







# SERVICE INNOVATION DEEP DIVE

Capturing and leveraging learnings from service innovation during COVID-19

Summary report

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#### 1. PROJECT BACKGROUND

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 (SUT), University of New South Wales (UNSW), and The University of Western Australia (UWA).

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.

#### 2. WHAT WE DID

We interviewed 36 representatives from 34 organisations in Western Australia, Victoria and New South Wales from late 2020 to early 2021<sup>2</sup>. We then thematically analysed the transcripts and produced reports for each state and, examining the themes that were present across all states, produced the national report.

#### 3. HOW ORGANISATIONS INNOVATED

We found that organisations innovated in three main ways: (1) introducing new or expanding existing services, (2) modifying service delivery, and (3) changing organisational processes. The table below outlines the common areas in which innovation occurred under these categories, along with examples.

New or expanded services	Food provision was important in light of grocery store shortages, closures of 'drop in' food and food hamper services, and clients being nervous about leaving the house. Examples included meal and grocery delivery services and shopping for groceries for clients.
	Activities to foster social wellbeing such as online cooking, art and exercise classes, online social groups, telephone 'welfare checks', and letter writing initiatives.
	The constantly changing COVID-19 conditions and their impact on organisational operations, public health advice, and people's stress levels meant that organisations had to communicate in an effective and accessible manner, involving the use of multiple media (newsletters, videos, text messages, emails, phone calls) in people's preferred languages.
	Providing technology, such as iPhones, iPads and computers, and support to use it, whether phone credit and data or tutorials, were common new activities for organisations during COVID-19.
Modified service delivery	<ul> <li>Maintaining face-to-face by using personal protective equipment (PPE), maintaining physical distance, allowing clients to choose when and how in-person interactions with workers occurred, and holding activities in smaller groups.</li> </ul>
	'Going online' – having staff work from home, running services online where possible, using e-vouchers and bank transfers, and conducting health and other consultations online.
	Using the telephone to conduct assessments and deliver services and support.
Changes to organisational process	<ul> <li>Setting staff up to work from home, where possible.</li> <li>Re-deploying staff into organisational areas where organisational need was most felt.</li> </ul>
	Rostering staff to enable physical distancing and reduce the risk of cross-team infection.
	Reducing bureaucracy to ensure staff are empowered to make decisions to meet people's needs without delay.
	Providing instrumental and emotional support to staff, such as through virtual trivia nights, virtual coffees, and virtual Friday night drinks, regular team meetings and regular check-ins.

<sup>1</sup> The project takes 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.

<sup>2</sup> Representatives from different state branches of two larger organisations were interviewed, thus those organisations appear twice in the overall sample

#### 4. WHAT HELPED

- Additional **funding** and **flexibility** within funding contracts allowed organisations to adapt their services to best meet the needs of clients.
- **Technology**, namely having existing infrastructure (software and hardware) or the financial and logistical means to obtain it, greatly facilitated the technology-oriented innovations undertaken by organisations.
- **Staff and volunteers** their creativity, resilience and work ethic were essential to the implementation of all innovations and adaptations.
- **Relationships**, particularly with clients and their families, supported organisations to try new activities or new ways of doing things.

### 5. WHAT BARRIERS WERE FACED

Barriers to the implementation of innovations could be categorised by the stakeholders they affected: clients, staff, and organisations.

Barriers for clients	<ul> <li>Individuals' support needs were not always able to be met remotely.</li> <li>The design of technology was not always inclusive for people with disability or people who spoke a language other than English as their first language.</li> </ul>
Barriers for staff	Some staff were resistant to change.     The most common barrier for staff was difficulty working from home, either due to juggling responsibilities across different domains of their lives, roles being ill-suited to remote work, and burnout due to high workload and emotional strain.
Barriers for organisations	<ul> <li>Financial and technological resource constraints.</li> <li>Administrative burden of some funding sources.</li> <li>Structural factors, namely individualisation of funding and service delivery and casualisation of the workforce.</li> <li>The rapidly changing nature of COVID-19 and, in turn, difficulty communicating and planning around it.</li> </ul>

# 6. WHERE TO FROM HERE

In terms of carrying things forward, beyond or irrespective of the COVID-19 situation, organisations expressed that they wanted to:

- Maintain flexibility in service delivery and working arrangements. For example, providing options for clients to "Zoom in" to activities so they don't miss out if they're feeling unwell, and allowing staff to work where is most efficient for them and in ways that best allow them to manage the various facets of their lives.
- **Stay prepared** for public health crises by maintaining health and safety procedures such as PPE use, maintenance of visitor registers and be mindful of physical distancing where possible.
- **Retain staff and volunteers**, including those who had been brought on during the COVID-19 period. Several organisations also wanted to expand their staff and volunteer workforces to ensure that they have the skills required to facilitate new ways of working (e.g. the inclusion of more online activities).

Several factors were identified as necessary to realise these post-COVID-19 ambitions:

- Funding many organisations noted that they would need additional funding to continue activities and practices undertaken during COVID-19, particularly new services or expanded services that utilised resources from business areas that experienced reduced demand during the pandemic. As important as additional funding, however, was flexibility from funders to pursue service delivery and organisational operations in ways that best suit each client's needs.
- **Technological infrastructure** including devices and software (particularly cloud-based software) were noted as necessary investments for working in a more digital and online space, for which existing funding sources are often lacking.
- **Technological upskilling** for clients and staff alike, was also needed to enable people to feel comfortable working virtually and to optimise the experience of technology-assisted service delivery and work.
- Workforce skills and culture achieved through the recruitment and retention of a workforce with the particular skills required by each organisation, and the building of an organisational culture of adaptability, were also essential to moving forward in the ways that organisations desired.