater sensitivity to cater for people in these circumstances. Other examples included retaining infection control specialists and keeping teams formed during COVID-19 (often comprising existing staff) in situ.

In addition to retaining existing staff, several organisations saw the need to continue growing their workforce of paid employees and volunteers, and were looking into funding sources, online traineeships, and other opportunities to drive recruitment.

Finally, another aspect that organisations wanted to continue was the rostering of staff to minimise their infection risk. For example, WA4 indicated that they would be restructuring their staff rostering to offer more hours to staff who wanted them in order to reduce the number of organisations that staff had to work at in order to derive sufficient income.

9.2 Requirements for continuation

Organisations noted a number of factors that would be required in order to continue the activities and practices that they wanted to bring with them beyond COVID-19: (1) funding, (2) technological infrastructure, (3) technological upskilling, and (4) people and culture.

9.2.1 Funding

Funding and funder flexibility were significant requirements for organisations in moving forward as they want to after the COVID-19 crisis. During the pandemic, organisations, their employees and some clients were being supported by government funding to help them through the crisis. The funding enabled the sector to quickly adapt and innovate, but was never intended to sustain organisations nor their innovations over a long period of time. For example, WA10 reported that they are able to continue the emergency relief service that they offered during COVID-19 because demand for their usual funded service is lower. However:



“If those numbers increased to the level that we were funded to deal with, we would need to look to see if we could have and find alternate funding sources for this... obviously it's very difficult to get a new service funded.”

WA1, aged care.

Similarly, WA1 was reliant on volunteers to run its social outreach program and was concerned that that model was not sustainable. WA9 mentioned that much of the funding for their initiatives during COVID-19 was once-off, and they'd need to secure more sustainable funding sources in order to continue.

Structure of funding and bureaucracy were also key issues, particularly in the aged care and disability services sectors. WA4 discussed that funding of aged care facilities was still based on the older 'hotel-style' building, and that governments needed to adapt that funding model to be more in line with dementia best practice and COVID-safety. WA2 (aged care) talked about the tensions between the free market approach of the individualised funding model used by the NDIS and the (perceived) excessive constraints on service providers, rendering them uncompetitive in the newly created market. To this end, WA7 had a simple desire:

“It probably will also be helpful if NDIS makes some changes around how the budgets are built...they're proposing that it should go to the two categories fixed and flexible, that would be amazing. If we could just have fixed and flexible, that would be great.”

WA7, disability.

A Victorian disability and aged care organisation also felt that the diversity of need and preferences among clients, and the success of different models during COVID-19, should give rise to more flexible funding:

“Whereas I think one of the things government really should be doing is recognising the diversity of needs and preferences and abilities and interests and actually ensuring that there are different models in the sector solving problems in different ways and then, in the context of a particular market challenge like the pandemic, it allows more flexibility to respond.”

VIC5, aged care and disability.

9.2.2 Technological infrastructure

Technological infrastructure was identified by several organisations as a requirement for them to continue and/or expand the innovations they undertook during the COVID-19 crisis. For example, WA7 (disability) mentioned the need to streamline technological platforms and align them to their new relationship-oriented model of service, and WA8 talked about the need to move everyone to laptops to facilitate hotdesking and remote working.

The need for technological infrastructure among organisations also included their ability to provide devices to their clients. One Victorian organisation, after seeing the utility of iPads, was going to seek to introduce Apple watches into service delivery:

“When we really started looking at it, for the individuals that have – they have now moved into using an iPad for telehealth appointments. We have clinical nurses and they're doing video calls, etcetera. They're having telehealth appointments with their GP or with a physiotherapist. All of that is happening using their iPad. So the intention really is, if we move down the path of Apple watches, everything about them in the health section can be on their iPad. They can have more and more control of themselves and their health and their wellbeing – all of that sort of stuff.”

VIC2, aged care and disability.

In order to secure technological infrastructure, organisations discussed continuing relationships with technology providers and finding sources of funding to purchase devices.

9.2.3 Technological upskilling

In addition to technological infrastructure, many organisations identified the need to upskill and support staff and clients in technology use. As the COVID-19 crisis highlighted technological barriers faced by certain cohorts, the sustained use of innovative methods such as online access to services is dependent on the removal of those barriers. Organisations who work with these demographic groups require appropriate support based on their needs. This was highlighted by one organisation who work with culturally and linguistically diverse clients who are also disabled and thus access the NDIS.

“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 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... it's got to be somebody else, 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.

As noted earlier, the pandemic saw staff take on tasks such as technological troubleshooting and training clients to use technology, which were well out of their usual duties and, often, outside of their knowledge and skills. As one organisation noted:

“If you've got staff that have got no idea and they're there because they're skilled. Their knowledge is providing disability supports but not IT links and connections.”

VIC4, disability.

Accordingly, if technology is to be successfully used in service delivery, existing staff will need to be upskilled and/or new staff will need to be recruited into roles that specify technological support as duties.

9.2.4 People and culture

For long-term sustainable change or innovation to continue, human resources are critical. The COVID-19 crisis has demonstrated the significance and practical utility of technology in various forms. However, to operate or use technology, organisations still need sufficient staff and volunteers. During the pandemic, while organisations had been able to adapt or pool staff skills together or get external volunteer support to provide innovative service to their clients, it was only a short-term measure. Sustaining such mechanisms over a long period can only be done with more human resources and support from volunteers or recruiting people with technological skills who can help the organisation and their clients' needs.

Staff willingness and the need to foster it were also key requirements for post-COVID-19 initiatives. WAI talked about needing to “bring everyone in” and flattening the hierarchy to “appreciate each other's strength no matter what position you are in”. WAI also discussed the need to develop a culture of adaptability to change:

“I would say we are learning, all the time we have to adapt to new changes. Also the staff and all that, that is also I would say the challenge for ourself. Normally everyone including clients, everyone would like to remain in their comfort zone but now we have to motivate everyone understanding why there's a need to get out from their comfort zone we may have to change, it's the new normal.”

WAI, aged care.

WA7 talked about personality differences between staff and the need to provide training that is aligned with their individual needs. WA8 identified a need to combat staff isolation with a more remote working model by developing strong teams within local 'hubs'. WA10 noted that staff were already reverting to more bureaucracy-laden ways of working and the need to continue to be adaptable and slightly less risk-averse.

Further, recognising blurring of the lines between work and home that occurred during COVID-19, many organisations talked about the need to continue supporting staff both in the workplace and outside of it.



10. CONCLUSION

In this report we have explored the ways in which organisations in the aged care, disability, and emergency relief sectors innovated and adapted during COVID-19. We found a number of ways in which organisations innovated in order to continue to meet the needs of their clients, staff, and broader mission during COVID-19.

Many organisations introduced new services or expanded the scale and scope of existing services (e.g. number of clients served and eligibility criteria for receiving services). Particularly common were food services, such as the delivery of ready-made meals, food hampers, or groceries and/or provision of food vouchers; activities to foster social wellbeing such as online classes and social groups, telephone check-ins, and letter writing; providing clients with information related to COVID-19 in accessible formats (e.g. in preferred languages and using different mediums); and providing technology such as devices and support for clients to use them.

Organisations also modified service delivery in order to maintain face-to-face, such as using PPE or maintaining physical distancing; 'going online' where possible; and introducing phone-based assessment and service provision. Finally, organisations also changed their processes such as through introducing work from home arrangements, reducing bureaucracy, adjusting staffing in accordance with operational needs and COVID-19 guidelines, and initiatives to support staff.

Several factors facilitated these innovations and adaptations, namely additional funding and flexibility of funding to meet clients' needs; having or having the ability to obtain technological infrastructure and skills; the resilience, creativity and work ethic of staff and volunteers; and positive relationships, particularly with clients and their families.

Barriers for clients, staff, and organisations created some obstacles to implementing innovations. Barriers at the client-level included individuals' support needs being ill-suited to remote service delivery, and a lack of inclusiveness in the design of technology in terms of accommodating clients' language preferences and/or impairments. Barriers for staff included resistance to change, and difficulty working from home arising from juggling responsibilities in different life domains, having a role that is difficult to perform remotely, and burnout from high workload and emotional strain.

Barriers at the organisation-level included financial and technological constraints, the administrative burden of additional funding, structural factors affecting the sectors such as individualisation of funding and casualisation of the workforce, and the rapidly evolving nature of COVID-19 and the resulting changes to communications and advice around it.

In terms of moving forward, beyond COVID-19, organisations wanted to continue to be flexible with regard to their offerings for clients and staff alike. This included the continuation of online options for service delivery, driven by a desire to promote client choice and control, and working from home at least some of the time to accommodate staff needs and maximise organisational efficiency. Organisations also wanted to continue health and safety procedures and precautions to protect staff and clients, and ensure organisational readiness for other public health situations. Finally, organisations wanted to recruit and retain a workforce comprised of staff and volunteers that meet the unique needs of their particular organisation.

In order to achieve this, organisations recognised that they would need additional funding and/or flexibility in that funding to meet the needs of clients and the organisation, and to reduce administrative burden. Organisations also needed to invest in technological infrastructure and upskilling, and to develop a workforce and culture that is adaptable and responsive to change.

It must be noted that, when we undertook the research, sentiment about COVID-19 was quite positive, such that there was hope and belief that we were moving to 'the other side'. Unfortunately, 2021 has demonstrated that we have quite a way to go before we are in a 'post-COVID-19' world and our research must be interpreted in that context. However, the learnings arising from COVID-19 were conceptualised by participants relative to 'business as usual'. Therefore, we believe that the post-COVID-19 visions articulated by participants will endure and will mostly be added to rather than changed as a result of changes to the COVID-19 situation.



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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.

