SERVICE INNOVATION DEEP DIVE

Capturing and leveraging learnings from service innovation during COVID–19

Victoria report

Service Innovation Deep Dive: Victoria report

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ACKNOWLEDGEMENTS

The research team would like to acknowledge and thank the stakeholders who have generously contributed their time to this research through participation in interviews and providing feedback, including stakeholders from the aged care, disability and emergency services sectors.

EXECUTIVE SUMMARY

The COVID-19 crisis has brought about unplanned and radical changes to the provision of services across the community service sector. Services that have a strong focus on face-to-face service delivery to meet their clients' needs have been severely impacted by the effects of the pandemic. As a result, many organisations faced a period of rapid learning, experimentation and innovation.

The *Service Innovation Deep Dive: Capturing and leveraging learnings from service innovation during Covid-19* report examines how services in Victoria in the aged care, emergency relief and disability sectors adapted or innovated their delivery models during COVID-19 and their ambitions moving forward. The research was conducted as part of the *Pulse of the for-purpose sector* and *Build Back Better* program of the Centre for Social Impact and was undertaken by a research team from all three CSI centres: Swinburne University of Technology, University of New South Wales and The University of Western Australia. Other published outputs from this research include individual state reports by Western Australia and New South Wales and a national report that presents findings from all three states.

The downstream social and economic consequences of the pandemic – the lockdown and social distancing measures – have affected the lives of Victorians in a number of different ways. Following these lockdown periods, Victorians were facing higher unemployment rates due to job cuts, financial insecurity, higher stress levels, greater health risks and limited physical access to services and public spaces. We carried out in-depth interviews with service providers in Victoria across three sectors: disability, aged care and emergency services. Interviews were conducted between December 2020 and February 2021, five months after Victorian COVID-19 lockdown 2 (July to October, 2020). Our interviews revealed that during the lockdown period vulnerable communities were at an increased risk of financial insecurity due to decreased employment opportunities and the loss of jobs caused by the lockdown. Many reported an increase in feelings of **isolation** among clients and staff which had negative effects on mental health and wellbeing. A common experience for staff across sectors were increased stress levels and impacts on mental health as a result of fear and insecurity caused by the actual pandemic, and the organisational changes which took place over a short period of time. Most staff experienced stress as a result of having to rapidly upskill and learn how to use new online technologies that would enable them to keep operating during social distancing.

Different sectors reported that some challenges were more pronounced, for instance, aged care Sector clients felt they were at an increased risk of contracting COVID-19. This understanding of risk had a knock-on effect for service providers inhibiting the uptake of services. In particular, clients who usually received at-home visits no longer wanted support workers visiting them at home because they felt that this increased their risk of contracting the disease. Social distancing restrictions also impacted clients in aged care who were not as able to physically move around and exercise. One service provider reported increased incidence of falls because many elderly clients were sitting for long periods of time, unable to go for walks outside.

Figure 1 – Areas of innovation
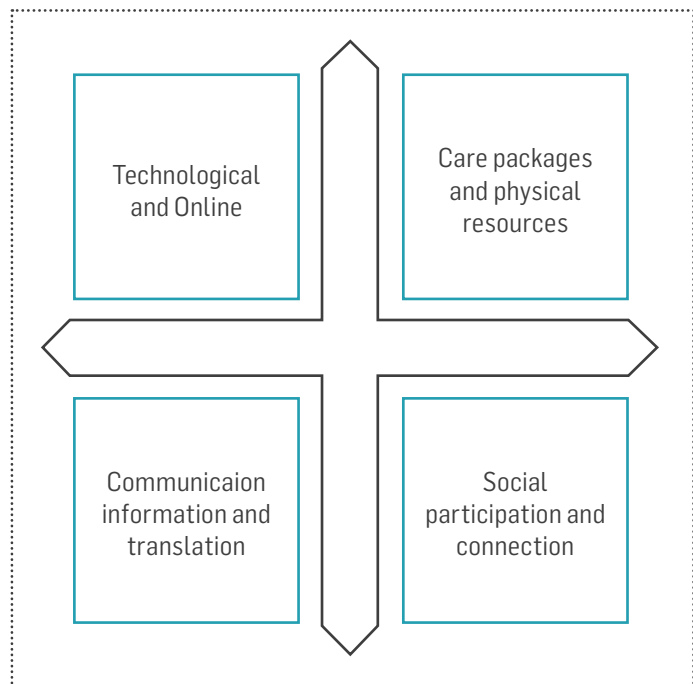
Technological and Online

Care packages and physical resources

Communicaion information and translation

Social participation and connection

Organisations were able to respond to many pandemic-induced challenges that their clients faced by adjusting and shifting services to smaller face-to-face groups or offering services online. Our analysis found the following areas of innovation: technological and online, care packages and physical resources, social participation and connection, and communication, information and translation (shown in Figure 1). Other areas of innovation include: exercise and nutrition, telehealth and working remotely.

Key innovations included:

- Technological innovations: Technology was an area of innovation across sectors, but also a challenge for most organisations. There were clusters of online innovation directed towards a particular goal or purpose, such as education and training, building social connections and communication, and translating government directives. There were barriers to implementation shaped by client access to digital technology and varying levels of skill.

- Physical innovations: Traditional face-to-face services were modified during social distancing and lockdown periods. Organisations adapted by delivering 'care packages', doing 'window chat' visits, dog walking for people who did not want to leave their home, and providing exercise bikes for seniors. The challenge organisations faced was that it was not always safe for their clients to stay in the home for long periods of time, particularly those dealing with the issue of family violence.

- Thinking/Attitude innovations: Organisations experienced shifts in thinking about how services could be delivered in way that was more tailored to the lifestyle and needs of the individual. This came about because social distancing measures meant that organisations were required to create workarounds to provide each individual with a version of the service required that suited their unique conditions. For instance, in the disability sector staff started taking clients out one-on-one or in small groups to a café for study because of density limits. These clients would otherwise have been located in a Day Centre for the day, limiting their scope for social engagement.

Across sectors, participants reported a number of challenges in operationalising and maintaining these kinds of innovations. Challenges include:

- Organisational capacity: scaling up and back based on client engagement/needs, and staff retention. The need to quickly scale up or surge, then scale down; the unexpected staff loss for a range of reasons (health impacts, stress, fewer hours of work available), and the need to build capacity quickly.

- Funding barriers: organisations found large funding bodies limiting in terms of the ways organisations were able to innovate within the funding parameters. Others mention the need for more consistent and long term funding.

- **Upskilling** staff for new IT programs and platforms supporting online service provision.

- **Uptake** of technology in aged groups.

- Staff stress and anxiety caused by changed working environment and social conditions.

As the social landscape continues to shift, organisations are now thinking about how their innovations can be adjusted to align with the hybrid needs of clients which are now both online and offline. Organisations reported:

- **Tweaking online groups/webinars** etc. to a hybrid format as people want to go back to some face-to-face interaction.

- Flexible working conditions for staff who wish to work at home and in the office.

- **Continuing tailored supports** for clients and incorporating this approach into organisational policies and processes.

The barriers, facilitators and things to keep doing for services providers are summarised in Figure 2 below:

Figure 2 – Findings overview

BARRIERS	FACILITATORS	THINGS TO KEEP DOING
Lack of Funding	Funding	Online Engagement
Access to Staff and Impact upon Staff	Community Partnerships	Diverse Service Models
Public Support for the Online Pivot	IT Infrastructure	Telehealth
	Staff	Retaining Staff
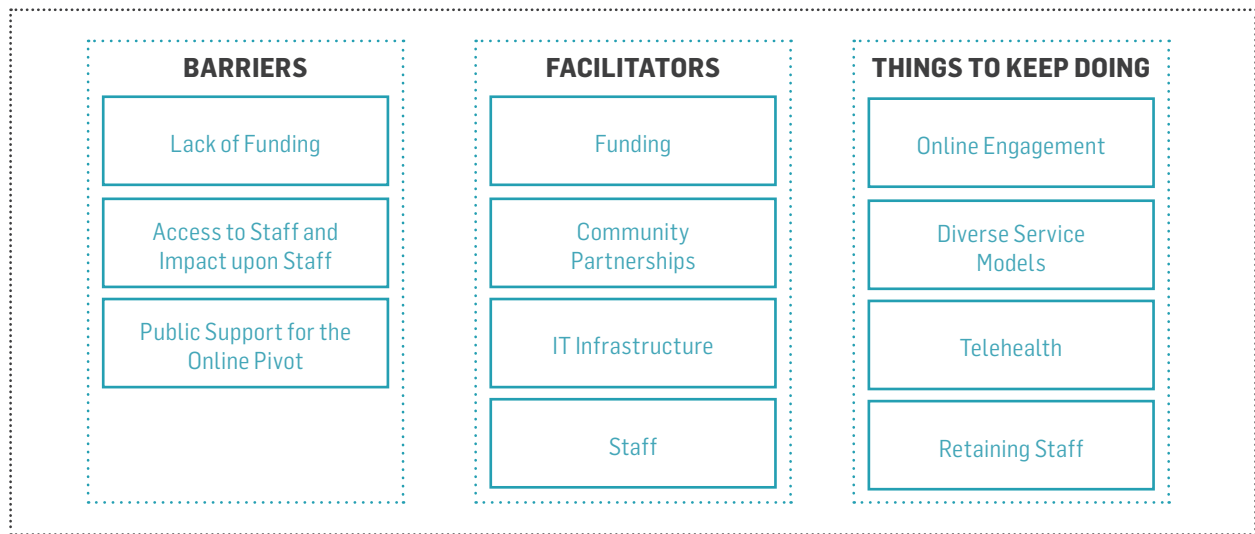
1. INTRODUCTION

1.1 Background and context

The COVID-19 pandemic has brought about unplanned and radical changes to the provision of services across the community service sector. A service provider is: 'a person, business or organisation who delivers funded services. Service providers have different areas of experience and expertise... Providers can include large companies, charities, small not-for-profits, sole traders, or any other type of business' (NDIS, 2021). During lockdown periods, many organisations have been required to suspend face-to-face service delivery, which, in some cases, has resulted in the cessation of services altogether, and shifts to online or other means of service provision. The foundation of many service models such as drop-in centres, the provision of meals, outreach services, and peer-led group settings, depends upon the building of warm social connections as a first point of contact that must be established before other needs can be met. With social distancing constraining the possibility of face-to-face contact and group social meetings, organisations have faced a period of rapid learning, experimentation, and innovation.

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

This research reports on what services in Victoria have learned from restrictions imposed during the COVID-19 pandemic, what they would like to carry through to post-COVID-19 service delivery, and what they would like to do differently with regard to post-COVID-19 service delivery. This report details findings from Victorian research carried out by CSI, Swinburne University of Technology.

Victorians experienced the COVID-19 pandemic in particular ways. In 2020, 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 order to understand how service providers in Victoria were able to continue operating during the COVID-19 lockdown we carried out in-depth interviews with service providers located in metropolitan Melbourne and the surrounding suburbs. Interviews were carried out with 11 service providers in the disability (4), aged care (3), and emergency relief (4) sectors.

These sectors were selected because of their strong reliance on face-to-face contact in order to deliver services, increasing the likelihood that adaptation was required in order to continue meeting the needs of clients and working towards organisation mission during COVID-19. We acknowledge that these are not the only sectors affected by COVID-19 and do not posit 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.

We found that in most cases service providers were able to respond to many pandemic-induced challenges that their clients faced by adjusting/shifting services to smaller face-to-face groups or offering services online. Our analysis found the following types of innovation:

- Technological and online.

- Care Packages and physical resources.

- Social participation and connection.

- Communication, information and translation.

- Exercise and nutrition.

- Telehealth.

- Working remotely.

In this report we provide an overview of the types of services and supports and how these were offered prior to the COVID-19 pandemic in the aged care, disability and emergency services sectors. We provide an overview of our methodological approach and analysis. We present findings in two sections exploring the types of innovation and how they intersect with the organisational purpose, mode, target, funding and logic of service providers.

2. APPROACH AND METHOLODOGY

2.1 Research question and data collection

In order to understand how service providers in Victoria were able to continue operating during the COVID-19 lockdown we carried out in-depth interviews with service providers located in metropolitan Melbourne and the surrounding suburbs. Our research agenda was driven by the question: What do services want to do differently in post-COVID-19 service delivery? This included a range of sub-questions:

- Why; what problem does it solve/address?

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

- What barriers are there to implementing this change/innovation in a more ongoing way?
  For example funding design, service design, policy, staff skills, and equipment/resources.

- What is needed most to enable this change/innovation to continue? Which stakeholders can provide it?
  For example, government, funders, organisational management.

A purposive sampling approach was taken in selecting organisations and programs for data collection. In order to capture innovation and change, the organisations we approached were known to be innovative and active in making organisational changes to service delivery as a (direct or indirect) result of COVID-19.

Our research aimed to identify implications for people experiencing entrenched disadvantage, therefore our sampled organisations offered services targeted towards clients who have experiences of marginalisation or are socioeconomically disadvantaged. In order to ensure representation in terms of organisation size and geographic location, three sectors were selected that rely heavily on face-to-face service delivery and serve vulnerable clients: disability, aged care and emergency relief. It is important to note that these are not the only sectors that have been affected by COVID-19, and some of the organisations we engaged with provide services across multiple sectors.
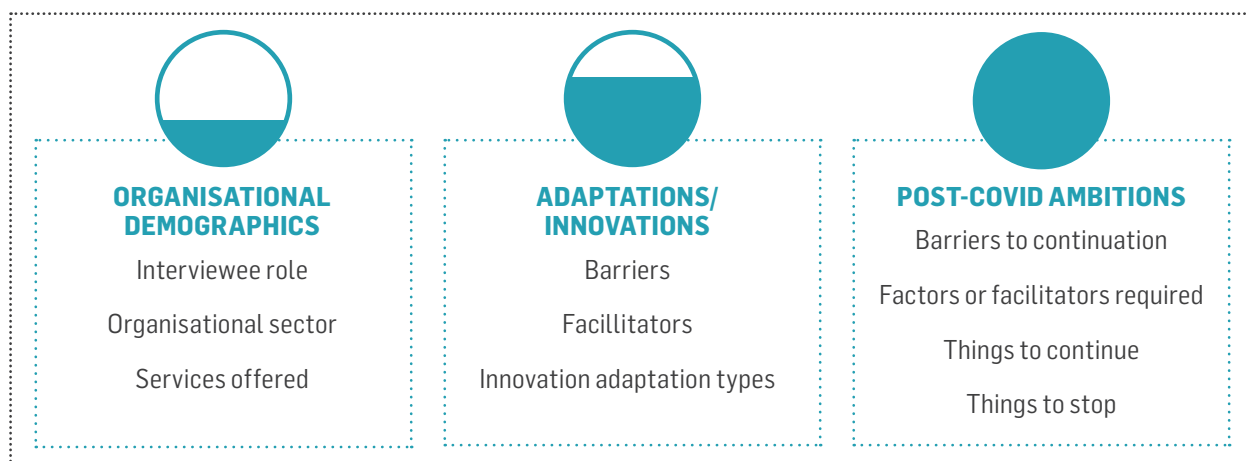
Interviews were carried out with 11 Service Providers in the disability (4), aged care (3), and emergency relief (4) sectors. An interview schedule was developed by the cross-node CSI team (see Appendix 1: Interview Schedule). Interviews were carried out by researchers in each State with a focus on the local geographical context. Qualitative research methods were used in order to deeply understand how organisations want to move forward with service delivery post-COVID-19, and in anticipation of the different ways and level of complexity with regard to how and why organisations would want to move forward. A semi-structured interview format was used to ensure that the research questions were answered while allowing space to capture the nuances of different programs/services, organisations, and sectors.

Interviews were carried out online via video conferencing with staff working in client service delivery (such as team leaders, and service managers) in order to capture practice-focused perspectives of the ways in which organisations might have been able to re-work and re-think approaches during and post-COVID-19. Interviews were recorded and transcribed.

2.2 Thematic analysis

Interview data was analysed using qualitative analysis software NVivo version 12 (QSR International). Analysis was guided by a selective coding frame (as shown in Figure 3 page 12) that was designed during cross-node research meetings and structured around the research question and sub-questions (listed above). 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 3: Cross-centre coding framework

ORGANISATIONAL DEMOGRAPHICS

Interviewee role

Organisational sector

Services offered

ADAPTATIONS/ INNOVATIONS

Barriers

Facillitators

Innovation adaptation types

POST-COVID AMBITIONS

Barriers to continuation

Factors or facilitators required

Things to continue

Things to stop

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

Due to social distancing restrictions many innovations involved an 'online' or 'digital' component. Rather than code data to an 'online' node, categories including 'education' were used to capture the area where the online innovation was needed or the issue the innovation addressed. For instance, if an organisation started to provide online education during the pandemic to overcome social distancing, this was coded as 'education'. Innovations in the type of technology an organisation uses (i.e. if an organisation started using iPads and they describe the process of getting funding for iPads and rolling them out with clients as part of an IT upgrade) are coded as 'IT and online' innovation.

2.2.1 Defining 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, team members reported the organisations' stated innovations and questioned whether they're the types of things 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, 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 this research is exploratory. 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, we take a broad view of innovation as any change intended to maintain or enhance service delivery during COVID-19.

3. FINDINGS

Organisations were able to respond to many pandemic induced challenges that their clients faced by adjusting/shifting services to smaller face-to-face groups or offering services online.

The most common areas of innovation across all sectors were: technological and online, care packages and physical resources, social participation and connection, and communication, information and translation. Other areas of innovation included: exercise and nutrition, telehealth and working remotely.

These innovations are summarised in Figure 4 (below), and can also be seen (along with additional sub-categories) in the Areas of Innovation Table (Appendix 3).

Figure 4 Areas of innovation
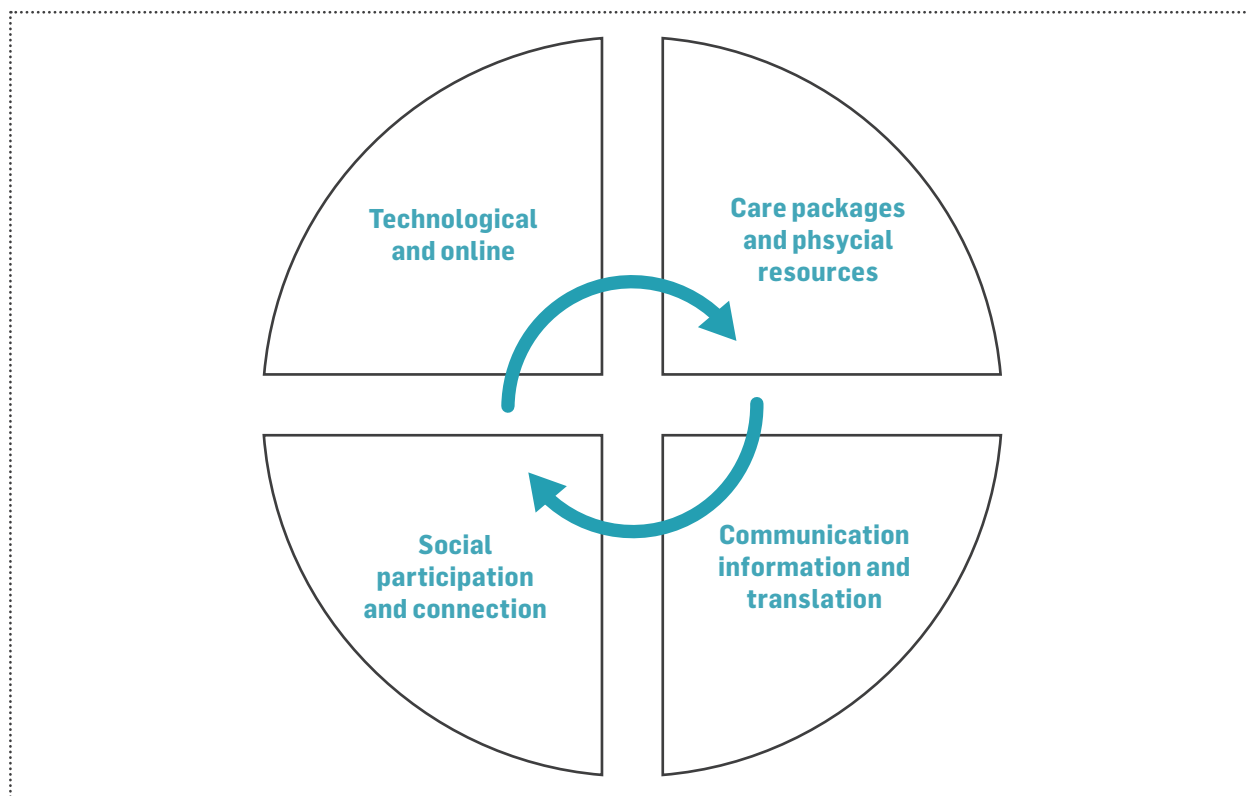
In the sections that follow we describe each area and how organisations were able to continue offering these services during COVID-19 restrictions.

3.1 Areas of innovation

3.1.1 Technological and online

All organisations across sectors adapted at least some of their services for online delivery. A smaller number of organisations created online platforms requiring technical staff support. The key challenge for most organisations was the speed at which they needed to shift to online service provision. Most organisation report having to 'go online' very quickly in order to continue providing services in the context of social distancing regulations:

> *"How did we work during COVID? Well, as you can imagine, everything went online really quickly. We actually had to do a lot of – like, speed up our IT innovations plan for the year ... So I think our IT team did six months' worth of work in about six weeks.*

And our main tools were things like initially Zoom but now we've got MS Teams. So MS Teams, you can use it for chat, you can share notes with each other."
emergency relief, organisation 9.

Organisations that did not have a strong IT infrastructure encountered a range of challenges in shifting online, primarily: staff stress, upskilling and equipment costs.

"Yeah so 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."
emergency relief, organisation 10.

Organisations recognised that many client groups did not have access to the technology necessary to support online service delivery. For example, one organisation identified young people without necessary equipment:

"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. So that was something that we advocated for and were successful in."
emergency relief, organisation 9.

Technology needs of clients were also identified in other sectors. Organisations in aged care and disability created online care packages for clients. One organisation in disability developed a partnership with a large tech company to supply clients with iPads as part of a 'connection bundle':

"Another 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."
disability, organisation 2.

This organisation was also considering acquiring smart watches to monitor their clients' health. This is particularly relevant for aged care as the smart watch records incidence of falling over and the client's vital signs:

"So rather than having five different types of products that may give them little bits of information or support – the way I'm looking at this – and this is, again, based – it's absolutely consumer choice. If they want it, that's when we will go down that path. But it's about us providing the option. So that we can have those conversations. And we run training for our clients."
disability, organisation 2.

Online platforms were used across most organisations to support a combination of learning, employment trajectories and personal development. One disability organisation moved to online presentation of learning and personal development programs, but managed to maintain a focus on individual client life goals and context. This was supported through individualised workbooks which enabled people to record their individual answers and build their own resource. Some saw this as an opportunity to reflect on the life goals of clients and plan out a pathway for achieving these:

"Yeah, so things like using poll, the poll function, and the chat function to get people to answer a question via chat was pretty important to keep people engaged. 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.

The same with – we did a 'life after school' webinar where people got a workbook and worked through, well what roles could the person have at home? What roles could they have at school? What roles could they have in the community? What employment roles? What's the vision for the future? So once again, people walk away with the start of something, not just a whole bunch of content."
disability, organisation 3.

The benefits of hosting events, classes and webinars online is that people from both geographically near and far locations were able to attend. Many found the online engagement more accessible, and this reduced the associated cost and travel time of staff:

"Once again, we have people from Sale, for example, joining a peer-to-peer group, that wouldn't have been possible if it was face-to-face. So we may – because face-to-face is important ... run for peer-to-peer groups a mix. So we might meet but run Zoom as well.

We'll keep on running webinars, just because really the – IT increased our reach and the accessibility to people in rural areas. So this year we have some funding to ... to invest in country communities, and that means that staff don't have to travel. So I used to do some of that work and it was like four hours' trip. So that's going to – that will probably stay as a Zoom. Maybe we'll go once ..."
disability, organisation 3.

However, the use of online spaces needs to be tailored to suit the needs of clients. The structure of question-based classes is not suitable for everyone:

"It's interesting because lots of people ... just fire questions at people. And people with intellectual disability ... [may have limited] cognitive ability to understand the question then feel like they're under pressure. So it's not new to us, but in online mechanisms it's hard to fill in the gaps with something else. It's just 'you're on'."
disability, organisation 3.

The other concern for organisations in solely using online platforms to engage clients and family members is that some people disengage by walking away or turning the computer off. One disability agency highlighted the importance of face-to-face engagement, particularly in areas of sensitivity and trauma:

"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 a physica ldisability 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.' So I think that's a risk, particularly when we're working with topics that are highly challenging for people, is that we always say to people if any of this is being challenging or if you'd like to have a further conversation, we're available by phone or individually, so we've got that option. But that's something that I've noticed that – or in a workshop, we've had parents come and say, for our Pathways workshop, 'Is this workshop about work? My son or daughter's never going to work' and we've encouraged them to stay. And you know, like, 'you've put the day aside,

we're going to talk about a whole bunch of stuff, maybe just stay'. And I think online the person would just turn the computer off and walk away. We've had one example last year of a parent coming up doing exactly that and coming up at the end of the day and saying – giving us a hug and saying. 'Thank you so much. I realise this is about me, not my daughter.' So this is a huge revelation really. I think that for us, the face-to-face relationship is one of the major risks of online work."
disability, organisation 3.

Some people find it difficult to speak online in front of what feels like an audience rather than in a group discussion. Online technology was found not to be preferred by young clients of one organisation who preferred face-to-face interactions:

"Well, I think for us the main thing was our young people like the face-to-face, so they don't really like engaging online. They don't like [zoom], ... a lot of young people would feel a bit like going into an office and sitting and having a formal meeting. A bit confronting, perhaps. And also there's some sense of well, I don't know 'if you're recording this, who else is in the room that I can't see?' All of these sorts of things are potentially issues for some young people."
disability, organisation 3.

On the other hand, family members and support people who can support clients are strongly engaged by online tools.

"... So I think that this has given us more confidence going forward ...[regarding] what would be needed to live stream a conference, and the confidence to actually do it and have the things in place that we would need. So I think that that will increase our reach as well. I think the only thing is when you run face-to-face conference, people are there all day, get the connection. Sitting in front of a computer for a whole day is hard, so I would suspect that people would log on for certain parts and log off again. Yeah, so we might miss something in the continuity, but better to have some people there than not at all."
disability, organisation 3.

Many organisations across sectors reported that there was some hesitancy to adopt new technologies and equipment among clients, 'but when it came to "you can't do anything else but this is how you can be connected to the world", things started to shift' disability, organisation 2. After restrictions were eased this online equipment was retained and used by the organisation and clients to facilitate face-to-face engagement:

"Now they have moved into social activity groups, as well. So now they're - actually, our first one is tomorrow after the pandemic - so we're actually doing it face-to-face and following all the COVID safe plan and everything. But we are actually - the same group of people is now wanting to go out and about. I feel there is such a massive need in that community that they want to be part of something. They want to be socially included and be out and be part of the community. So that's the work that is continuing even as we speak."
disability, organisation 2.

3.1.1 Online training and education

A small number of organisations provided online education opportunities for clients, including information and educative sessions and webinars, some accredited and some casual. One disability services organisation provided online training to support employment pathways and work readiness:

"... We delivered that as a PDF – as a Word document, so people had to print that out. The staff teams worked on Google Documents and those sorts of things, but that's hard to do ... it's hard for some people or particularly the audience that we're trying to reach around using complex technology. What we found really, there's a couple of really nice stories where people had bought their son and daughter to the webinar and the workbook actually engaged them, because it was concrete, printed out, in front of them, with very clear questions and space for people to write. So that mix of technology base, but also the very

old-fashioned just write it down, is I think useful for people, and particularly for people with intellectual disability."
disability, organisation 3.

Another organisation in Emergency Services offered online courses to clients to help them develop skills and stay connected during the lockdown and social distancing.

"So, in 2020 we almost completed the term. We run almost like a school term kind of thing. So, in term one, we almost finished it, and the pandemic started. So, ... the women who come to us really rely a lot on face-to-face learning, because they don't have computers at home, they don't have internet, they have very low digital literacy. So, the challenge was, okay, yeah, let's move online.

We first started by to remain engaged with our participants that we had; over 300. All the tutors and the staff were contacting the women regularly, at least twice a week. And for the tutors, they had a list of all their participants; they would call each one. And let's say it's an English conversation, the tutor would continue doing that with each participant on the phone.

... we were able to get funding which helped us to get about 40 – Like, altogether we were able to distribute 90 laptops and computers to women. 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 the internet."
emergency relief, organisation 8.

For clients with children, the organisation provided a form of online childcare where a staff member would hold a session for young children. This enabled mothers and carers to focus on their online course. However these online courses were no substitute for the clients coming into the actual premises which offered a respite from challenging at home circumstances and created a sense of belonging:

"... connecting with other women, and maybe they might want to cook together, or we have like self-care sessions where they just come in and they do yoga, or share issues ... So, while we are about adult education, but it is a holistic education approach. ... the biggest thing that came out through the social return on investment is our impact on sense of belonging. This again was like a big surprise to me ... I never said anything in our vision or mission, or anything, we are here to create a sense of belonging. But it came through that women from migrant refugee backgrounds, that's a big deal, where they feel they can come to a place and feel they belong. How important is that?"
emergency relief, organisation 8.

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'. 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'."
disability, organisation 1.

CASE STUDY: MAINTAINING FACE-TO-FACE THROUGH 'PODS'

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."
> *disability, organisation 1.*

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:

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> "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 underserviced, 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."
> *disability, organisation 1.*

3.1.2 Care packages and physical resources

Many organisations incorporated care packages into their offerings in order to provide essential items and services to clients while honouring social distancing regulations. The contents of packages depended upon the sector, for instance, emergency relief organisations included food and food vouchers in their packs. One emergency relief organisation provided a package with: contact details for mental and physical health support, face masks, advice and tips for wellbeing and treats like chocolate.

> "The other thing that we did which was really on the back of a lot of our volunteers is a number of those care packages also had personal notes written to them by the volunteers to help put them together just to provide that sense of connection, that someone out there, some stranger cares about how you're going. We got a lot of feedback from that like I know it's very simple but a lot of people who we were supporting commented

about how that was a really nice touch to know, in the midst of all this chaos, there's that humanity that shines through and I think a lot of people felt lifted by that sort of thing as well."
emergency relief, organisation 10.

"... tips around meditation, how to get your mind off of it. We also provided tips around people who may be stuck with children and how to navigate the conversation with children but also provide them with that kind of outlet as well and so there were some tips around that sort of stuff. General hygiene tips were included in there. Just trying to think what else was there. Depending on the different volunteers and stuff there were just little treats and things like that that were in there as well just to make people feel like they're connected."
emergency relief, organisation 10.

Other care packages were part of initiatives funded by partners and in one case disability, organisation 2 included iPads to help keep people in touch .

Food packages were provided primarily by emergency relief services. Organisations offered food vouchers, rather than food packages, in order to meet the cultural and religious requirements of different community members. It was also important that organisations provided food vouchers rather than pre-prepared foods because people wanted to source and cook their own food:

"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 halal butcher or something like that, because they needed to be culturally appropriate."
emergency relief, organisation 8.

It was important for people to get out of the house to go and get groceries:

"And if they needed, we also were able, for example, to assist them to go and purchase the food ... But very few didn't. Most of them were just able to go to their local – purchase their own food. That was something that everybody was allowed to do. And it gave them the opportunity to get out of the house I think, and go to the supermarket to get food in, you know."
emergency relief, organisation 8.

Only a small number of organisations offered contactless delivery for their clients. This involved getting groceries for clients. As one disability services provider (organisation 2) says:

"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.

So those were things that ... very quickly we took on board and very quickly, ... if you want to call it a product offering or a service offering, we were able to create those very, very quickly because of the need that was out there."

Only a small number of organisations sourced additional supplies and equipment for their clients, in one case this included supplies for new mothers:

"We had mums who had children, who had newborn babies, and were not able – didn't have anything, didn't have any equipment, because they couldn't go shopping. So, we would go and source things ... We'd pick up

the cots and the pram and the things, and deliver it to mums with a newborn baby."
emergency relief, organisation 8.

One organisation created a 'Financial Hub' specifically in response to COVID-19 fines incurred by their clients:

"The main thing that I'm aware of was the [Financial Hub] ... basically the idea being that a lot of our young people, either because they've got low levels of literacy and numeracy or low levels of English, potentially, it's new arrivals, or potentially have some sort of conduct disorder. That's also quite common ... These people were accruing lots of fines because they were not obeying the COVID mandates, and so this was about – in some cases, young people had fines of, like, three, four, five thousand dollars, and you can imagine, if you're 15-year-old, you don't work, maybe you have insecure housing, that's a lot of money to be in debt, and it doesn't really seem fair to have young people sort of being punished at such an early age for things that – in particular, when you think about how the pandemic's been handled in Australia, we haven't really seen how bad it can get."
emergency relief, organisation 9.

The provision of transport was not discussed in any detail across organisations. One emergency relief organisation did provide car rides to take people food shopping or to medical appointments. However there was some uncertainty among service providers about what transport could be provided as they did not want to break social distancing regulations. The emergency relief organisation explains:

"... we provide what we call a patient transport service so we work with government for people particularly in regional areas who otherwise can't get to appointments.

We did that as well and that was something which we had to navigate during physical distancing rules because obviously there was a period where we also weren't clear as to whether or not we were permitted to be driving patients and also seeking exceptions to drive patients who basically had quite critical health appointments during the pandemic."
emergency relief, organisation 10.

One aged care organisation (organisation 4) told us that some people were taking taxis and relying on their families for transport, or waiting for the medical professional to conduct an at-home visit.

3.1.3 Social participation and connection

Social participation and connection intersects with many other areas of innovation. For example, the online education programs supported socialisation through group discussions. In this section we address the specific challenge of isolation and how organisations tacked this. The concern was that clients were feeling increasingly socially isolated as the lockdown periods were extended. Organisations enabled social participation and connection, via letter writing, online groups, video communications, and window chat (through the glass).

"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."
emergency relief, organisation 8.

One of the responses in the aged care sector (organisation 6) was to open up channels for online and written communication with peers and provide online activities like 'mental health cafes'. As one organisation explains:

> "We also have – it is digital – but we have mental health cafes. 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."
> *aged care, organisation 6.*

Aged care organisations provided clients with activities like letter writing kits:

> "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."
> *aged care, organisation 4.*

One Emergency Services organisation provided a care pack with a hand written letter from volunteers. This received good feedback from clients, particularly those who felt isolated.

3.1.4 Communication, information and translation

Service providers faced various different communication challenges. The first was that many clients felt unsure about how to best interpret government advice about the pandemic and the new restrictions. Many organisations found their clients required communications support to interpret the social distancing and lockdown rules. Organisations faced this challenge by re-packaging and translating government communications into different languages and/or accessible formats and in clear and concise language. Communications across different languages and cultural groups required careful planning:

> "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."
> *emergency relief, organisation 10.*

Many organisations also checked in with clients over the phone, such that people could ask questions and seek reassurance about different concerns or their understanding of the social distancing and/or lockdown regulations:

> "Our communication increased. 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. We did a lot of that work not just with our clients, but also our support workers, frontline staff. And I think it was those two cohorts that we work with that we needed to ensure that they were not left on their own or they didn't feel that no one – they were not as isolated, so to speak."
> *disability, organisation 2.*

Trust has been an issue for many organisations in the aged care sector. Clients were still hesitant to physically engage (i.e. socialise or participate in physiotherapy) after the lockdown ended and did not want to meet in person. Organisations were able to build up trust with their clients who feared contracting COVID-19 by strengthening communications across language barriers:

"... to get trust again, we bought 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."
aged care, organisation 6.

3.1.5 Exercise and nutrition

Many organisations provided information about the importance of exercise and how to exercise and maintain nutrition during the lockdown and restrictions. Aged care organisations were particularly 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." aged care, organisation 6. There were challenges in providing care and interventions, however one organisation (Organisation 6) 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, we're just like, 'Here, take them.' Because the physios have said that they work, not better, but just as good as going into rehab, like going for a physio."
aged care, organisation 6.

As restrictions were lifted, the disability services organisation that had created 'Pods' (small regular groups that meet physically designed to mitigate the risk of community transmission), began to offer exercise options like Zumba or yoga to support clients' health and fitness.

CASE STUDY: FOSTERING SOCIAL WELLBEING THROUGH EXERCISE

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> **aged care, organisation 6.**

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:

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> "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."
> **aged care, organisation 6**

3.1.6 Telehealth

Aged care and emergency relief organisations reported providing medical health consultations over the phone. This was useful for many clients, but there was some hesitancy in the aged care sector as many clients wanted to see the doctor face-to-face or, as interviewees put it, 'body-to body'.

> "In terms of the work we have been doing with young people, 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."
> **emergency relief, organisation 9.**

Other organisations referred to a 'mental health first aid' service which focused on clients' wellbeing and the impact of the lockdown on mental health. Many organisations across sectors provided: check-in calls and counselling over the phone to support people who experienced job loss, economic and/or emotional stress.

3.1.7 Working remotely

All organisations discussed the challenges and benefits of staff working remotely or working from home.

- Staff working at home initially experienced high stress levels as a result of balancing work and domestic commitments. This stress was caused by a range of issues including: increased workloads; lockdown fatigue; social isolation; disruption of work and life routine; traumatic encounters with clients (hearing traumatic stories over the phone); having to upskill within a short period of time to use IT systems; and employment uncertainty. Organisations responded by providing family support and childcare (i.e. online childcare which is educative and entertainment based) for people working at home.

- Staff were also impacted by social isolation and maintaining a high level of support to clients during an already stressful period of lockdown.

- Many organisations reported that initially staff did not want to work from home, but that *now most staff want to work from home part-time and in the office part-time.*

Organisations were concerned about workplace health and safety (WHS) and how this could be quickly implemented in the home to ensure the health of workers:

> *"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."*
> *emergency relief, organisation 10.*

Working at home was a health and safety concern for some staff who were put at a higher risk of exposure to family violence. One organisation in emergency relief explains:

> *"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."*
> *emergency relief, organisation 10.*

This was also a concern for large organisations with a large employee and volunteer base, where many staff and volunteers would ordinarily come to the office or workplace as an escape from the pressures of home life.

3.2 Innovation types

Different types of innovations were required for different beneficiaries and in different organizational contexts. In this section, we discuss these types of innovation focusing on changes in: purpose, mode of delivery, target, funding, and logic.

3.2.1 Change of purpose

- There were no instances of innovations that required a change of purpose at the organisational level. However, organisations found that their social justice goals were informed and enhanced by their innovations. For instance, some organisations became aware that they were creating a sense of belonging and intervening in social stigma in addition to their primary goals.

3.2.2 Change of mode

- Most of our organisations across sectors experienced/implemented a different mode of delivery.

- Change in physical service provision: Many organisations worried about the health of their staff and of their clients/service users. All organisations developed risk management policies and procedures to ensure the safety of staff and clients.

"We have a large cohort of volunteers who are more mature and because of that maturity they were actually obviously in a high-risk category in terms of exposure to COVID and its impacts so we had to really reimagine for them how could they still stay connected and be a part of the [organisation's] work but at the same time we couldn't send them to frontline opportunities because it would put their health at risk. So then we had to really try and think about how do we partner with corporate partners? How could we shift so we could attract younger volunteers? They're the kind of things that we need to think about going forward. It was things that we were already thinking about but I think it's heightened the awareness of it, priority of it for the organisation."
emergency relief, organisation 10.

- Tailored Service Delivery: As a result of the individualised focus enabled by online communication tools and the arrangement of smaller groups (like Pods), many organisations have moved towards tailored service delivery:

"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 so it's been - 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 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. So, it's one of those things, we ended up finding out that a number of our families were underserviced, 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 [organisation], they took it up."
disability, organisation 1.

3.2.3 Change of target

- No significant change reported. One emergency relief organisation reported providing assistance to migrant groups who were stranded in Australia on temporary visas.

3.2.4 Change of funding

- There was some change in funding needs, with organisations citing the need for additional funding to scale to, for instance, retain new staff.

- In the disability sector there are particular concerns about funding with the changes to NDIS funding structures.

- Funding was a significant issue across organisations. Organisation 5 reported that their expenditure increased while their income decreased. Due to social distancing they had to close their gym which was a source of income, and this created financial pressure:

"Meanwhile we had to go back to our executive team who would then go to our councillors and say, "we're now expending this amount of money" and the councillors were going "how are we going to pay for this

all?". They were then having to make decisions about reducing people's rent – rate payments. So we weren't getting the income in. We weren't delivering a lot of our services such as hall hires and things like that. So our auxiliary funding was also dropping off. ... so we were getting far less income in but the expenses we were required to pay out were doubling and tripling on a daily basis."
emergency relief, organisation 5.

3.2.5 Change of logic

- Organisations have developed new knowledge about the way services can be provided and how people can be engaged. This is related to a different attitude emerging with COVID-19, which many would like to retain.

- There has been a sense of increased collaboration for a few organisations:

"I think the biggest problem was that we didn't have structures or procedures in place to deliver that one-on-one support to affected community members. So our response was to go back to those existing community groups and see what they were offering, what they were able to help us with and start with them rather than reinventing a service delivery model for that there."
emergency relief, organisation 5.

"And I think that because 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."
aged care, organisation 4.

- There have been shifts in organisations' perception of the limits and possibilities of their service provision, including what they can and cannot do, how this is shaped by social stigma and habits of people, as well as by funding bodies. The downstream social effects of COVID-19 created the possibility for change to the way in which interaction is structured and just how resources are and can be accessed. For some, this shed light on how the tailoring of services can be supported by online tools, and opened up questions about why more services are not tailored to individual needs. For Organisation 7 in disability Services, COVID-19 brought into view the extent to which people with disability are excluded from social spaces and employment:

"Well the empowerment courses also did that too. It took them a while to make those connections with people. Once they did, people learned how to use that. They would get workbooks out to people by mail or post in some way or other and then try and do things that way, so people would go online and still have a physical workbook in front of them ... But some of the things that emerged was neighbourhood houses that were still wanting to stay in the game and do things, would develop projects and ideas around you're allowed your one hour or two hour walk a day, take a photo of one of your favourite parts of your walk and tell us a little bit about it. We would do this, little video clips.

Another group got together and did a COVID rap which is really good. And we have one of our staff, he's a film maker and video maker and he pulled all that together. There was some interesting stuff. We were able to tap into – we were in a friendship forum and there was a group of women living in a group house who've got quite significant intellectual disabilities, but they love making cakes. And they made a friendship cake for the theme of the forum and they actually presented their friendship cake. It was a little videoed story of them making the cake, the whole process of making the cake, designing it and the final product to the tune of Friends, the theme from Friends. It was just a fantastic, lovely, and lasting piece of work that was done that really gave them profile, gave them pride."
disability, organisation 7.

- Staff also reported increased stress and incidence of seeking mental health support during the pandemic. The flipside of this experience of stress is changes to the internal organisational culture, policy and process of service providers. The culture of some organisations became 'more open and understanding,',with a greater awareness of co-workers' home life and domestic commitments. This was discussed by participants as a result of online meetings which connected home life and work life via working remotely.

3.3 Barriers to innovation

| Lack of Funding | A | Access to Staff and Impact upon Staff | B | Public Support for the Online Pivot | C |
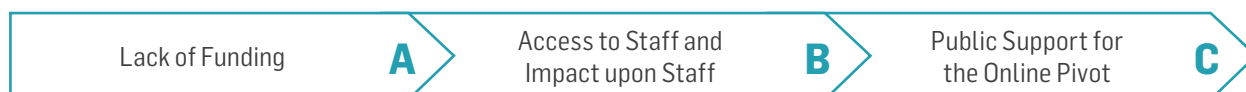
A. Lack of funding, as well as limited and short-term funding, impeded organisations' ability to plan solutions over the long term:

> *"Well we have – of course we need funding to operate. We're a not for profit organisation. In the transfer from the state, so we've been funded through the state before, to the NDIA, we didn't even know if we'd exist and we had to apply for funding. And there's grant after grant drives me crazy. I spend a lot of time writing grant applications. We do have a three-year grant now … [which is] much better. So this short-term grant is for 12 months, like you can hardly start something. It takes six months to start something and then you've got six months to hurry up and do something.*
>
> *So short-term grants are never going to bring good outcomes, really. Grants need to be – we have recurrent funding, so one, it offered security."*
> **disability, organisation 3.**

B. Access to skilled staff was impeded by the social distancing regulations. This in turn led to an increased workload for many existing staff. Many organisations reported that staff stress and workload were both heightened which required organisations to provide support for staff:

> *"I think one of the things that's been most difficult is that we've had to try and do business as usual in a space where everyone's been incredibly heightened emotionally, and that has been something that – in particular, the management team has had to manage staff anxiety whilst also managing their own anxiety. So I think the only thing that I might have suggested we could have done better or differently would have been to have a bit more resourcing in the public domain around mental health and a bit more – like, more free programs available to organisations to take up initiatives. I know that everything comes with a cost and so asking for it for free or heavily discounted is not going to be something that's seen as necessarily palatable by those in power. I think, for us, we were so resource constrained, even before we went into the pandemic, that just keeping the basic services going was already really tricky.*
>
> *So we ended up with a senior leadership cohort who were this close to burning out because of the additional workload, and then to ask someone to build a COVID-specific workforce mental health plan on top of that just was – we've got someone doing that work now but at the time the very best we could do was run some – so we ran pulse surveys every three months to see how everyone was going, and I think that some of the clearest messages that came through were needing more communication, which was great because it meant that we did more of that. Needing more support around mental health was the other one. Because once everyone was at home and once everything was sort of set up, I think it became sort of like life as normal and we got to a point where we were not really so concerned about COVID and it was just more about keeping the business going. When you've got that whole keeping-the-business-going approach happening but you've actually used all of your emotional energy to get through the lockdown and to support your teams or to support your clients, whichever one it is, there's just less in the tank, generally speaking, and that's something that we have been grappling with is how do we reinvigorate our workforce."*
> **emergency relief, organisation 9.**

C. A small number of organisations were concerned about gaining public support for online infrastructure to provide services:

> *"So one of the things that we're looking into at the moment is how do we better demonstrate our impact so that will probably to me be one of the key in all of this, is to be able to show 'if I donate $5 I'm okay for it to go towards your IT services because I can see how all of this put together with everyone else's $5 is making a huge difference'. That's probably the biggest challenge, really. All of the stuff that you've listed I'd say we need but I think the way to get there is to be able to demonstrate the impact."*
> *emergency relief, organisation 10.*

3.4 Factors that facilitate change

| Funding **A** | Community Partnerships **B** | IT Infrasructure **C** | Staff **D** |

The key facilitators for innovation across organisations were: funding, community partnerships, and IT infrastructure. Organisations also relied heavily on staff to support organizational changes and enhance organizational agility.

A. Organisations that received funding were able to innovate and continue to provide services. Two emergency relief organisations received funding that enabled them to hire more staff and acquire IT equipment for client use. JobKeeper funding was crucial for smaller organisations keeping them afloat during lockdown periods:

> *"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."*
> *disability, organisation 1.*

B. Where organisations had pre-existing relationships in communities, they were able to draw on these to support organisational agility and provide essential supplies and suggest changes based on local knowledge. For example, organisation 5 in emergency relief reports:

> *"It's not government at any level that fixes the community and reconnects the community, it's the people that are working with them on a daily basis and we need to look at how we can make them more sustainable to continue to do it.*

Organisations suggested increased support for existing community infrastructure was needed:

> *There are some technological investments that would really be of benefit and it may be about investing that in – like in Australia, there are over thousand neighbourhood houses. Victoria has 400 alone so that's why we've chosen them as a strategic partner for our peer action groups. Because we think they're everywhere, anyone can access one, we just have to get them set up to be well resourced to have the equipment, the capacity, the knowledge, and skills for including people with disabilities in the kind of work we're doing … That's our long-term aim. Instead of letting organisations apply for all this stuff separately, I think to start to identify important crucial mainstream community infrastructure that needs to be invested in that we can all share and use is really good."*
> *disability, organisation 7.*

Organisations also spoke about investment in public centers and services that provide a place for people to come together and connect:

> *"Libraries, community centres, neighbourhood houses, art centres, things like that, some investment in that, and then I think investing in – we're already looking under the Victorian State disability Plan to say we'd like to see the state government make a big investment in citizen engagement of people disabilities. Like the work we're doing really, but we think it's been funded with limited vision from the federal government and limited commitment in terms of length of funding to do work that is long-term developmental work. That kind of developmental work that needs to happen in communities to really create spaces and places that are friendly and welcoming and that also have an outreach capacity to bring in or connect with people with digital and other forums that don't get there or can't get there, is fairly crucial. And if this were scanned over just specifically rural or remote and we don't have a lot of that, but we have some, that would start to make quite a difference."*
> *disability, organisation 7.*

C. Data shows that social distancing was not as disruptive to everyday business operations for organisations with an IT infrastructure in place and accompanying staff skills.

D. Staff played an important role in facilitating online innovations and implementing changes for and with clients. Staff were required to work across different roles and quickly upskill, particularly for use of digital technologies. As disability services organisation 7 describes: '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'.

3.5 Things to keep doing

Online Engagement	**A**	Diverse Service Models	**B**	Telehealth	**C**	Retaining Staff	**D**

A. Online engagement. For instance, classes held via Zoom, where people are also supplied with an accompanying activity pack so that they are also physically participating:

> *"If anything like what happened this year happens again, the way to look about – the way to do that is through – we can do the classes, but what we would do is we would actually get support workers to drop off activity packs.*
>
> *… We can organise for knitting and everyone can get the kit – knitting kit and you get onto a class where someone is teaching you how to do it. Then you can do it at home. And you're participating and you're doing it yourself rather than just watching someone … with the experience we've had, we've actually found that when people are doing it themselves and they're part of it, they retain a lot better and they're much more engaged."*
> *disability, organisation 2.*

Organisations are keen that online activities are also provided in an accessible way that promotes equality and inclusivity. Through the use of online spaces, organisations became aware that providing a hybrid online and offline version of a service or class can support accessibility:

> *"You begin to see the kinds of different supports and expertise that people might need to open up and use the digital world. For us too, we're going to have to sort of as we go back to face- to-face, offer digital access to our meetings and think about how do you do that really well. That's a challenge to facilitate a group when you've got some people coming in online and some people face-to-face, it's never equal and it's never easy. It's almost easier to do everyone online than it is to have a mix."*
> *disability, organisation 7.*

"In terms of social group, I think a lot of clients previously would not – 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."
disability, organisation 2.

"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."
disability, organisation 3.

B. Having different models or ways of providing a service means that there will be diverse responses each with different strengths that can be beneficial in a crisis. One online provider in the aged care and disability sectors had a model which placed clients directly in touch with support workers online by providing a space for the two to meet. This was beneficial during the social distancing regulations – at a time when many other services were halted this service allowed clients to recruit a carer/support person. As organisation 11 says:

"It's just about governments and the sector continuing to recognise that this was an area where consumers and workers have diverse needs and preferences and we need lots of different models. One of the things I would say is that it's a deficiency if the sector solves care and support through a single approach. So, I would say traditional providers largely have a similar service offering a model priced in the same way and so the whole sector is somewhat at the same starting point when you face a crisis like this.

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."
aged care/disability, organisation 11.

C. Organisations in aged care were keen to keep using telehealth and also to recruit the necessary technology to support telehealth appointments, like devices that monitor health outputs:

"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."
disability, organisation 2.

D. In some cases, organisations who recruited new staff during upscaling to meet client needs during COVID-19 wanted to retain these staff, in order to continue projects which had been initiated in the context of COVID-19.

"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. We did like a social return on investment on that program, and it's quite impressive that for every dollar we get, we return $12.00 back in value to the economy. So, that's an impressive social return on investment."
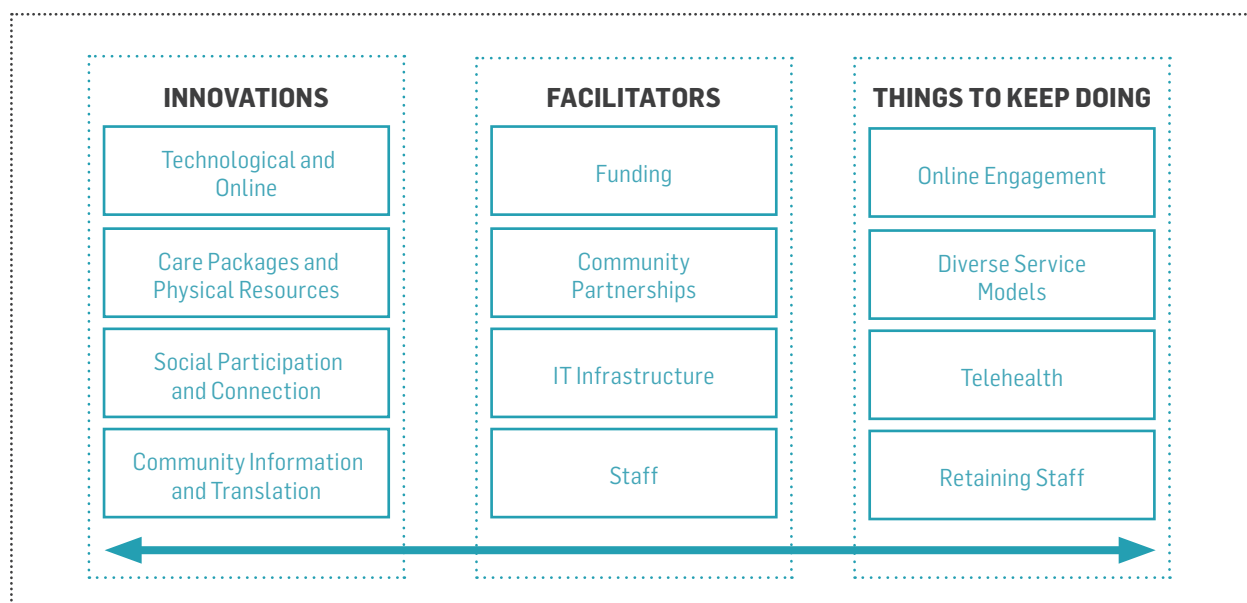**emergency relief, organisation 8.**

4. CONCLUSION

The organisations who participated in this study sought to quickly adapt to the challenges of providing services to clients, while complying with social distancing and other COVID-19 regulations. In most cases this meant communicating and engaging with clients via telephone or online, and using contactless delivery (see Figure 5). While the online services like Zoom classes were beneficial during strict lockdown periods, some clients were keen to participate in face-to-face engagement and activities. However, for those in remote areas or who experience difficulties travelling frequently and would not ordinarily attend face-to-face engagement, the online engagement created new and uplifting opportunities. Most organisations opted for a hybrid of both online and offline services moving forward, and a few hoped to integrate new technologies, especially for tele-health purposes.

The changes that were required for organisations to provide services in different ways – whether online, via telephone, contactless care packages and deliveries, provision of equipment – meant organisations were thinking in different ways about the individual, tailored needs of clients and how these could be best served in the future. Organisations experienced a change in the way they thought about service provision, as having the potential to intervene into long-term barriers that prevent the participation of many people in the aged care and the disability sector. Organisational views about services that are tailored, hybrid (online and offline), community engaged, and strengths-based were positively reaffirmed by the challenges of lockdown.

Staff working in these organisations experienced a mixture of learning, upskilling, increased workload and stress, and changes in the workplace culture. While staff were under pressure to continue providing services to clients at a time of heightened stress, in many cases they were met with increased support and understanding in the workplace. Notably numbers of staff accessing health and wellbeing support within their organisation increased during the lockdown periods.

Figure 5 Summary of innovations to actions

INNOVATIONS	FACILITATORS	THINGS TO KEEP DOING
Technological and Online	Funding	Online Engagement
Care Packages and Physical Resources	Community Partnerships	Diverse Service Models
Social Participation and Connection	IT Infrastructure	Telehealth
Community Information and Translation	Staff	Retaining Staff

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APPENDICES

Appendix 1: Interview Script

Interview schedule

Can you describe your organisation for me?

- What types of services do you run?

- What types of clients do you serve?

What is your role in the organisation?

- How long have you been in this role?

- What about with the organisation?

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

- What are/were the impacts on services? Did you have to pause service delivery? Modify service delivery? Focus on different client groups? Develop new partnerships?

- What about internally? How were staff affected? How did policies and practice change?

How did you/your organisation adapt to these changes?

- What changed?

- What worked? What didn't work?

- What would you consider to be the best or most effective 'innovation' during this time? Explain the 'innovation' or change'. What was it responding to/what problem did it solve and how did it solve it? How is this different from 'business as usual?'

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

- Why; what problem does it solve/address?

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

- What barriers are there to implementing this change/innovation in a more ongoing way? For example funding design, service design, policy, staff skills, equipment/resources.

- What is needed most to enable this change/innovation to continue? Which stakeholders can provide it? For example government, funders, organisational management.

Appendix 2: NVivo Codes (Full Coding Framework)

NAME

Adaptations innovations

Barriers

Age groups different needs

Changed work conditions, i.e. at home

Client conditions at home

Events and social factors

Funding and Finance

Government or official communications

Health risks - contraction of COVID-19

Internal policy and process, and restructure

IT and going online

Masks

Preparedness - Lack of planning

Social distancing and isolation

Staff stress

Trust between organisations, openness, flexibility

Upscaling

Workforce - limited staff, upskilling

Facilitators

Community - Partners - Organisations

Financial

Flexibility - try things out

Planning

Innovation adaptation types

Care Packages

Communication - information, translation

Contactless delivery

Education

Exercise and nutrition

Family support and childcare

Financial

Food

In-home support

Internal organisational culture, policy and process

Mental health first aid

Pods - operating F2F in small groups

Social participation and connection

Technological and online

Telehealth

Training and Employment

Transport

Visas

Working remotely - work at home

COVID-19 effects on organisation

Flexibility and new structures

General reference to effects on clients

Organisational 'demographics'

Interviewee role

Org sector

Services offered by org

Post-COVID ambitions

Barriers to continuation

Funding (access to, and funding models)

Funding for equipment

Ingrained ways of thinking and doing

Negative mental health impact

Public support

Recognition of niche services

Staff

Staff stress and workload

Factors or facilitators required

Community support

Funding

Greater knowledge of community needs

Organisational planning and policy

Partnering up

Types of things to continue

Creating new projects

Different support models

Online engagement and activities

Retaining new staff

Tele-health

Types of things to stop

Online activities

Other -- community impact and social environment

Unfunded support or services

Appendix 3: Areas of innovation

Node	aged care	Disability	ER	Node Description
Innovation adaptation types				
Care Packages	✓	✓	✓	The delivery of packages, sometimes with essential supplied (food), or activities, sometimes contactless.
Communication – information, translation	✓	✓	✓	Translating government communications into different languages and/or interpreting/deciphering the complex government communications and re-communicating this in a clear and concise language.
Contactless delivery		✓		Explicit mention of contactless delivery as an official offering of the organisation.
Education		✓	✓	Providing information and educative sessions on and offline to clients, sometimes accredited, some more casual.
Exercise and nutrition	✓	✓		Providing information about the importance of/ 'how to' exercise and nutrition to clients and how this can be maintained during restrictions and lockdown.
Family support and childcare			✓	Different forms of family support for like online childcare (educative, entertainment) for people working at home. Support for people (women especially) experiencing domestic violence.
Financial			✓	Financial support, counselling, relief (i.e. Financial Hub).
Food			✓	Provision of food vouchers rather than food packages to meet the cultural and religious Requirements of different communities.
In-home support		✓		Staff would visit clients in their homes to provide physical therapy and other services.
Internal organisational culture, policy and process	✓			Changes to the internal culture of an organisation like 'more open and understanding', greater awareness of co-workers home life and domestic commitments.
Mental health first aid			✓	Providing check-in calls, counselling over the phone (i.e. to support people who experienced job loss, economic stress, emotional stress etc), providing face masks.
Pods - operating F2F in small groups		✓		Change in the way F2F services are provided by shrinking contact to smaller groups called 'pods'. Limiting risk of community transmission.
Social participation and connection	✓	✓	✓	Enabling participation and connection, via letter writing, online groups, video communications, and window chat (through the glass).
Technological and online	✓	✓	✓	Adapting services to new online spaces and/or creating online platforms requiring support for new back end work, i.e. digital mentors as part of Be Connected and other specifically online tech adaptations.

Telehealth	✓		✓	Providing medical health consultation over the phone, especially for aged care (but not a great take up because people think they need to see the Dr F2F, body to body).
Training and Employment		✓		Training online towards employment pathways or work ready, esp at ADEs
Transport	✓		✓	Providing car rides and other transport to take People food shopping or to the Doctors
Visas			✓	Providing temporary Visas or helping to extend Visas of people who were not allow to travel home during the restrictions.
Working remotely – work At home	✓	✓	✓	Applies to staff working at home/remotely, experiences of stress and balancing work and domestic commitments. At first people did not want to work at home and now most want to work only a couple of days in the office.